

NSW DEPARTMENT OF HEALTH
ABORIGINAL OLDER PEOPLES' MENTAL HEALTH PROJECT
REPORT 2010



Contents

Contents.....	2
Acknowledgements.....	3
Executive Summary.....	4
Current policy and literature	7
Project methodology	19
Key findings and analysis	23
Key findings from the consultation sessions.....	23
Key findings from the survey	35
Conclusion and recommendations	41
Conclusion.....	41
Recommendations	43
Reference List.....	45
Appendix 1: Aboriginal Older Peoples’ Mental Health Projects Reference Group.....	47
Appendix 2: Consultation themes and questions	48
Appendix 3: On-line survey questions	49
Appendix 4: Reference documents / resources.....	55

Acknowledgements

The Aboriginal Older Peoples' Mental Health Report reflects the stories and journeys of older Aboriginal people and Elders across NSW. During the consultation sessions, stories of sadness, grief and loss were expressed. We thank the older Aboriginal people and Elders for sharing these stories so that NSW Special Mental Health Services for Older People can be directed to better meet the needs of older Aboriginal and/or Torres Strait Islander People. We would also like to thank the Aboriginal Older Peoples' Mental Health Project's Reference Group for their support and advice regarding the project. In addition to this, we thank other clinicians and managers who also supported the project.

Executive Summary

The purpose of the Aboriginal Older Peoples' Mental Health (OPMH) Project Report is to provide information to assist Specialist Mental Health Services for Older People (SMHSOP) clinicians and managers in understanding the mental health needs of older Aboriginal and/or Torres Strait Islander communities, and to inform policy and service development strategies to better address the needs of older people. The report identifies issues for Aboriginal and/or Torres Strait Islander people in accessing older peoples' mental health services and their expectations of these services. It also highlights issues for service providers in delivering services to Aboriginal and/or Torres Strait Islander people.

The *NSW Service Plan for SMHSOP 2005 – 2015* identifies older Aboriginal and/or Torres Strait Islander people with mental health concerns as a priority group [1]. There is limited research concerning older Aboriginal and/or Torres Strait Islander people with mental health issues. However, the available literature clearly illustrates the high levels of psychological distress, high rates of suicide and self-harm and high prevalence of grief, loss and trauma experienced by Aboriginal people [1]. In addition to this, Aboriginal people experience a higher prevalence of depression and complex co-morbid mental health problems [1].

The *NSW Service Plan for SMHSOP* supports the key principles of the *NSW Aboriginal Mental Health and Well Being Policy 2006 – 2010* (NSW Health) and the *Cultural Framework* (Australian Health Ministers' Advisory Council, 2004) by emphasizing the need to recognise and respect the roles of older Aboriginal people, consult older Aboriginal people regarding service development, develop services that reflect the relationship between social and emotional well being and a healthy lifestyle and respond flexibly to meet these needs. This project builds on the principles in the Service Plan and provides further information and strategic direction to support practical strategies at the state, area and local levels.

This project was overseen by a Project Reference Group comprised of SMHSOP Coordinators representing rural and remote areas, metropolitan areas and Justice Health, Area Health Service and statewide managers for Aboriginal Mental Health Services in NSW Health and Aboriginal Community Controlled Health Services, an Aboriginal Social & Emotional Wellbeing worker, an Aboriginal clinical leader, and OPMH Policy Unit staff. The project consultation consisted of workshops with both communities and service providers, and an online survey for service providers. The consultation sessions were held in Greater Western Area Health Service (GWAHS), North Sydney Central Coast Area Health Service (NSCCAHS) and Sydney South West Area Health Service (SSWAHS). In addition to this, local Aboriginal Health workers and Aboriginal Mental Health workers across NSW were provided with a workshop package to assist them in conducting consultations with their local communities. The online survey was distributed to the Project Reference Group and the SMHSOP Advisory Group for circulation to their networks.

The key findings from the Older Aboriginal Mental Health Project include the following:

- Aboriginal and/or Torres Strait Islander people and service providers identified that Aboriginal people have a different construct of mental health to that of service providers.
- Aboriginal and/or Torres Strait Islander people prefer the term social and emotional well being to mental health. Social and emotional well being is viewed holistically by Aboriginal and/or Torres Strait Islander people and is influenced by many factors including access to appropriate health care, the health of the whole community, cultural identity, the impact of incarcerations, a sense of kinship, spirituality and a connection to Country, the impact of history and politics, physical limitations/impairments, significant experiences of loss and grief, and stereotyping and racial discrimination by society and service providers. Service provision that reflects this definition of social and emotional well being and the factors that influence it best meets the needs of Aboriginal and/or Torres Strait Islander people.
- Older Aboriginal people are likely to access services where other Aboriginal people reported positive experiences. Older Aboriginal people who access services, frequently report negative experiences, including poor communication, inappropriate processes of care, culturally inappropriate interventions, stereotyping and racial discrimination behaviours, and a lack of confidentiality and privacy. Older Aboriginal and/or Torres Strait Islander people are unlikely to access services of which others have reported negative experiences, therefore these negative experiences act as an impediment to service access.
- Aboriginal and/or Torres Strait Islander people are more likely to access services that: build relationships with the community; respond flexibly to meet the needs of the community; are culturally competent, and provide appropriate health promotional materials.
- Increasing the cultural competency of the SMHSOP workforce and employing more Aboriginal Health Workers/Aboriginal Mental Health Workers (via the Aboriginal Mental Health Worker Trainees) is necessary to increase access to services by Aboriginal and/or Torres Strait Islander people.
- Health promotion activities to promote access to mental health services and decrease the stigma associated with mental health in Aboriginal and Torres Strait Islander communities was identified.

Further details of relevant policy guidelines and literature to support improved responses to the mental health and well being of older Aboriginal people, along with the consultation and survey findings, are outlined in this report.

In response to these findings, the following recommendations and principles of care will be implemented.

1. It is recommended that Specialist Mental Health Services for Older People adopt the following principles of care when providing a service for older Aboriginal and/or Torres Strait Islander people:

Principles of care:

1. SMHSOP service managers and clinicians should develop partnerships and work collaboratively with Aboriginal Health Workers and Aboriginal Mental Health Workers to provide culturally appropriate mental health services to older Aboriginal and/or Torres Strait Islander people that are responsive to their needs.
 2. SMHSOP service managers and clinicians need to develop an understanding of the complex roles of Aboriginal Health Workers and Aboriginal Mental Health Workers and the time required to complete appropriate mental health interventions with Aboriginal and/or Torres Strait Islander people.
 3. SMHSOP service managers and clinicians should develop an understanding of and relationship with the whole community as this is essential in providing services to older Aboriginal and/or Torres Strait Islander people.
 4. SMHSOP service managers and clinicians should develop services that address the holistic social and emotional well being needs of older Aboriginal and/or Torres Strait Islander people and their communities.
 5. SMHSOP service managers and clinicians should encourage and implement health promotional activities that break down the stigma and shame attached to mental illness in Aboriginal and/or Torres Strait Islander communities.
 6. SMHSOP clinicians should acknowledge and respect the current and previous life experiences and events of the older Aboriginal person that shape their current social and emotional well being. This means understanding the different constructs of mental health and adopting a holistic approach to social and emotional wellbeing.
 7. SMHSOP clinicians should embrace and respect the wisdom and knowledge that an older Aboriginal and/or Torres Strait Islander person or Elder has, and their existing relationships with family and community.
 8. SMHSOP clinicians should respect the rights and understand the goals of care for older Aboriginal and/or Torres Strait Islander people and their carers.
2. It is recommended that as a first step in implementing these principles of care, Specialist Mental Health Services for Older People Clinical Coordinators (or SMHSOP managers under new local health service arrangements) coordinate partnerships and collaborative working relationships with Aboriginal Mental Health Workers and/or Aboriginal Health Workers and their managers. This report should be used as a reference document in partnership development, along with *Walk together, learns together work together: A practice guide for the training of Aboriginal mental health professionals in NSW* and *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. This recommendation addresses the first two principles of care.
 3. It is also recommended that the NSW Older Peoples' Mental Health Policy Unit works with an advisory group and other key partners to develop strategies and resources to support the implementation of the principles of care by SMHSOP across NSW.

Current policy and literature

Strategic context

Since the 1960's, Australia has undergone radical policy changes to support access to and appropriate services for Aboriginal and/or Torres Strait Islander people. Examples include the implementation of the Community Controlled Aboriginal Services, *Anti Discrimination Act (1975)* and *The National Strategic Framework for Aboriginal and Torres Strait Islander Health (1989 & 2003 – 2013)*. And more recently, the *National Mental Health Policy 2008* and the *Social and Emotional Well Being Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social And Emotional Well Being: 2004-2009* have responded to the social and emotional wellbeing needs of Aboriginal and/or Torres Strait Islander people. These and other policies have contributed to changing attitudes and services to better meet the needs of Aboriginal and/or Torres Strait Islander people.

In addition to developments in policy to meet the needs of Aboriginal and/or Torres Strait Islander people, health services have developed and encouraged person-centred care. Person-centred care can be defined as the partnership between service providers and person accessing the service [2], whereby “service provider respects the contribution the service use can make to their own health, such as values, goals, past experiences and knowledge of their own health needs, and the service user respects the contribution the service provider can make, including the professional expertise and knowledge, information about the options available to the service user and their values and experiences”. Studies into person-centred care in mental health illustrate that clients who are empowered have better mental health outcomes [2]. Personal qualities of service providers such as the ability to communicate with the client, empathy, respect and an interest in the client are essential to person-centred care [2]. These studies demonstrate clinicians that facilitate empowerment and communicate appropriately with the client achieve better outcomes for clients accessing mental health services. Therefore, person-centred care is essential in the delivery of social and emotional well being services.

The *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 – 2015* aims to improve the access of older people to SMHSOP and contribute to improved health and mental health outcomes for older people in NSW. In this plan, older Aboriginal people are recognised as a priority group [1]. Although the research reporting older Aboriginal mental health is limited, it clearly illustrates the high levels of psychological distress, high rates of suicide and self-harm and high prevalence of grief, loss and trauma that Aboriginal people experience [1]. In addition to this, older Aboriginal people experience a higher prevalence of depression and complex co-morbid mental health problems [1].

The Aboriginal Older Peoples' Mental Health Project was undertaken to further the initial consultation and key principles reflected in the *NSW Service Plan for SMHSOP 2005 – 2015* by:

1. Identifying issues for older Aboriginal and/or Torres Strait Islander people who access or can potentially access SMHSOP;
2. Identifying issues for service providers who work with older Aboriginal and/or Torres Strait Islander people, and
3. Developing an understanding of the needs and expectations of older Aboriginal and/or Torres Strait Islander when accessing mental health services.

The *NSW Service Plan for SMHSOP 2005 – 2015* supports the *NSW Aboriginal Mental Health & Well Being Policy 2006 – 2010*. The *Aboriginal and Mental Health and Well Being Policy 2006 – 2010* addresses the structural and relationship needs required to meet the social and emotional wellbeing concerns in NSW Aboriginal communities. Strategies outlined in this policy include; developing strong partnerships and relationships; developing and delivering mental health services for all age groups; providing accessible, responsive and culturally appropriate mental health services; undertaking workforce development and research to increase cultural competency, and increasing the number of Aboriginal Mental Health Workers [3]. These types of policies support the *NSW Service Plan for SMHSOP 2005 – 2015* and provide guidance to build a culturally competent workforce to address the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander communities.

The *Cultural Framework (2004)* is a Commonwealth policy that aims to inform and influence health governance, organisational management and service delivery be culturally respectful and therefore contribute to improved health outcomes for Aboriginal and/or Torres Strait Islander individuals and communities [4, 5]. The *Cultural Framework (2004)* supports *The National Aboriginal and Torres Strait Islander Framework* and the *Aboriginal and Torres Strait Islander Health Workforce National Framework (2002)* in identifying the following principles[4]:

Self determination: It is important that Aboriginal and/or Torres Strait Islander people define their health needs and priorities and have them met in a culturally appropriate way by both, mainstream services and specific Aboriginal and/or Torres Strait Islander services.

Holistic approach: Aboriginal and Torres Strait Islander people have a holistic view of health and this may include specific attention to physical, cultural, spiritual, emotional and social wellbeing, community capacity and governance. Services need to respond to this holistic view to meet the needs of Aboriginal and/or Torres Strait Islander people. Evidence also shows that where partnerships between Aboriginal and Torres Strait Islander people and services from a range of sectors (eg housing, health and education) exist, improved and effective service delivery occurs [6].

