

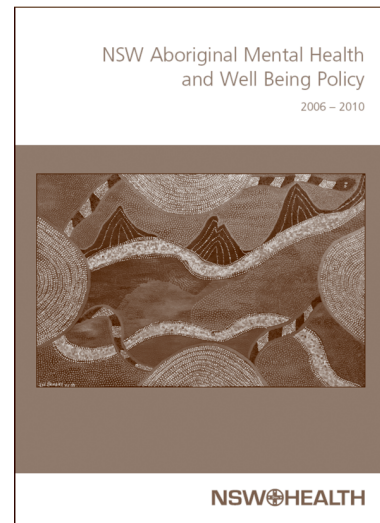
# chapter 1: overview of the training program

This chapter provides an overview of the Aboriginal Mental Health Worker Training Program and includes the history of the Program from its early development to the present day, its policy framework, a description of the current Program, support and governance structures, and emerging benefits of the Program.

## Background—a brief history

It has been well recognised, documented and acknowledged by governments that the burden of mental and physical distress and ill health in Aboriginal communities has a myriad of negative impacts on the mental health and social and emotional wellbeing of Aboriginal people. It has also been identified that Aboriginal people are not accessing mental health services at a rate equal to the levels of distress in the community, and when they do attend services, they are more likely to be in crisis.

The complexity of needs prevalent in Aboriginal communities presents a significant challenge to health services. The *NSW Aboriginal Mental Health and Well Being Policy 2006–2010* is a significant New South Wales Government initiative to improve the mental health and social and emotional well being of Aboriginal and Torres Strait Islander people.<sup>1</sup>



One strategy to improve access to mental health care is to increase the number of Aboriginal Mental Health Workers. These workers will understand the local mental health issues of Aboriginal families and communities and what is needed to provide a more culturally safe and accessible service. Additional education and training opportunities need to be created to train and support Aboriginal people willing to work in one of the most challenging areas of health. The history of program development specifically to train Aboriginal mental health professionals to work in mainstream mental health services is outlined later in this chapter in Table 1: Aboriginal Mental Health Worker Training Program chronology.

### Development of the Djirruwang Program

The current Training Program had its beginnings in 1993/94 with the development of the Koori Mental Health Outreach Workers Training Program, a pilot project funded by Rural Health Support Education and Training (RHSET) to provide mental health training for Aboriginal people. It was based in Queanbeyan, NSW, in the former South Eastern Health Region and was initiated by the Coordinators for Aboriginal Health and Mental Health Services. The project was supported by a large group of Aboriginal organisations throughout the South Eastern Health Region. It had three aims in educating a Trainee: to develop the appropriate knowledge, skills and attitudes to be able to work as an Aboriginal Mental Health Worker; to develop the skills needed to work effectively in a community mental health setting; and to develop skills to assist communities to identify mental health needs and initiate primary prevention and early intervention programs.<sup>2</sup> Like most training programs at this time, Trainees were not guaranteed a position once they completed their training. However, following negotiations with the Aboriginal communities in the South Eastern Health Region, and the securing of funding from the health service, all program graduates were offered ongoing employment at the end of the training period.

By 1998 this training project was known as the Djirruwang Aboriginal and Torres Strait Islander Mental Health Education and Training Program, a partnership arrangement between the Southern Area Health Service (NSW Health, the 'industry'), the Djirruwang Steering Committee (the community) and Charles Sturt University (CSU, the education provider).<sup>3</sup> By this stage, CSU had upgraded the course from an Associate Diploma to a Diploma. Systems were put in place to ensure that the links among partners were strong and that the needs of the stakeholders were met. The 'block release' model with work-based training commenced in 1997, while the course was based with NSW Health in Goulburn, NSW. This arrangement particularly suited students who were employed and who had family and community commitments. The continuation of the traineeship program was funded by NSW Health and supported five trainees during this period.

In 2000 CSU upgraded the Djirruwang Program course to a Bachelor of Health Science (Mental Health), based at its Wagga Wagga campus. The Office