Health sector responsibility: Aboriginal and Torres Strait Islander health is a core responsibility and a high priority for the health sector and that health services can address the inequalities of Aboriginal

and Torres Strait Islander health by working simultaneously with the socioeconomic factors that affect Aboriginal and Torres Strait Islander health [7].

Health promotion: Health promotion and illness prevention are key components and core activity for all services.

Accountability for health outcomes: Governments and services are accountable for health outcomes and effective use of funds and this accountability can be achieved through three factors: long term funding, meaningful planning and implementation of services and genuine partnerships with the community.

Capacity Building: Strengthening health services and building community expertise to respond to health needs and being responsible for health outcomes. This means ensuring competency in cultural knowledge and clinical expertise, increasing health knowledge, and fostering strong leadership, governance and financial management.

The findings and recommendations of this report are consistent with the principles of the *Cultural Framework (2004)*.

Demographics

The Aboriginal and/or Torres Strait Islander population is younger than the general population. Only 2% of the Aboriginal and/or Torres Strait Islander population group is aged 65 years and over, compared to 13% of other Australians [1, 8], illustrating that the Aboriginal and/or Torres Strait Islander population is not ageing in the same way as other Australians. This is sometimes attributed to the earlier onset of disease and illness [8]. In this context, and consistent with state and national ageing care planning guidelines, the *Service Plan for SMHSOP 2005 – 2015* defines of older Aboriginal and/or Torres Strait Islander people as 50 years and over rather than 65 years and over for the general older population. This report has adopted this definition of ageing.

The majority of Aboriginal and/or Torres Strait Islander people in NSW reside in urban and regional Australia. However the proportion of Aboriginal and/or Torres Strait Islander people in remote areas is significantly higher than in regional and urban areas[9]. These demographic issues have implications on service provision to older Aboriginal and/or Torres Strait Islander people in urban, regional and remote areas.

The proportion of the older people in the Aboriginal and/or Torres Strait Islander people has not changed in the last 20 years due to the high birth rates [8]. Although the numbers of older people are growing, they are increasing at a rate proportional to the rest of the Aboriginal and/or Torres Strait Islander population [8]. The increasing numbers of older Aboriginal and/or Torres Strait Islander people has implications for policy development and service provision.

The burden of mental health illness in Australia and NSW

There is limited information on the prevalence of mental illness in Aboriginal and/or Torres Strait Islander communities. This is a result of the lack on data collection of Aboriginal and/or Torres Strait Islander peoples' mental health experiences which impacts on our ability to critically assess mental health issues in the Aboriginal and/or Torres Strait Islander population [10]. This lack of data collection has implications for identifying the prevalence of mental illness in Aboriginal communities, assessing the mental health need and providing appropriate services to meet these needs.

National data in 2005 – 06 indicates that Aboriginal and/or Torres Strait Islander people are almost twice as likely to be hospitalised for mental health and behavioural disorders compared to other Australians [11]. The rate of hospitalisation for 'mental disorders due to psychoactive substance use' were found to be 4.5 times higher for Aboriginal and/or Torres Strait Islander men and 3.3 times higher for Aboriginal and/or Torres Strait Islander women when compared to non Aboriginal and/or Torres Strait Islander men and women [11]. It is likely that these figures under represent the true burden of mental health issues in Aboriginal and/or Torres Strait Islander people [11].

Intentional self harm may also be indicative of mental illness and distress [12]. In 2005-2006 Aboriginal and/or Torres Strait Islander people were more likely to be hospitalised for intentional self harm than other Australians in NSW [12]. Suicide rates in the Aboriginal and/or Torres Strait Islander community are approximately twice the rate in females and nearly three times the rate in males when compared to other Australians [13]. It is not clear how these rates relate to the older Aboriginal and/or Torres Strait Islander population due to the small numbers and the appearance of lower suicide rates in this older population [13]. This data shows that self harm and suicide are important concerns in the Aboriginal and/or Torres Strait Islander communities, albeit that these issues may be uncommon in older people.

The evidence pertaining to mental health in Aboriginal and/or Torres Strait communities is often criticized for its lack of standardised measures, defined diagnostic criteria, sampling prerequisites and cultural appropriateness, all of which impact on research outcomes [14]. However, the *Way Forward Report* [14] highlights the following studies of mental health relevant to NSW Aboriginal communities:

- In the most comprehensive study in the late 1970s and early 1980s, Eastwell (1977 & 1982) indicated that the prevalence of mental illness in Aboriginal and non Aboriginal communities in Australia were similar. In this study and other studies of Aboriginal and/or Torres Strait Islander people, Eastwell identified methodological issues such as lack of specific procedures, reliance on non Aboriginal people's perceptions and lack of consideration regarding different cultural responses.
- In the late 1970s, Kamien reported that the prevalence of mental health disorders in the adult Aboriginal population was 30.9% - significantly higher than the general population. This higher

prevalence may have been a result of the measures and records used, access to health or acculturative stress.

- In 1982, Khan demonstrated that Australian Aboriginal people had similar mental health problems to Native Americans, including high rates of psychosocial disorder.
- Resser (1991) has argued that mental health issues in Aboriginal communities are related to cultural differences between Aboriginal communities and service providers, historical events, social and cultural change and coping mechanisms. He has also suggested that poor physical health; high rates of drug and alcohol dependency and violence contribute to, and exacerbate, mental health concerns.

Resser further explains that sociocultural factors are likely to influence or shape the aetiology, appearance, expression, experience, course and outcome of mental health disorders.

Therefore, he suggests that Aboriginal mental health should be viewed in the context of the Aboriginal person's perspective of causality and abnormality, and their notions of spirituality and healing. Aboriginal mental health should also take into account the complex relationship between acculturation and mental distress or disease. Resser argues that the following factors impact on individual's social and emotional well being: past events, decreased social supports and networks. These factors are likely to elicit stress, loss of identity, stressful situations and major socioeconomic disadvantages.

- In 1991, 1501 Aboriginal patients were assessed for mental health problems in Taree and Redfern. Of all patients assessed, 25.1% were diagnosed as having a mental health issue and 47% of these diagnoses were associated with stressful life events. A childhood history of separation, neglect and institutionalisation were important predictors of mental health problems. When a person experienced both neglect and institutionalisation, their likelihood of developing a mental health issue was significantly higher.
- Studies of suicide among Aboriginal people have found relatively high rates of attempted suicide. In one study the prevalence of suicide attempts were 6% for males and 21% for females.
- Substance abuse is a significant issue on its own and also when combined with mental health issues. Substance abuse is often closely linked with mental health.

Prevalence studies have been undertaken through the Kimberley area of Northern Western Australia in rural and remote Indigenous communities, revealing a higher incidence of dementia in the Indigenous community than non-indigenous Australians. Dementia affects each person in a unique way, but is frequently associated with mental health problems such as depression or psychosis, and with a range of behavioural symptoms. These non-cognitive symptoms and behaviours are often referred to as Behavioural and Psychological Symptoms of Dementia (BPSD). Whilst cognitive

dysfunction in dementia progressively worsens over time, many BPSD tend to be episodic and to fluctuate over time. BPSD include aggression, screaming and shouting, inappropriate sexual behaviour, restlessness and agitation, intrusiveness and resistance to care, and, at the severe end of the spectrum, physically violent or aggressive behaviour, severe depression, psychosis and suicidal symptoms.

Despite the limitations in the literature, these studies highlight the prevalence and presentation of mental health issues in Aboriginal and/or Torres Strait Islander communities. Older people may not only experience a mental health issue, but they may also experience the effects of mental health issues in their community as Elders, family members, community members and leaders.

Aboriginal and/or Torres Strait Islander health and social determinants of health

It is well documented that Aboriginal and/or Torres Strait Islander people have the poorest health outcomes when compared to other Australians. Aboriginal and/or Torres Strait Islander people are more likely to experience health conditions such as cardiovascular disease (higher prevalence, hospitalisation and mortality); Kidney disease; Communicable diseases such as Hepatitis A, Hepatitis B, Hepatitis C and tuberculosis; Diabetes and high sugar levels, and hearing problems (especially in children). Although less likely to have cancer, Aboriginal and/or Torres Strait Islander people are more likely to have a poor prognosis, diagnosed at a later stage, less likely to receive adequate treatment and more likely to die from cancers [15]. These poor physical health issues impact on the social and emotional wellbeing in Aboriginal and/or Torres Strait Islander communities [6] .

Social determinants are those social factors that determine the health of populations and individuals. “Protective factors” reduce the likelihood of developing poor health and “risk factors” increase the likelihood of poor health [11]. According to Carson et al (2008) [24], Aboriginal people experience a range of social risk factors that negatively influence health. Aboriginal and / or Torres Strait Islander people are more likely to experience poverty that is widespread and “entrenched” in the community; They are less likely to access and participate in educational activities and more likely to have poorer outcomes in training and education. Culturally inappropriate education impacts on a person’s social and emotional well being well into their adult years, and this risk factor is well documented for Aboriginal and/or Torres Strait Islander people; Aboriginal and/or Torres Strait Islander people are less likely to be employed in higher paying positions and more likely to be on welfare payments. Unemployment and welfare dependency are a product of social, political and economic exclusion rather than a cause; Aboriginal and/or Torres Strait Islander people are more likely to experience inadequate housing infrastructure and sometimes the added overcrowding issues compound on poor infrastructure. Aboriginal people also experience racism, as Carson points out “direct experiences of racism can have ill-effects on individual physical and mental health” (p. 65, 66).

Aboriginal mental health and identity

Asking clients if they identify as an Aboriginal and/or Torres Strait Islander person is mandatory in the Australian health system and can assist in determining the burden of mental illness and mental health needs. However, research shows that the identification of Aboriginal people in health records was not completed in 55 – 100% of client records and this variation occurred across regions [10]. Identification is essential to matching services to need (4). Therefore effectively engaging clinicians and/or services to record identity of Aboriginal and/or Torres Strait Islander people is essential to provide sufficient and relevant services based on need.

Definitions and roles

Mental health is a state of emotional and social wellbeing and also refers to the capacity of the individual to meet their potential [16]. A “mental health problem” is a broad term used to describe conditions that may not be severe enough to be called a mental health illness [17]. A ‘mental health illness’ is a term used to describe major changes in the way a person thinks, feels and behaves and the disruption this has on the person’s ability to interact with others and complete their daily tasks [17]. During this project, the term ‘mental health’ was not used, particularly in consultation with older Aboriginal and/or Torres Strait Islander people, due to the stigma and shame associated with the term. The term “social and emotional well being” is one frequently used by Aboriginal and/or Torres Strait Islander communities. It reflects the holistic view of health and can provide a framework to assist in understanding individual life experiences and how they relate to mental health [11]. During the project, the term ‘social and emotional wellbeing’ was used instead of ‘mental health’.

In Aboriginal and/or Torres Strait Islander communities, social and emotional wellbeing is viewed holistically and used interchangeably with the term ‘health’. For Aboriginal and/or Torres Strait Islander people health involves the physical, social, environmental, emotional and cultural wellbeing of the whole community [17]. The social and emotional wellbeing of an Aboriginal person is affected by physical health, sexual and gender identity and family relationships (including family violence, the experiences of the stolen generation and history of child abuse) [6]. These similar definitions illustrate why ‘health’ and ‘social and emotional wellbeing’ are used interchangeably in Aboriginal and/or Torres Strait Islander communities.

There is limited research regarding different definitions and perceptions of an Elder in Aboriginal communities. The common themes in defining an Elder are firstly the passing of knowledge and wisdom to the community and secondly the respect for and from the community [18, 19]. Age was not always the determining factor, as the following definition from Women’s Health [19] demonstrates:

An Aboriginal Elder is someone who has gained recognition as a custodian of knowledge and lore, and who has permission to disclose knowledge and beliefs. In some instances Aboriginal people above a certain age will refer to themselves as Elders. It is important to understand that, in traditional Aboriginal culture, age alone doesn’t necessarily mean that one is recognised as an Elder.

A Newcastle University paper on appropriate terminology for Aboriginal communities [19] highlight the knowledge and authority that Elders have in an Aboriginal community:

Elders are men and women in Aboriginal communities who are respected for their wisdom and knowledge of their culture, particularly the Law. Male and female Elders, who have higher levels of knowledge, maintain social order according to the Law.

Generally, older Aboriginal and/or Torres Strait Islander people hold a significant and special place in community. Older Aboriginal and/or Torres Strait Islander people are generally seen as important members of their communities, who have the responsibility for caring for their families and others within the community [20]. This responsibility is greater than just providing support, but rather as primary carers or parenting their grandchildren and sometimes great grandchildren [20]. Therefore, older Aboriginal and/or Torres Strait Islander people are more likely to be actively engaged in their family structure for significant amounts of time.

It is important to understand the concept of shame in Aboriginal and/or Torres Strait Islander communities. The feeling of shame in an Aboriginal community is not easily defined and bears little or no reflection to a dictionary's definition [21]. Shame is more than a strong feeling that is elicited by attention or a circumstance that directly targets, intentional or not, the person's dignity [21]. Shame can engulf a person and cross unspoken boundaries, and it is disempowering [21]. Understanding shame in the context of an Aboriginal and/or Torres Strait Islander community is important and can impact on service provision outcomes.

Understanding and working with Aboriginal and/or Torres Strait Islander communities

Aboriginal and/or Torres Strait Islander communities often define themselves differently to the way service providers do. Service providers often define Aboriginal and/or Torres Strait Islander communities by the geographical boundaries of townships or service catchment areas [22]. For an Aboriginal and/or Torres Strait Islander person, community may also have geographical boundaries but these boundaries are more likely to be linked with Country [22]. Country refers to the lands or place that Aboriginal and/or Torres Strait Islander people are traditionally attached to or have a relationship with [23, 24]. The community may also be defined by kinship and spirituality and the strength of this system is that the relationships are not always defined by westernised bloodlines; instead they are bound by a particular level of responsibility, spirituality and a sense of space in the community [22]. Even those, removed from communities, such as the stolen generation, have a space in community [22]. Therefore, an Aboriginal and/or Torres Strait Islander person's concept of community is important when providing a service.

Since colonisation, another concept of community has emerged and a community can be defined by a sense of kinship and shared culture regardless of location or Country [22]. For example there may be a number of different Aboriginal people from different Countries that all connect and interact as an Aboriginal and/or Torres Strait Islander community. Sometimes, these kinships in a community can

be stronger than the previous community definition and sometimes, an Aboriginal and/or Torres Strait Islander person may connect to one or many different communities [22]. It is important to understand this when working with older Aboriginal people.

Traditionally, Aboriginal and/or Torres Strait Islander communities were very structured and ordered [22]. This is still evident in today's communities and each member often has a definite relationship and space within the community or communities [15]. Sometimes, these responsibilities and this space is not always intact and this impacts on the community's functioning [22]. For example, in the case of the stolen generation, the sense of loss is felt across the community and also victims of the stolen generation may not be able to get back to their links or remain without a feeling of connection [22]. It is important to understand and consider the way a community functions as a context for interventions provided by services.

Working with communities in a way that builds trusting and respectful relationships between service providers and communities is essential to all agencies that provide a service to Aboriginal and/or Torres Strait Islander communities [22]. There are two main principles that guide services in working with communities. The first principle involves developing an understanding of the community where services are provided, and the second principle involves establishing and maintaining working partnerships with the community [22]. A key factor in engaging with a community is establishing a relationship with the Aboriginal Health Workers and Aboriginal Mental Health Workers.

The role of Aboriginal Health Workers and Aboriginal Mental Health Workers is multifaceted and involves working with clients who often have multiple and complex issues [25]. Aboriginal Health Workers and Aboriginal Mental Health Workers' roles vary according to their work environment and expectations [25]. Their role can include components of clinical service delivery, education to both staff and clients, and managerial responsibilities [25]. One significant role of Aboriginal Health Workers and Aboriginal Mental Health Workers is to assist their colleagues and services directors in developing an understanding of the Aboriginal and/or Torres Strait Islander communities in their area and establishing key partnerships between service providers and communities [22]. They can share their understanding of cultural protocols, community dynamics and functioning and the needs of the community [22]. This role of the Aboriginal Health Workers and the Aboriginal Mental Health Workers is important in building key partnerships and in the delivery of social and emotional well being services.

Once respect and trust have been developed between Aboriginal clinicians / service providers and other service providers, then relationships with key members of community such as Elders and/or Traditional Custodians of the land can be developed [22]. Sometimes, permission from Elders is a requirement before commencing a service in an area [22] and the Aboriginal Health Worker or Aboriginal Mental Health Worker can provide advice regarding the relevance of this process. Once the key partnerships have been established, then relationships with the whole Aboriginal and/or Torres Strait Islander community can be developed. Relationships and partnerships between the

community and service providers will assist service providers in understanding the community and their needs, and assist with any ongoing evaluation of the process and/or episode of care [22]. Therefore building effective partnerships with key members of the community is important in working with the community.

The impact of past experiences on Aboriginal and Torres Strait Islander health and social and emotional well being

Internationally, the health and social determinants of health of Indigenous populations are often directly linked with colonial conditions such as policies, events and societal attitudes [24]. In Australia today, stories from Aboriginal and/or Torres Strait Islander people, reflect how policy and societal attitudes have impacted on their lives, their community and their families past, present and future [8]. Most Aboriginal people believe that historical events they have experienced at an individual, community and / or national are important to recognise and understand [26]. This recognition is one of the key principles in reconciliation and healing [27].

The past life experiences of older people impact on their current life experiences [28]. Although, older Aboriginal and non-Aboriginal Australians grew up in the same nation, their life experiences and life events vary significantly [20, 28]. Older Aboriginal people have often been exposed to exploitation at work or unemployment, living in poverty conditions, racism, segregation, the impacts of the Stolen Generation and increased numbers of Aboriginal people in mental institutions and prisons [24, 28, 29]. These life experiences continue to impact on the current experiences of both older people and their communities today. Some significant historical events impacting on older Aboriginal and/or Torres Strait Islander people's social and emotional wellbeing are outlined below:

Removal of older Aboriginal and/or Torres Strait Islander people from communities

Since the time of colonisation, the removal of Aboriginal and/or Torres Strait Islander people from their Country and community has been common practice [24]. As early as 1778, Aboriginal people were forcibly removed from their land and this continued throughout the 1900s [24]. The removal of Elders and "troublemakers" (people who continued to practice and share traditional culture) from Aboriginal communities occurred regularly and resulted in communities being separated from their Elders who held important knowledge of Country and culture [24]. The relationships between kin and community are important to the wellbeing of Aboriginal and/or Torres Strait Islander communities and the removal of Elders has contributed to fragmentation of communities and breakdown in culture, ultimately affecting the social and emotional wellbeing of older Aboriginal and/or Torres Strait Islander people and their communities today (29).

Removal of Aboriginal and/or Torres Strait Islander people from Country

Country refers to the lands or place that Aboriginal and/or Torres Strait Islander people are traditionally attached to or have a relationship with [23, 24]. Connection with Country refers to the connection between Country, and the history and knowledge attached to it [23]. Connections to

Country are linked to caring for country and maintaining cultural life, identity, individual autonomy and sovereignty [23, 24]. This connection can promote the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander people [23].

During the 1800 and 1900s, Aboriginal and/or Torres Strait Islander people were forcibly removed from their country and placed in missions or homes. Similarly, when Aboriginal and/or Torres Strait Islander people are incarcerated, their ties with Country can be severed. Severing ties to Country has been recognised as a significant factor that affects the person's social and emotional wellbeing and often this stress of being removed from Country has been misinterpreted as a mental illness or precipitated a mental illness [29]. A current study in the Murray River Region demonstrated a direct link between the community's physical and mental health and the well being of Country [23].

Therefore, forced removal from Country has impacted on the social and emotional well being of Aboriginal and/or Torres Strait Islander people and their communities.

Forced removal of children from Aboriginal and/ or Torres Strait Islander people

The forced removal of Aboriginal children has occurred since colonization and was formalized in government policy from 1909 to 1969 and during this period between ten and seventy percent of Aboriginal children were removed from their families. The exact number is not known because records were either lost or destroyed [30]. The *Bringing them Home Report* highlights the impact of child removal policies on children and their families. It was found that many homes and institutions that children were forced into were "very cruel, and sexual and physical abuse of children was common" [30]. As a result anxiety, depression, post-traumatic stress and suicide are common amongst the stolen generation [30]. It is also worth noting that in the Royal Commission into Aboriginal Deaths in Custody, 50% of suicides investigated were victims of the stolen generation [30]. Current research indicates that Aboriginal and/or Torres Strait Islander people are still more likely to be removed from their family when compared to other Australians. The experiences of the stolen generation have impacted on many generations, and will continue to do so due to the cultural identity, separation from kinship and community fragmentation that has resulted.

These examples of past events and the continued impact of these events on all Aboriginal and/or Torres Strait Islander people are significant. Transgenerational trauma is a term used to describe how these past events have impacted on the mental health status of current generations [11].

Consideration of a traumatic history, directly or indirectly experienced, is necessary for healing purposes [11]. Therefore, it is important for service providers to explore past events that were directly or indirectly experienced by Aboriginal and/or Torres Strait Islander people, when appropriate

Access to appropriate health services by Aboriginal and/or Torres Strait Islander people

As previously mentioned, the data on Aboriginal and/or Torres Strait Islander people who access mental health services is not valid or reliable. However, there is clear evidence to suggest that most mental health services are not designed to promote easy and appropriate access by Aboriginal and/or

Torres Strait Islander people [10]. Factors that may contribute to poor access to health services include: geographical barriers; social and educational barriers; institutional racism and discrimination by health workers; poor policy development; and mistrust of government services amongst Aboriginal communities [7, 10]. Although there is not reasonable data to analyse access by Aboriginal and Torres Strait Islander people, there is evidence that services are not designed to meet the needs of this population group and therefore inhibit access.

There are attributes of services that facilitate access by Aboriginal and/or Torres Strait Islander people. These include: culturally sensitive and holistic approaches; support for self determination by consumers and communities; an understanding and recognition of historical factors that are relevant to social and cultural marginalisation; availability of services for crisis intervention for Aboriginal and/or Torres Strait Islander communities; special healing places; culture and history training of non Aboriginal people [10]. These factors are consistent with the *Cultural Framework* and contribute to promoting access to Aboriginal and/or Torres Strait Islander people.

Evaluating health services' outcomes for Aboriginal and/or Torres Strait Islander peoples

Considering the poor health and social and emotional wellbeing concerns identified in Aboriginal and/or Torres Strait Islander populations, it is necessary to ensure that health outcomes are being met through both episodes of care and processes of care [10]. Services need to meet the needs of the Aboriginal and/or Torres Strait Islander people through processes of care that are meaningful and respectful to the person. Aboriginal and/or Torres Strait Islander people may interact in a culturally specific way based on kinship, storytelling, community and spirituality and it is essential to engage the client at a cultural and clinical level [10]. Clinical outcomes are likely to be reached when services to seek to achieve these clinical outcomes through culturally appropriate processes.

Project methodology

Background

The development, design and implementation of the project were guided by a Project Reference Group comprised of SMHSOP Coordinators representing rural and remote areas, metropolitan areas and Justice Health, Area Health Service and statewide managers for Aboriginal Mental Health Services in the mainstream and Aboriginal Community Controlled Health Services sectors, an Aboriginal Social & Emotional Wellbeing worker and an Aboriginal clinical leader, and OPMH Policy Unit staff. (See *Appendix 1* for a list of members for the Project Reference Group.)

There were two methods used in this project to gain an understanding of the needs of the older Aboriginal and/or Torres Strait Islander people's social and emotional well being. Consultation workshops with older Aboriginal people, Aboriginal community members and service providers; and an on-line survey of service providers only.

The purpose of the consultation sessions and online survey was to:

- Understand experiences of social and emotional wellbeing for both older Aboriginal and/or Torres Strait Islander people and their carers;
- Identify the needs of older Aboriginal people with a social and emotional wellbeing concerns, and
- Understand service issues for older Aboriginal and/or Torres Strait Islander people with social and emotional wellbeing concerns experiences of service access and appropriateness

Three areas were chosen for consultation workshops: a remote area, a regional / coastal area and a metropolitan area (Walgett, Central Coast and Sydney). Given the geographical challenges of holding consultation workshops across NSW, local Aboriginal Health Workers were also encouraged to conduct local consultations in the communities they work in. An on-line survey was developed to allow service providers to participate in the project.

The following community consultation workshops were conducted:

- Walgett service provider consultation session (6 service provider representatives);
- Collarenebri community consultation (4 Aboriginal people);
- Sydney service provider consultation Sessions (1 Aboriginal person and 8 service provider representatives)
- Sydney community consultation (10 Aboriginal people)
- Central Coast service provider consultation (2 Aboriginal people and 5 service provider representatives)
- NSW Correctional Centres (3 Aboriginal people)
- Central Coast community consultation (9 Aboriginal people, 3 service provider representatives)

- Individual consultation sessions (4 Aboriginal people) – These consultation sessions were conducted informally during the course of the project with Aboriginal people, including older Aboriginal people and Elders to assist in accessing communities.

Most of these consultation sessions were conducted by the Project Coordinator, except for the Sydney community consultation and the NSW Correctional Centres. An Aboriginal OPMH package was developed for local service providers. This included a booklet, a PowerPoint for the workshop and examples of documentation. Although this package was developed, the way it was delivered depended on the community and their responses and stories. Aboriginal Health Workers and Aboriginal Mental Health Workers could choose to use the PowerPoint presentation, offered individually or in a group setting and change the wording of the questions (not the meaning) to suit the local community. This flexible approach was also adopted by the Project Officer. (See *Appendix 2* for a copy of the themes and questions used in the workshop.)

The Aboriginal Older Peoples' Mental Health Survey was developed in collaboration with the Aboriginal Older Peoples' Mental Health Project's reference group. The survey consisted of 18 questions and covered demographics of the respondents and the services they work in. It also included questions about access and appropriateness of services for Aboriginal and/or Torres Strait Islander people and communities.

The on-line link to the survey was provided following consultation sessions and also via the SMHSOP Advisory Group and to the Aboriginal OPMH Project Reference Group for distribution. (See *Appendix 3* for the on-line survey questions.)

Methodological considerations / design

- The knowledge, wisdom and experiences of older Aboriginal and/or Torres Strait Islander people and Elders are privileged information and this was explicitly expressed, acknowledged and respected.
- The large geographical area of NSW meant that not all communities and locations could be consulted. Those who lived at a distance that prevented attendance at a consultation were encouraged to complete the on line survey and/or organise local consultation sessions with the community.
- The Project Coordinator has limited time to develop knowledge of the communities and local cultural protocols. Therefore, relationships and partnerships were developed with local service providers regarding cultural protocols and needs were discussed. Local cultural protocols were acknowledged and respected in the sessions.
- The ages represented in the consultation ranged between 50 and 85 years.

- A second round of consultation sessions were conducted with Elders and older Aboriginal people regarding the draft report to confirm stories, highlight key issues identified and to discuss the recommendations, including the principles of care.
- One Elder's group commented on the relative small numbers of Elders consulted in the project. Discussion regarding the recommendations and local partnerships will assist in addressing local community culture and needs.

Limitations

- The consultation methodology meant that stories and experiences mainly related to community mental health and general hospital settings. Limited stories and experiences regarding acute inpatient mental health settings were covered.
- During and after the consultation sessions, there were significant stories shared regarding the shame and stigma associated with discussing social and emotional wellbeing. These specific stories have not been documented due to confidentiality and privacy.
- A concern raised by both the Project Reference Group and the Aboriginal and/or Torres Strait Islander participants included the number of consultations that Aboriginal and/or Torres Strait Islander people are expected to engage in and often felt the actions/concerns identified in these consultations were not met. During the Aboriginal OPMH consultation sessions, handouts and verbal information were provided.
- In the online questionnaire community consultation was not defined and therefore responses were based on the general understanding and perception of the term.
- The short duration of the Aboriginal OPMH Project was significant given the need to build trust and relationships with Aboriginal and/or Torres Strait Islander people. This factor was considered and it was therefore decided that the consultation sessions would be conducted by building relationships with older Aboriginal and/or Torres Strait Islander people via the Aboriginal Health Workers / Aboriginal Mental Health Workers. In addition to this, Aboriginal Health Workers / Aboriginal Mental Health Workers were encouraged to talk with and/or conduct consultation sessions in the communities in which they work. The short project timeframe and other priorities also impacted on the availability of Aboriginal Health Workers / Aboriginal Mental Health Workers. The availability of Aboriginal Health Workers and Aboriginal Mental Health Workers also limited the number of local workshops implemented.
- Although the design of this project addresses the needs of Aboriginal and/or Torres Strait Islander people, none of the participants identified as Torres Strait Islander people.

Positive outcomes / benefits

- Although the service provider sessions were designed to include service providers only, older Aboriginal people were invited to attend the consultation sessions. This process allowed service

providers and older Aboriginal people to establish future meetings and input regarding service provision to older Aboriginal people.

- Community consultation was seen as a positive experience for Aboriginal participants in that they had an opportunity to discuss some of their grief and anger in a safe environment. It also gave participants the opportunity to follow up on health needs with their local Aboriginal Health Workers.
- During the consultation sessions, local service providers experienced both the stories and emotions first hand and one SMHSOP clinician commented that although he understood the information from an academic perspective, it was different to experience and feels these more immediately and personally.

Key findings and analysis

Key findings from the consultation sessions

Definition of old age in Aboriginal and/or Torres Strait Islander communities

Participants in the community and service consultation sessions defined and described old age in many different ways. The following concepts were used individually or together to define old age:

- Old age means being over a certain chronological age (such as 45, 50, 60 and 85). Most comments suggest being old commences any time in your 40s, 50s and up until your 80s.
- Old age means having particular physical characteristics such as being bent over and unable to walk. An Aboriginal worker explained “You are old when you have grey hair, have lots of wrinkles, physically you can’t do what you used to do” and a community member expressed ageing as “I am 74 and I am not old. Aunty Xxx is old, she is 84, she sleeps all day and can’t get off the chair” and “You only get old when you have a nanna nap”. These and other physical characteristics were considered important attributes of ageing.
- For some, being old was associated with feeling old. “For our services, getting old is an individual personal choice and when you get old you use it in that communication *I am old, I am getting old*, you may feel old because of trauma, you may feel old because of a hard life” (Aboriginal Health Worker). Another Aboriginal person reported “I am in transition (of getting old) and you can feel it (getting old)”. One community member reported “Some days I get up and feel 109”.
- Socially and culturally, someone may be defined as old by their role in the community that you live in and/or come from. One community member expressed it like this: “I am 52. There are 5 generations in my family and I am one of the oldest.”
- Premature ageing and premature mortality were highlighted as issues by some participants. A community member explains it as the “lifestyle that is occurring impacts on ageing – lifestyles translate to that get up and go. Some people don’t have it and age too quickly.” Another member expressed, “Old, we are not getting old; we are dying at 40 we are not even getting to 50”.

The relevance of this definition to the NSW Service Plan for SMHSOP is that age is not dependent on chronological age; instead ageing is defined by various factors unique to the individual. Individual choice, where appropriate, regarding which service to access, such as a community mental health team or SMHSOP is essential.

Definition of an Elder

In the consultation sessions, notions of being older and being an Elder were used interchangeably. However an older person and an Elder were defined differently and distinctly. An Elder was defined in cultural terms as someone who is respected by their community. An Aboriginal person reported “A role model can be considered an Elder” and an Aboriginal worker explained “it is a respect thing and how the community respects you.” This definition or expectation of an Elder is intertwined with the relationships between the Elder and the community, and the example set by the Elder.

Consultation participants highlighted that sharing particular knowledge of culture and history is an important role of an Elder. It is as an Elder’s responsibility to pass this knowledge on to the younger generation. An older Aboriginal person stated that “I am not an Elder, even though my community considers me an Elder. An Elder is someone who passed down that important cultural information to the generations. I don’t have that knowledge. It was taken away from me.” A service provider reported that an Elder is someone who is “eminent and knowledgeable” and for whom there is “demonstrated respect”. One community member said the “role of an Elder is to keep the community alive” and one way to do this is “you got to know these stories and pass [them] on to the youth”. This shows the responsibility and obligation of the Elder to meet the cultural and spiritual needs in the community. It also reflects the communities’ expectations of an Elder to pass on this knowledge.

Being an Elder was generally not seen as being dependent on age and you could be an Elder at a young age and not an Elder at an older age. An “older person is not an Elder” and “some people do not mature in that way” were comments made by Aboriginal workers. However one person commented “I see an Elder as over 60 years”, and you “always look up to someone who is older”. This person also spoke about being identified by the community as an Elder prior to 60 because her “home was a safe haven from people drinking” in the community. This further demonstrates the roles and responsibilities of Elders, and highlights that sometimes a community may identify a person as an Elder when that person may not identify themselves as an Elder.

This definition of Elders and their roles in communities should be acknowledged, respected and incorporated into SMHSOP service provision.

Definition of social and emotional wellbeing

During the consultation sessions, Aboriginal and/or Torres Strait people defined social and emotional well being in a holistic way which incorporates physical health; mental health; health of the community; connection to Country; a sense of self and Aboriginal identity; connection to the community; reconciliation and understanding from the wider community; spirituality, security of food and housing, access to holistic health care and transport to services. Some or all of these factors are used by Aboriginal and/or Torres Strait Islander people to define social and emotional well being.

This definition has implications for NSW SMHSOP in that services need to incorporate this definition when providing services to older Aboriginal people.

Factors that contribute to social and emotional wellbeing

There are many factors that contribute to the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander communities and some key factors are outlined below:

Access to appropriate health services

During the consultation sessions, access to health services was identified as an important factor contributing to social and emotional well being. Poor access was attributed to a lack of services, a lack of awareness of services or a lack of knowledge about how to access services. Limited access to transport was highlighted as a factor influencing service accessibility.

Appropriate services were also identified as an important factor contributing to social and emotional wellbeing of older Aboriginal people. One older Aboriginal person stated that nursing homes and health services do not have an “understanding our needs” and another older Aboriginal person reported that there is “no connection with services only to Aboriginal Health Workers”. A lack of follow-up from services and poor communication were also identified as negative experiences of health care. Providing services that meet the needs of Aboriginal and/or Torres Strait Islander communities are essential in achieving social and emotional well being. It was noted in consultations that the communication between patients and staff has improved over the years,

Health of the community

Consultation participants confirmed that the health of older Aboriginal people is intrinsically linked to, and dependent on the health of the community. Community, particularly the youth, are important to older Aboriginal people. In the consultation feedback session, an Elder commented that alcohol is no longer promoted or allowed in formal community gatherings and this means that they do not observe drinking in the community. This is consistent with the literature review finding that health services for all community members are required to improve the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander communities [24] and that older Aboriginal people and Elders are considered responsible to and for the community.

Cultural identity and change

Aboriginal people expressed the significance of culture for the social and emotional well being of older Aboriginal and/or Torres Strait Islander people. The need to understand culture and the context of culture for each individual is important to Elders and older Aboriginal people. Elders and older Aboriginal people are significant to Aboriginal culture, particularly in passing on cultural knowledge to the younger generation. Understanding culture and the role older Aboriginal people and Elders contribute to culture is an important factor influencing the social and emotional well being of the older Aboriginal person and Elder.

Forced cultural change was also discussed in relation to compulsory community relocations. One Aboriginal Health Worker explains that “they mixed them all up like the Wiradjuri and the Kamilaroi.

The mission changed things completely. It is like the housing mission - put any culture together and everyone goes mad; kids go mad; violence". The removal from country, the disruption to communities and the forcing of different cultural groups within the Aboriginal community to live together continues to impact on the social and emotional well being of older Aboriginal people and Elders today.

Aboriginal Health Workers and Aboriginal Mental Health Workers

Aboriginal Health Workers and Aboriginal Mental Health Workers are important to the social and emotional well being of older Aboriginal people and Elders. Older Aboriginal people and Elders reported they appreciated the support they received from Aboriginal Health Workers / Aboriginal Mental Health Workers, both during and outside of work hours. Older Aboriginal people reported that they are mindful when contacting Aboriginal Health Worker / Aboriginal Mental Health Workers of the complex needs in the community and of not wanting to use the valuable time of the professional when they could be working on other community issues. Both Aboriginal Health Workers and Aboriginal Mental Health Workers contribute to positive social and emotional well being in Aboriginal communities.

Incarcerations and deaths in custody

The high rates of incarcerations were discussed and deaths in custody were reported as having an impact on the social and emotional wellbeing of older Aboriginal and/or Torres Strait Islander people. A service provider also reported that often young Aboriginal people are returned home after incarceration into the care of older Aboriginal people. This adds an extra burden to the older Aboriginal people both financially and socially. It was felt that the older Aboriginal people were not consulted appropriately nor were they provided with enough support to care for the young Aboriginal people exiting prison. High incarceration rates and the impact of young people being placed in the care of the grandparents after leaving prison were considered important factors contributing to social and emotional well being.

Community and family connections

Family and community connections are considered very important to Aboriginal people and these connections impact on the social and emotional wellbeing of older Aboriginal people and Elders. Stories of love, respect and connectedness with family and community were seen as positively contributing to the social and emotional well being of Aboriginal communities. Of particular importance are the close relationships older Aboriginal people and Elders want and need with the youth. Connection with family and community helped lessen the impact of traumatic and negative past life events. As one Elder put it "kinship is important, especially if you have been trodden on all your life". The sense of kinship can have a positive impact on social and emotional well being.

Participants highlighted that strong intergeneration connections between Elders and older Aboriginal people with the youth could have a significant impact on their social and emotional well being. Elders reported that spending time with youth or "younger family" gave them a sense of pride and

enjoyment. One Elder reported “In Senior Week... spending time with the community and children, the kids performing was very good. There were kids playing the didgeridoo, he was only 10 years old....It was a great morning”. A leadership camp involving both Elders and youth were seen as an important and valuable experience, and “both walked away feeling good”. These types of interactions between youth and Elders positively influence the social and emotional well being of older Aboriginal and/or Torres Strait Islander people, and without this sense of connection there is a sense of loss.

Elders groups

Elders’ groups were reported to provide a sense of community, belonging and connectedness with other older Aboriginal people and Elders. These forums were also used to disseminate health service information.

Sense of humour

A positive factor social and emotional well being raised at all the consultations was having a sense of humour. One community member said “Humour, that’s Koori culture, you gotta laugh”. Another Elder expressed concerns over having an “unhealthy laugh” when one of the community members were mistreated by the local hospital. Sense of humour in the Aboriginal community is seen as positively contributing to social and emotional wellbeing and is sometimes used to express concerns within the community.

Spirituality and connection to Country

“Spiritual belief and understanding”, and connection to Country contribute to the social and emotional wellbeing of older Aboriginal and/or Torres Strait Islander people. Connection to Country had a spiritual connotation “When we get into place, we can feel the presence”. Traditional ceremonies still occur on Country and this has a direct link to social and emotional well being. For some, Christianity and the connectedness with the church were considered as positively impacting on social and emotional well being. This spirituality and connection to land is considered important factors that influence the social and emotional well being of older Aboriginal people and Elders.

History and politics

Historical and political factors play a significant role in the social and emotional well being of Aboriginal and/or Torres Strait Islander people. Past experiences were discussed in relation to colonisation and legislation and the impact this continues to have on Aboriginal peoples’ ability to fully participate in Australian society. An older Aboriginal person noted that “legislation after legislation prevented us from entering the labour market” and further commented that impacted and continues to impact on the health and well being of the Aboriginal community. Another Aboriginal service provider commented on “past experiences still in our life time”. History and politics continue to impact on the social and emotional wellbeing of older Aboriginal and/or Torres Strait Islander people. There was also an acknowledgement of Sorry Day and the need of Citizenship Week to be identified to help improve social and emotional wellbeing for Aboriginal and/or Torres Strait Islander people.

Physical limitations

High rates of disability and disease were also mentioned as a concern in relation to social and emotional well being of Aboriginal people. Getting older and the impact of this on your physical ability and confidence to participate in community events were considered important. A story of an older Aboriginal lady who was unable to access the community because of her physical deterioration and fear of falling was highlighted. This inability to access the community affected her ability to maintain kinship and therefore her social and emotional well being. Physical limitations and disability associated with disease and for the older person, the impact of ageing affect's the person's ability to participate in events and this has a negative impact on social and emotional well being.

Stereotyping / discrimination / racism

Stereotyping, discrimination and racism are experiences reported by older Aboriginal people, Elders and Aboriginal service providers. An Aboriginal Health Worker explains: "It is really hard to tell this society this is how it is but you want us to tell our stories". This was followed with the following story; "[Grandchild] got a bruise and when she arrived at school, they contacted DOCs and because of the bruise on her leg she had been protected at school. My son he never touches the kids, but DOCs comes down. They have young DOCs workers, even the young Koori girls say you give me trouble I'll dob you in. Society makes those assumptions, you are assumed to be a drinker...My son has 11 children he will not take them to the hospital. My son has a mental illness, he won't go (to services) because (if you go and) you spill your guts, they take your kids. I tell him don't be frightened." This story shows how stereotyping, racial discrimination and bad experiences can lead to fear of accessing services.

Being accepted without discrimination and racism is important to the social and emotional well being of older Aboriginal and/or Torres Strait Islander people and their communities. "In the community being accepted for who you are and not what you are and not what they want you to be" is important as one person pointed out "If you can't be yourself you can't be anybody".

Self determination

Self determination is an important aspect of social and emotional well being of in Aboriginal and/or Torres Strait Islander communities. "Mental health and my people are controlled and governed. This becomes embedded and there is a lack of confidence. I had a friend who wasn't urinating, passing motion and her breathing was noisy. I had to use angry words, I wasn't angry but I used angry words to get her to the hospital. When it was life or death she didn't want to go to the doctor because she was a burden to the doctor. I got her to the doctor and within 24 hours her organs where shutting down. She was conditioned because she was afraid to tell her doctor this that and the other". Another Aboriginal person commented "We are not in control and this impacts on our health outcomes".

The significance of this information to the service plan is that there are many factors, positive and negative, that influence the social and emotional well being of older Aboriginal people. These factors

require consideration in mental health service provision to each older Aboriginal person accessing the service.

Stories and experiences of social and emotional wellbeing in Aboriginal and/or Torres Strait Islander communities

The stories and experiences expressed by older Aboriginal people reflected the factors that were reported to influence social and emotional well being.

A discussion between an older Aboriginal Health Worker and Mental Health Manger demonstrates the different constructs of mental health and in this example spirituality is discussed:

“My son hears voices but he is not mental – it is not mental it is our way”, the service provider asked “When is someone considered mental?” and the response was “You are mental if there are other behaviours that are strange but its okay if it is just the spirits.”

An Aboriginal Health Worker discussed how the experience of grief in Aboriginal communities may be different to the expectations of service providers:

“We believe in expressing grief and depression differently. Sometimes our emotions whether low, medium or clinical, it feels the same, looks the same but it is different”.

One older Aboriginal person’s story illustrated how past events, in this case the stolen generation, prohibiting the practice of culture and the loss of culture and family has on social and emotional well being:

“Years ago in Cowra, there was this family taken away. The officials got out of the car and bundled them into the car. The girl was 16 years and (they also took) her brothers and sisters. The girl was pregnant...People were screaming and chasing the car to bring them back.”

and

“In the early 1900s they stopped language and traditions. Well I didn’t grow up with that, there is no way I can pass that on. We were not allowed to practice the laws; it was taken away from us. That is what my great Uncle says, I can only tell you a few stories, and they were taken away from you...My brother used to walk to Gulogong from Cowra. There were things all the way on the road, and everything was marked, the goanna on the tree. John never told us anything. Back in the days [when practicing culture was not permitted] only certain members were taken away for certain things...My brother has passed away now.”

The impact of discrimination and poor education experiences was reflected by an Elder.

We were told we would not get an education, you're dumb"

The implications of stories and experiences to SMHSOP are that each older Aboriginal person has a unique story that impacts on their social and emotional well being. These stories and experiences should be acknowledged and, if appropriate addressed when providing SMHSOP.

What is working? Delivering culturally appropriate services to Aboriginal and/or Torres Strait Islander peoples

Service providers identified the importance of Aboriginal and non Aboriginal clinicians working together to provide culturally appropriate services to older Aboriginal people. In one context, working together was illustrated as both workers (Aboriginal and non Aboriginal) respecting each other's skills and working to achieve the best care for the client. In this service delivery approach, the Aboriginal Health Worker was seen as having skills in working with the community and had an understanding of culture and the impact of ageing in the community. The SMHSOP clinician had skills in working with mental health in the ageing population. Together, these skills were seen as positively contributing to the clinical outcomes for the client.

Person-centred care was discussed as a concept but not defined in consultation. Older Aboriginal people and service providers highlighted the importance of "being with and listening" to the older Aboriginal person's stories in a non judgmental and caring context. This feature of person centred care was identified as a significant component of accessible culturally appropriate services.

Cultural competence and appropriateness amongst the mental health clinicians are significant factors that affect the outcome of social and emotional well being services for older Aboriginal people. Cultural training conducted in the workplace through specific education and/or employing Aboriginal Mental Health Trainees / Workers was identified as important. However, not all services reported this occurred. There were also some concerns raised about younger Aboriginal Health Workers providing services to the Elders, in terms of respect and cultural appropriateness that the worker may not be privy to the information required for health care.

Some services identified the importance of understanding the community needs and relationships when providing a service to the older population group. A specific discussion regarding "sorry business" and providing services that are sensitive and sometimes delaying services or changing the model of service delivery to facilitate the healing process. Understanding the community may assist clinicians to promote access to and appropriateness of services to local Aboriginal communities.

Consultation sessions identified the importance of providing consistent and constant services to build trust between service providers and Aboriginal communities, particularly Elders. Short term projects can be problematic in this respect. Aboriginal Health Worker / Aboriginal Mental Health Workers were

identified as important assets in building trust and relationships with local communities developing effective relationships between services and older Aboriginal people.

Evaluating the processes and outcomes of care in a culturally appropriate way was identified as an important aspect of service provision. Being informed about delivery and service provision services was important for one Aboriginal community.

The key features identified that will make SMHSOP more culturally appropriate and accessible to older Aboriginal and/or Torres Strait Islander people include: SMHSOP clinicians and Aboriginal Health Workers / Aboriginal Mental Health Workers working together; a cultural competent workforce; service providers having an understanding of and relationship with the Aboriginal community; consistent and constant service delivery that is responsive to health needs, and evaluating outcomes.

Aboriginal and/or Torres Strait Islanders' experiences of services

During the consultation sessions, stories of poor communication regarding service provision were highlighted by services and service users. One example was the story of an Aboriginal woman with dementia whom at times demonstrated complex behavioural and psychological symptoms and was sent to another town because the local multipurpose centre did not have the capacity to manage this behaviour. This Aboriginal community member reported the significant impact that this has on the community such as family who do not have access to transport are unable to visit and placing additional burden onto the community as they have to provide extra support to this family and travel an additional 75 kilometres to visit the person in care. This example, for this Aboriginal person highlights the need for effective communication regarding the care for Aboriginal people and their families and community.

The Aboriginal Elders also expressed concerns regarding the process of care. For example, one person reported "I had a sister that they treated horrible. She was in a lot of pain but because she was pressing the button, they pulled the buzzer out the wall". One Elder reported "I know when I came to hospital after I tried to kill myself, I needed to talk, all they wanted to do was search me and my bag and then they made me wait for 6 hours in a corridor. It took so long to speak to someone". Another Elder reported "I tried to kill myself but the hospital really looked after me. Unfortunately they did not follow me up though." And another Elder reported "When I went to hospital they quickly talked to me, gave me some valium and told me to go home and come back if I needed more help". These stories illustrate that older Aboriginal people need time and opportunity to talk about their experiences and receive appropriate care in hospitals, and then in the community.

Culturally inappropriate communication was expressed as a barrier to accessing services. One older person stated that, "non Aboriginal people do not connect" while acknowledging "it has improved" over the years. Another older Aboriginal person was asked by a health professional "Why do you think about that stuff?", demonstrating little empathy for or knowledge of the hardship this Aboriginal person had experienced, and prohibited the process of healing. A community member reported "The

moment an Aboriginal person walks through the door and people look right through you or they look away and then you walk towards the receptionist, and she will sit back". This story was explained in further detail, "You can tell how someone will treat you by their non-verbal communication" and some people are "rude and abrupt". There was also a discussion regarding the way Aboriginal people respond to disrespect and are then accused of behaving inappropriately. As one Elder explains "non Aboriginal people are disrespectful and rude and don't know how to talk to an Aboriginal person. It is not the Aboriginal person's fault it is the way you [service provider] are behaving". These poor communication styles were seen as disrespectful to Aboriginal people. Respect and appropriate communication are important aspects of person-centred care.

Lack of confidentiality and privacy were also key concerns expressed by community members. One community member reported that "when I was down at the club, I heard about my sister's health condition" and another member reported that "Confidentiality is really important and we don't want people talking about our business". "Sometimes they [health professionals] talk about you to another person while you are there", another commented.

Services that provided immediate and flexible counselling were seen as positive by older Aboriginal people. For example one older Aboriginal older person related that, "when my mother died, [and now] I still have a bad time, in the first few weeks I was asked to go to X [Aboriginal Service] and I could go there and talk. If I hadn't been able to go somewhere and talk, it would have been much harder to cope. The services were immediate. Sometimes we talked at night at my place". Offering services immediately was seen to prevent escalation of social and emotional wellbeing issues.

Judgments and stereotypical behaviours of service providers were raised as a concern by Aboriginal people. For example, in one story services were withheld and judgments made about potential service users and their consumption of alcohol. An Aboriginal community member commented "Why are they [Aboriginal people] drinking? They never ask that question. They [health service providers] blame us for drinking; they don't think it can be related to depression or anything". Such judgments and withholding of services are not consistent with a person - centred approach to health care and can also be seen as discrimination based on race and alcohol consumption.

It was also noted that incarceration of an Aboriginal and/or Torres Strait Islander person could sometimes essential to the social and emotional wellbeing of the person and community. During one of the consultation sessions, an Elder shared a story about a lady with a mental disorder, "There is an Aboriginal middle aged woman in jail who has mental issues. We normalize it and think she will live a bit longer". This story was shared with mixed emotions, "sad" that this person had to go to prison to stay alive and "happy" that the person was able to stay alive because she was being cared for. Although institutions are often viewed negatively by Aboriginal people, they are also seen as a lifeline to some of its community members.

These service experiences reflect the importance of providing accessible and appropriate care that is responsive to Aboriginal and/or Torres Strait Islander peoples' needs.

Caring for older Aboriginal people

The support available from the community to care for older people varied from no support to support such as letting each other know about services, attending Elders groups and access to community services such as home care. Most comments from those who care daily for an older person with a social and emotional wellbeing concern related to providing care to support activities of daily living or advocating for their health and social care.

In general, it was felt that Aboriginal communities are often under extreme pressure to look after members in the community and that carers experience physical, emotion and financial stress. This "takes a lot out of you" due to the "physical component carers have", it was reported in one consultation session. Older Aboriginal people feel guilt when they have to rely on their children and grandchildren to look after them, particularly when young children are providing daily care (showering and cleaning). A discussion followed, about children feeling obligated and having cultural responsibility to look after family members. A concern within this Elder group was that people did not receive a carers allowance because they were ineligible due to their young age, did not view caring as a task that required an allowance or the system for payment is "too hard to access".

SMHSOP should consider the experiences of carers of older Aboriginal and/or Torres Strait Islander people when providing services.

Aboriginal and/or Torres Strait Islander peoples' expectations of social and emotional wellbeing services

The following were the expectations of services for social and emotional wellbeing concerns:

- Provision of flexible and adaptable services. Some examples included offering options such as an appointment at home or the health facility, providing ongoing follow up and providing appropriate transport to appointments.
- Provision of consistent and constant service delivery that is responsive to the needs and builds trust in Aboriginal communities.
- Provision of responsive services that encourage stories from older Aboriginal people and allow the process of healing.
- Access to services locally, particularly both Aboriginal and non Aboriginal services. Specific examples raised in consultation were access to Aboriginal Health Workers or Aboriginal Mental Health Workers; respite and residential care; and a "One Stop Shop".
- Culturally appropriate services that are also responsive to older Aboriginal people.

These expectations will underpin the NSW Service Plan for SMHSOP principles of care when working with older Aboriginal people, and will therefore, guide local service delivery.

Types of services available in for Aboriginal and/or Torres Strait Islander communities

There were variations in the availability of services to older Aboriginal people in communities. Some community consultations reported that no services are available. Others reported services such as doctors, Aboriginal specific services such as medical centres, home care, Elders groups, mental health teams and community health centres. Service availability varies between communities.

Informing older Aboriginal and/or Torres Strait Islander people about services

Both service providers and community members reported that “word of mouth” and Aboriginal Health Workers are a key to informing older Aboriginal people about social and emotional well being services. Word of mouth was explored in one of the community consultations and it was reported that “if people have been there and it is a good service” then they will tell others. “If it is not Koori friendly, we tell them (community) not to go there”. This is called “vouching”.

Pamphlets and posters were also seen as important mechanisms to inform clients of services and health promotion activities. It was noted that some health promotion materials produced at a state and national level are not always appropriate at a community level. Referrals between services were identified as another avenue used to inform clients of mental health services for older people. A directory of services and/or information packages, were identified as an effective way to let the Aboriginal communities and service providers know about existing services. One community member commented that when she first moved to an area, she received a directory and found this beneficial. In summary, Aboriginal health workers, word of mouth, directory / information packages, brochures, pamphlets and posters are the best way to inform people about services.

This has implications for SMHSOP in that Aboriginal and/or Torres Strait Islander people need to access culturally safe and appropriate services and this will encourage other Aboriginal and/or Torres Strait Islander people to access services. In addition to this, local SMHSOP need to work with the local community to increase the knowledge and awareness of services available.

Key findings from the survey

Demographics of respondents

Thirty nine professionals participated in the survey. Of those who responded to the question regarding their current workplace (n=36), 75% worked for SMHSOP, 11% worked in Community Mental Health, 8.% in Aged Care, 3% in Justice Health and 3% in non government agencies. Those who responded to 'other' (8%) identified their workplace as "Treatment, Rehabilitation and Recovery from Alcoholism and Addiction"; "Dementia Behaviour Management Advisory Service"; and "Mental Health and Drug and Alcohol (Inpatient / Outpatient) Service Development and Planning Team".

The majority of respondents were nurses (44%), managers (25%) and allied health professionals (17%). One respondent identified being a community development officer and another Aboriginal health worker / Aboriginal mental health worker. Twenty eight percent (28%) responded to the "other" category and described their roles as: Aboriginal clinical leaders, specialists, doctors and clinical nurse consultants. These professionals represented a wide geographical area, including metropolitan, rural and remote areas.

Of those who responded to the question as identifying as an Aboriginal and/or Torres Strait Islander (n=35), 6% identified as being Aboriginal and/or Torres Strait Islander and 94% did not.

Asking the question: Do you identify as an Aboriginal and/or Torres Strait Islander person?

Most people (75%) reported they ask service users if they identify as an Aboriginal and/or Torres Strait Islander person. Of the respondents (25%) who did not ask service users, the reasons given included: that cultural identity had already been identified; there was a lack of confidence to ask the question; or a fear of negative repercussion if the service user did not identify as being an Aboriginal and/or Torres Strait Islander. The relevance to SMHSOP is that all service users are to be asked if they are from Aboriginal and/or Torres Strait background.

Primary social and emotional well being issues for Aboriginal and/or Torres Strait Islander communities

The respondents identified the following as the primary social and emotional well being issues for older Aboriginal and/or Torres Strait Islander people including high burden of disease; issues around cultural identity and family connections; social determinants of health such as education; poverty and housing; racism; poor access to culturally appropriate services; drug and alcohol consumption; loss, grief and trauma; and the shame and stigma associated with mental health. These factors require consideration when providing SMHSOP.

Factors contributing to the social and emotional wellbeing concerns of older Aboriginal and/or Torres Strait Islander communities

The most common factors contributing to social and emotional well being issues were identified as alcohol (88%), drugs (72%), Australian social history (75%), Australian political history (63%) racism (78%), general health (81%), Sorry Business, violence (72%), over representation in prison and

incarceration (66%), culture identity (66%), empowerment (69%), connection to country (56%), forced removal of children from families (66%), education opportunities (63%), employment opportunities (75%) and housing (72%), access to services (72%). These factors all contribute to the social and emotional well being of older Aboriginal and / or Torres Strait Islander people and therefore should be considered when providing SMHSOP.

One respondent felt that that geography was a barrier to accessing services and that services may not be culturally appropriate. Another respondent felt that living is complex for all people and felt that Aboriginal people were “given opportunities” to access health and chose not to access services. This last response is not consistent with the literature and key findings of this report, supporting the notion that cultural competency and training is essential in SMHSOP.

Factors that contribute positively to social and emotional wellbeing in Aboriginal and/or Torres Strait Islander communities

The most common factors contributing to ‘protective’ factors of social and emotional well being were identified as: dignity and respect (81%), resilience (78%), cultural identity (77%), cultural integrity (71%), education opportunities (71%), employment opportunities (64%) and housing (61%), endurance (42%), humour (58%), adaptability (45.2%), tolerance (54%), self reliance (52%), compassion (55%), empowerment (61%), health status (61%), access to services (65%) and being part of a community that is supportive or working with the community (26%). These factors should be considered in SMHSOP service delivery, particularly when providing health promotion, prevention and early intervention.

Stories shared with service providers: Aboriginal and/or Torre Strait Islander peoples’ experiences of accessing services

Thirty nine percent (39%) of respondents to this question (n=26) indicated that an Aboriginal and/or Torres Strait Islander person or carer had discussed their experiences of accessing a mental health or social and emotional well being service. The majority of respondents (66%) reported that no experiences had been shared. (Please note that the percentages do not add up to 100% as one respondent answered to both options.)

There were ten stories shared relating to the services’ experiences of Aboriginal and/or Torres Strait Islander people. Three of the stories reflected that services did not meet the cultural needs of this population and that older Aboriginal people are more likely to access services that employ Aboriginal Health Workers / Aboriginal Mental Health Workers were available.

Two older Aboriginal people felt that services were only available to Aboriginal and/or Torres Strait Islander people at critical or crisis points in their social and emotional well being care. Two stories highlighted the stigma associated with mental health and mental health services in Aboriginal and/or Torres Strait Islander communities. Stories from older Aboriginal people also included: the local nursing home being unable to manage complex and difficult behaviours; lack of knowledge regarding

how to access services; and that Elders require more education to assist in the management of young people with mental health issues. One story reflected the positive experience when using a service; however this was not discussed in any depth.

These stories and experiences support the notion of the SMHSOP principles of care.

Management of older people with social and emotional well being in Aboriginal and/or Torres Strait Islander communities

The majority of respondents (65%) felt they had no understanding of how older Aboriginal and/or Torres Strait Islander people are being managed in the community. Thirty nine percent (39%) felt they had an understanding of how older Aboriginal and/or Torres Strait Islander people with social and emotional well being are managed.

The common themes of the care provided to older Aboriginal people included: Being supported by family and community; Elders having a significant role in assisting the management of social and emotional well being of the communities; Aboriginal Health Workers and services were identified as a support system, and the shame and stigma of mental health prevents older people from accessing services. The management of social and emotional well being issues in the community impact on the need or ability to access services.

Developing collaborative partnerships between SMHSOP and Aboriginal clinicians and / or services is an essential component in meeting the needs of the community. These stories also support interventions to decrease the stigma and shame associated with mental illness in Aboriginal communities.

Respondents understanding of culturally appropriate community consultation

Most respondents identified the key factors necessary for community consultation. These factors included; Working with Aboriginal clinicians and or service providers (83%); Understanding your professional and personal values and how this impacts on the community consultation process (80%); Learning about the history of the community (70%); Responding to the needs of the community (70%); Learning local protocol for communication (70%); Accepting the differences of opinions in communities (67%); Listening to stories of the community members (67%); Building relationships with both the whole community (63%) and with targeted groups such as an Elder's group (63%); identifying smaller communities within the larger community (56%); having yarns / discussions that extend beyond the scope of your practice (31%); Maintaining relationships with the Aboriginal community beyond the service need (37%); confirming your understanding the community and community needs (40%), and using cultural brokers (34%).

Thirteen percent (13%) of respondents felt that getting the community to agree on things, was an important aspect of community consultation to consider. Although, this aspect is not considered to be culturally appropriate.

Access to social and emotional wellbeing services by older Aboriginal and/or Torres Strait Islander people

The majority of respondents (39%) felt that although Aboriginal and /or Torres Strait Islander people were accessing social and emotional wellbeing services it was not reflective of the needs in the community. Some respondents (19%) felt that Aboriginal and/or Torres Strait Islander people were accessing services adequately. Other respondents (15%) felt that Aboriginal and Torres Strait Islander people were not accessing services and this was not reflective of the community needs. One respondent felt that the Aboriginal and/or Torres Strait Islander people were not accessing services and this was reflective of the needs of the community. Twenty three percent (23%) were not sure if Aboriginal and/or Torres Strait Islander people were accessing services.

Some respondents (39%) also made comments regarding the access of services by Aboriginal and/or Torres Strait Islander people. Most commenting that there was limited access by Aboriginal and/or Torres Strait Islander people, and when there was access this was in a crisis or critical moment of care. One respondent felt the lack of referrals or access to services was a result of the “divide between generic and Indigenous specific services” and the trust and relationships Aboriginal and/or Torres Strait Islander people develop with Indigenous specific services.

This response supports the literature review, in that, generally Aboriginal and/or Torres Strait Islander people, do not access services for social and emotional well being concerns. This has implications on SMHSOP in that service approaches.

Delivering culturally appropriate services to Aboriginal and/or Torres Strait Islander peoples

Services provide community consultation by: Developing a relationship with the client (69%); Building relationships with a specific population within the community (49%); Learning about local history (41%); Participating in ongoing cultural training (41%); Allowing extra time and having yarns (45%); expressing an understanding of the community and how it is defined was also a practice undertaken to ensure culturally appropriate community consultation (38%); Understanding the community from its kinship and cultural components rather than the geographical boundaries of the town (38%); Understanding the different communities within the larger community (35%); Responding and understanding different community member’s needs and perspectives (35%); Listening to stories and having yarning sessions not necessarily related to your core business (31%); Using cultural brokers (35%); Maintaining a strong relationship with the community (28%), and maintaining a sense of space (31%).

The additional or “other” responses mentioned, understanding and using the existing structures between Aboriginal and non Aboriginal services to assist in community consultation. One respondent reported being on a working party that aims to increase the likelihood of Aboriginal and/or Torres Strait Islander people using the service. Another respondent reported there are “so many

consultations” and not many of them continue to develop trust and relationship or allow flexible services to meet the needs of clients. Although community consultation is important, the outcome and impact on Aboriginal and/or Torres Strait Islander people needs to be responsive to their needs.

Most service providers identified the key components of cultural appropriate community consultation. Enhancing service providers’ cultural competency, improving our knowledge of mental health constructs in community and breaking down the stigma in Aboriginal and/or communities regarding the mental health may further develop the capacity to work with and understand older Aboriginal and/or Torres Strait Islander people and communities.

Availability of services to older Aboriginal and/or Torres Strait Islander people

All respondents reported that SHMSOP services are available to older Aboriginal and/or Torres Strait Islander people. Respondents also reported access to other services such as Community Mental Health (93%), Acute Mental Health (89%), General Practice (89%), Hospital (89%), Community Health Centres (89%), Aboriginal Medical Centres (89%), Aged Care Services (89%), Non Government Organisations (77%) and Justice Health (58%). Some respondents, (24%) reported other services were available, with one respondent mentioning an Aboriginal Mental Health Team.

Strategies and outcomes of providing information to Aboriginal and/or Torres Strait Islander people about services

Of those who commented (n=25), the most likely method of providing information about social and emotional well being services to older Aboriginal and/or Torres Strait Islander people was liaising with other service providers, particularly those that provide specific services to or referred by Aboriginal and/or Torres Strait Islander people. Liaison with Aboriginal and/or Torres Strait Islander people was also a strategy used to increase the awareness of services to Aboriginal and/or Torres Strait Islander people. Some respondents connected to the community by attending events for Aboriginal people in the community or liaising with the community. A respondent mentioned increasing awareness of services via the implementation of the Aboriginal Mental Health First Aid Course, and presenting at forums / conferences to increase the awareness of mental health in Aboriginal and /or Torres Strait Islander people.

Some respondents (45%) believed that these strategies had been successful; a small percentage believed they had not been successful (9%); and some respondents (46%) were not sure on how successful the implementation strategies were. This suggests more consideration of both the strategies and measures of health outcomes is required in the service delivery of social and emotional well being of Aboriginal and/or Torres Strait Islander people.

Referral sources for older Aboriginal and/or Torres Strait Islander people to your service

General practices (61%) and hospitals (61%) were identified as the top referees and this is consistent with Aboriginal and/or Torres Strait Islander people only accessing services as crisis points. Aged care services (58%), community health centres (54%) and acute mental health services (39%) and community mental health services (35%) also referred older Aboriginal and/or Torres Strait Islander people to services. Non government organisations (27%), carers (31%), clients (27%) and Justice Health (19%) were also referral sources. Of the respondents who chose "other" identified correctional services as another referral source. This illustrates that referral sources are likely to come from a variety of health services.

Identified changes required by services to increase the access by Aboriginal and/or Torres Strait Islander people

The most identified changes recommended by respondents included; increasing the cultural competency of clinicians; employing more Aboriginal Mental Health Workers / Aboriginal clinicians; and working together in partnership with other organisations and Aboriginal Health Workers. These recommended changes are supported by the Service Plan for SMHSOP, Cultural Framework and the NSW Aboriginal Social and Emotional Well Being Plan.

Another significant recommendation for change was working with Aboriginal and/or Torres Strait Islander communities to reduce the stigma and shame of mental health. The roles of Elders in this process were also identified as an important aspect of breaking the stigma in communities particularly with the youth. The Aboriginal Mental Health First Aid Training Package is a program that is aiming to reduce the stigma and fear of mental health in Aboriginal and/or Torres Strait Islander communities. Other recommendations included increasing the awareness of referral sources of the roles of SMHSOP and community consultation.

Conclusion and recommendations

Conclusion

The literature supports the findings of this report in that Aboriginal and/or Torres Strait Islander people view social and emotional well being in a holistic manner that encompasses their physical, emotional, social, cultural and spiritual health. The report findings also highlight the factors that influence social and emotional well being of older Aboriginal and/or Torres Strait Islander people including:

- Access to appropriate health care; the health of the Aboriginal and/or Torres Strait Islander community as a whole
- Cultural identity and change
- Access to Aboriginal clinicians
- High rates of incarceration and deaths in custody
- Connectedness to the community and family
- Participation in Elders groups
- Spirituality and connection to Country
- Self determination
- Australian history and politics including reconciliation processes
- Physical limitations from ageing and earlier onset of disease and disability
- Exposure to stereotyping, discrimination and racism
- Social determinants of health such as housing, education and employment
- Loss, grief and trauma
- Effect of alcohol and other drug use on communities.

These factors influencing social and emotional well being were expressed in older Aboriginal peoples' stories. These stories reflected notions of spirituality and how this sometimes is misinterpreted by service providers as a mental illness; loss and grief resulting from experiences of the stolen generation and other past events; loss of culture and family members; strong connection to family and community, and in some cases stories of negative societal attitudes reflected in discrimination and stereotyping.

Older Aboriginal people identified their concern for the health of their communities and that services are required to meet these health needs. Older Aboriginal people highlighted the importance of connections with the community and family, particularly youth. This connectedness is closely linked to the healing process required to repair feelings of loss, grief and trauma. An emphasis on the importance of a society free of racism, stereotyping and discrimination was also strong. Older Aboriginal people identified the different constructs in mental health and the importance of understanding these in health service delivery. Aboriginal clinicians were recognised as an integral part of health services, as was the need to reduce the shame and stigma associated with mental illness in communities. Health promotional activities and increasing the awareness of services were also highlighted as needs of older Aboriginal people and communities.

As outlined in this report, the key features that will make Specialist Mental Health Services for Older people more culturally appropriate and accessible to older Aboriginal and/or Torres Strait Islander people include: SMHSOP clinicians and Aboriginal Health Workers / Aboriginal Mental Health Workers working together; a cultural competent workforce; service providers having an understanding of and relationship with the Aboriginal community; consistent and constant service delivery that is responsive to health needs, and evaluating outcomes.

Recommendations

1. It is recommended that Specialist Mental Health Services for Older People adopt the following principles of care when providing a service for older Aboriginal and/or Torres Strait Islander people:

Principles of care:

1. SMHSOP service managers and clinicians should develop partnerships and work collaboratively with Aboriginal Health Workers and Aboriginal Mental Health Workers to provide culturally appropriate mental health services to older Aboriginal and/or Torres Strait Islander people that are responsive to their needs.
2. SMHSOP service managers and clinicians need to develop an understanding of the complex roles of Aboriginal Health Workers and Aboriginal Mental Health Workers and the time required to complete appropriate mental health interventions with Aboriginal and/or Torres Strait Islander people.
3. SMHSOP service managers and clinicians should develop an understanding of and relationship with the whole community as this is essential in providing services to older Aboriginal and/or Torres Strait Islander people.
4. SMHSOP service managers and clinicians should develop services that address the holistic social and emotional well being needs of older Aboriginal and/or Torres Strait Islander people and their communities.
5. SMHSOP service managers and clinicians should encourage and implement health promotional activities that break down the stigma and shame attached to mental illness in Aboriginal and/or Torres Strait Islander communities.
6. SMHSOP clinicians should acknowledge and respect the current and previous life experiences and events of the older Aboriginal person that shape their current social and emotional well being. This means understanding the different constructs of mental health and adopting a holistic approach to social and emotional wellbeing.
7. SMHSOP clinicians should embrace and respect the wisdom and knowledge that an older Aboriginal and/or Torres Strait Islander person or Elder has, and their existing relationships with family and community.
8. SMHSOP clinicians should respect the rights and understand the goals of care for older Aboriginal and/or Torres Strait Islander people and their carers.

Whilst this report has been developed for Specialist Mental Health Services for Older People, the principles of care are likely to be relevant to other services that provide social and emotional wellbeing services to older Aboriginal people.

2. It is recommended that as a first step in implementing these principles of care that Special Mental Health Services for Older People Clinical Coordinators (or SMHSOP managers under new local health service arrangements) coordinate partnerships and collaborative working relationships with Aboriginal Mental Health Workers and/or Aboriginal Health Workers and their managers. This report should be used as a reference document in partnership development, along with *Walk together, learns together work together: A practice guide for the training of Aboriginal mental health professionals in NSW* and the *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. This recommendation addresses the first two principles of care.
3. It is also recommended that the NSW Older Peoples' Mental Health Policy Unit works with an advisory group and other key partners to develop strategies and resources to support the implementation of the principles of care by SMHSOP across NSW.

Examples of specific strategies may include:

- a) Implementation of the Aboriginal Mental Health First Aid training amongst older Aboriginal and/or Torres Strait Islander people and groups (principle of care 5).
- b) Development of Specialist Mental Health Services for Older People key worker Aboriginal Mental Health Worker or Trainee positions in service catchment areas with a high percentage of Aboriginal and/or Torres Strait Islander people (principles of care 1, 2 and 3).
- c) Development of regular health promotional activities with older Aboriginal and/or Torres Strait Islander people and Elders (principles of care 5 and 6).
- d) Strategies/programs to enhance the cultural competency of the SMHSOP workforce.

Reference List

1. NSW Department of Health, *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 - 2015*. 2006, NSW Health: Sydney.
2. National Ageing Research Institute, *What is person-centred health care? A literature review*. 2006, Victoria: Department of Human Services: Melbourne.
3. Jones, C. and T. Brideson, *Using policy and workforce development to address Aboriginal mental health and wellbeing*. The Royal Australian and New Zealand College of Psychiatrists, 2009. **17**(Supplement).
4. Australian Health Ministers' Advisory Council, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health*. 2004, Australian Health Ministers' Advisory Council,; Adelaide.
5. Purdie, N., P. Dudgeon, and R. Walker, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. 2010 Commonwealth of Australia.
6. Social Health Reference Group, *Social and emotional wellbeing framework: A national strategic direction for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing (2004 - 2009)*. 2004, National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group: Canberra.
7. Couzos, S. and R. Murray, *Aboriginal primary health care: An evidenced-based approach*. 2008, Sydney: Oxford University Press.
8. Borowksi, A., A. Encel, and E. Ozanne, *Ageing and Social Policy*. 1997, Melbourne: Cambridge University Press.
9. NSW Government. *Demographic Profile of the Aboriginal Population*. [cited 2010 20 May 2010]; Available from: http://www.daa.nsw.gov.au/publications/2ways_indicators_pdf/Chapter_Three_240408.pdf.
10. O'Brien, A., J. Boddy, and D. Hardy, *Culturally specific process measures to improve mental health clinical practice: indigneous focus*. The Royal Australian and New Zealand College of Psychiatrists, 2007. **41**: p. 667-674.
11. Garvey, D. *A review of the social and emotional wellbeing of Indigenous Australian peoples*. 2008 [cited 2010 9 August]; Available from: http://www.healthinonet.ecu.edu.au/sewb_review.
12. Australian Bureau of Statistics and Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. 2008, Australian Bureau of Statistics & Australian Institute of Health and Welfare: Canberra.
13. Media Professionals. *Reporting suicide and mental illness*. [cited 2010 10 August]; Available from: <http://www.mindframe-media.info/site/index.cfm?display=84364>.
14. Swan, P. and B. Raphael, *Ways forward: National Aboriginal and Torres Strait Islander mental health policy national consultation report*. 1995, Commonwealth of Australia: Canberra.
15. HealthInfo Net. *Overview of Australian Indigenous health status*. 2010 [cited 2010 10 August]; Available from: <http://www.healthinonet.ecu.edu.au/health-facts/overviews>.
16. Australian Bureau of Statistics, *National survey of mental health and wellbeing: summary of results*. 2007, Australian Bureau of Statistics: Canberra.
17. Kanowski, L., B. Kitchener, and Jorm, A., *Aboriginal and Torres Strait Islander Mental Health First Aid Manual*. 2008, Melbourne: Orygen Research Centre.
18. Women's Health Goulburn North East. *Making two worlds work*. 2010 [cited 2010 24 May 2010]; Available from: http://www.whealth.com.au/ourwork/mtww/mtww_protocols.html.
19. University of Newcastle. *Appropriate Terminology, Indigenous Australian Peoples: General Information Folio 5*. [cited 2010 24 May 2010]; Available from: <http://www.newcastle.edu.au/Resources/Divisions/Academic/Equity%20and%20Diversity/Documents/CDIP/GIF5.pdf>.
20. Borowski, A., S. Encel, and E. Ozanne, *Longevity and social change*. 2007, Sydney: UNSW.
21. Vallance, R. and E. Tchacos, *Research: A cultural bridge*, in *Australian Association for Research in Education Conference*. 2001: Freemantle. p. 9.
22. Taylor, J., D. Wilkinson, and B. Cheers, *Working with communities in Health and Human Services*. 2008, Melbourne: Oxford.
23. Ganesharajah, C., *Indigenous Health and Wellbeing: The importance of Country*. 2009, AIATSIS: Canberra.

24. Carson, B., et al., *Social determinants of Indigenous Health*. 2007, Sydney: Allen & Unwin.
25. Curtin Indigenous Research Centre, *Training re-visions: A national review of Aboriginal and Torres Strait Islander Health Worker training*: Canberra.
26. Reconciliation Australia, *Australian Reconciliation Barometer: Comparative Report*. 2009, Reconciliation Australia: Canberra.
27. Reconciliation Australia. *Reconciliation Australia: Building relationships for change between Indigenous and non - Indigenous Australians*. 2010 [cited 2010 31 May]; Available from: <http://www.reconciliation.org.au/home/about-ra/who-is-ra>.
28. Ranzijin, R. and M. Bin-Sallick, *The health and wellbeing of Aboriginal Elders*, in *National Conference of Australian Psychological Society*. 2001: Adelaide.
29. Rosen, A., *The Australian experience of deinstitutionalization: interaction of Australian culture with the development and reform of it's mental health service*. *Acta Psychiatrica Scandinavia*, 2006. **113**(Suppl. 429): p. 81-89.
30. ReconciliAction NSW. *Stolen Generation Fact Sheet*. 2007 [cited 2010 20 May]; Available from: <http://reconciliaction.org.au/nsw/education-kit/stolen-generations/>.

Appendix 1: Aboriginal Older Peoples' Mental Health Projects Reference Group

Name	Position and Agency
Brenda Freeman	Aboriginal Social & Emotional Wellbeing Worker Sydney South West Area Health Service
Donna Stanley	Clinical Leader and Aboriginal Mental Health Greater Western Area Health Service
Glenn Williams	State-wide Coordinator, Aboriginal Mental Health and Social and Emotional Wellbeing State-wide Coordinator Aboriginal Health and Medical Research Council of NSW
Ian Rawson	Specialist Mental Health Services for Older People Coordinator Greater Western Area Health Service
Len Kanowski	Area Coordinator Aboriginal Mental Health and Drug & Alcohol
Liz Abbott	Specialist mental health services for older people Coordinator South Eastern Sydney Illawarra Area Health Service
Tracy Robinson	Senior Lecturer Centre for Rural and Remote Mental Health
Robyn Manzie	Manager – Service Development & Performance - Mental Health Drug and Alcohol Greater Southern Area Health Service
Sandra Parsons	Justice Health Specialist mental health services for older people Coordinator
Thomas Brideson	Coordinator State-wide Aboriginal Mental Health Workforce Program
Chairperson: Annette Crothers & Kate Jackson	Acting Manager and Manager NSW Older Peoples Mental Health Policy Unit
Secretariat: Chontel Gibson	Senior Policy Officer & Aboriginal OPMH Project Coordinator NSW Older Peoples Mental Health Policy Unit

Appendix 2: Consultation themes and questions

Theme	Questions
Pre theme question	When is someone considered an older Aboriginal person?
Social and emotional wellbeing definition and experiences in the community	<p>What does social and emotional wellbeing mean to you as an older Aboriginal person?</p> <p>What factors contribute positively to social and emotional wellbeing in the community?</p> <p>What factors contribute negatively to social and emotional wellbeing in the community?</p> <p>What are some experiences of older Aboriginal peoples' social and wellbeing experiences that you have seen in the community?</p>
Services for older Aboriginal people with social and emotional wellbeing concerns	<p>How does the community support an older person with social and wellbeing concerns?</p> <p>How does the person who cares daily for an older Aboriginal person with a social and emotional wellbeing concern provide support?</p> <p>What are the challenges for a person who cares for an older person?</p> <p>What services are available to older Aboriginal people with social and emotional wellbeing concerns in your community?</p>
Access to Services	<p>How do you or older Aboriginal people find out about social and emotional wellbeing services for older people?</p> <p>If older Aboriginal people do not know about services what would be the best way to find out?</p>
Appropriateness of Services	<p>What are some stories or experiences of older Aboriginal people using social and emotional wellbeing services?</p> <p>What do you want from social and emotional wellbeing services?</p>
Other Comments	

Appendix 3: On-line survey questions

No.	Question	Response Options
1.	Please provide details about you and your work	Name: Company: City/Town: State: ZIP/Postal Code:
2.	Do you identify as an Aboriginal or Torres Strait Islander person?	Yes No
3.	What position (s) do you hold within your organisation?	Administration Aboriginal Health Worker Aboriginal Mental Health Worker / Aboriginal Social and Emotional Wellbeing Worker Nurse Manager Transport Officer Allied Health Profession Counsellor (not an allied health professional) Community Development Officer Other: _____
4.	Which category best describes the organisation / agency that you work in?	SMHSOP Aged Care Services Justice Health Non Government Organisation Aboriginal Medical Centre Community Health Centre Mental Health – Acute Mental Health – Community General Practice Other – Please specify

5.	Do you and your service ask clients / patients / consumers if they identify as an Aboriginal and/or Torres Strait Islander person?	
6.	What do you believe are the primary social and emotional well being issues for older Aboriginal and Torres Strait Islander people in the community or communities that work you in?	
7.	What do you believe are the factors that to social and emotional wellbeing concerns of older Aboriginal and Torres Strait Islander people in the community or communities that you work in?	<p>Australian history Political history Removal of children from families Racism Trauma Alcohol Drugs Violence Education opportunities Employment opportunities Housing Empowerment Connection to country General health status Grief and loss (sorry business) Over representation in the justice system Cultural identity Access to services including health Incarceration Other:</p>

8.	What do you believe are the factors that contribute to positive social and emotional wellbeing in the community and communities that you work in?	Resilience Endurance Humour Adaptability Tolerance Self reliance Compassion Dignity and respect Cultural integrity Spirituality Education opportunities Employment opportunities Housing Empowerment Health status Access to services including health Other:
9.	What does culturally appropriate community consultation mean to you?	Building a relationship with the whole community Building relationships with the targeted group such as Elders in the community Building relationships with significant Aboriginal and/or Torres Strait Islander people in the community Identifying smaller communities within the larger community Getting the community to agree on things Accepting difference of opinions in both the larger and smaller communities Understanding your community Listening to the stories of your community members Understanding the community may extend to the geographical boundaries of the service Maintaining a relationship with the community beyond the service need Working with Aboriginal clinicians / and or service providers Learning about the history of the community Learning local protocol for communication Understanding your professional and personal values and how this impacts on the community consultation process Confirming your understanding of the community with the community

		<p>Responding to the needs of the communities</p> <p>Other (please specify)</p>
10.	<p>How does your service provide community consultation with the Aboriginal and/or Torres Strait Islander community or communities?</p>	<p>Building relationships with the whole community</p> <p>Understanding that some Aboriginal and/or Torres Strait Islander community is not often defined by geographical location rather by culture or kinship</p> <p>Understanding that there may be a number of small communities in geographical location and that each community may have different needs / perspectives</p> <p>Identifying and providing intervention to meet the different needs and perspectives of community members and communities</p> <p>Building a relationship with the client</p> <p>Building relationships with a specific population in the community for example the Elders group</p> <p>Learning about local history of the community / communities</p> <p>Listening to the stories and having yarning sessions that may not be related to your core business</p> <p>Using cultural brokers</p> <p>Allow extra time to develop rapport and having yarns</p> <p>Maintaining a strong relationship with the community / communities</p> <p>Ongoing cultural training</p> <p>Having a sense of “Aboriginal and/or Torres Strait Islander place” in the workplace</p> <p>Completion of a reconciliation action plan</p> <p>Continual community consultation</p> <p>Other – Please specify</p>

11.	What services are available for older Aboriginal and Torres Strait Islander people with a mental health need in the community where you work?	SMHSOP Justice Health Aged Care Services Non Government Organisation Aboriginal Medical Centre Community Health Centre Mental Health – Acute Mental Health – Community General Practice Other – Please specify
12.	Do older Aboriginal and Torres Strait Islander people and/or their carers access your services?	Yes, it is reflective of the needs in the community Yes, however it is not reflective of the need in the community No, it is reflective of the needs in the community No, it is not reflective of the needs in the community Not sure
13.	Do you know how Aboriginal and/or Torres Strait Islander people and their carers manage mental health and/or social and emotional well being concerns?	Yes No If yes, how is mental health and social and emotional well being managed?
14.	Has an older Aboriginal or Torres Strait Islander person or a carer discussed with you their experience of accessing a service for their social and emotional well being?	Yes No If yes please write a brief description of this experience
15.	What strategies have you put in place to inform Aboriginal and/or Torres Strait Islander people about your service?	
16.	Have these strategies been successful?	Yes No Not sure

17.	What are the main referral sources for Aboriginal and/or Torres Strait Islander people to your service?	SMHSOP Aged Care Services Justice Health Non Government Organisation Aboriginal Medical Centre Community Health Centre Mental Health – Acute Mental Health – Community General Practice Other – Please specify
18.	What changes, if any, would you make to increase the access of mental health services to Aboriginal and/or Torres Strait communities?	

Appendix 4: Reference documents / resources

The following two references, cited in the recommendations can be used in conjunction with this report to support culturally appropriate mental health services to older Aboriginal people.

- *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*
This document provides mental health clinicians and managers with principles and practices to support culturally appropriate services to meet the needs of Aboriginal and/or Torres Strait Islander people. The document can be found at the following website:
http://www.ichr.uwa.edu.au/kulunga/working_together
- *Walk together, learn together work together: A practice guide for the training of Aboriginal mental health professionals in NSW*
This resource is designed to meet the needs of those involved in the training and support of Aboriginal Mental Health Workers as mental health professionals. This resource provides workplaces with useful information regarding the importance of culture to health and service delivery, as well as enhancing the cultural awareness of the workplace. This resource also has a list of supporting documents and resources (in Chapter 2) that can also be used. This resource can be found at:
<http://www.crrmh.com.au/amhwtp/index.html>

Other resources that may also be beneficial include:

- *Bringing them home report (1997)*
http://www.hreoc.gov.au/social_justice/bth_report/index.html
- *Australian Indigenous health*
<http://indigenous.ranzcp.org/index.php>
- *Working with Aboriginal people and communities: A practice resource*
http://www.community.nsw.gov.au/docswr/assets/main/documents/working_with_aboriginal.pdf
- *Communicating positively: A guide to Aboriginal appropriate language*
http://www.health.nsw.gov.au/pubs/2004/pdf/aboriginal_terms.pdf
- *Cultural respect framework (2004)*
<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm>
- *Ways forward: National Aboriginal and Torres Strait Islander mental health policy national consultation report*
<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-w-wayforw>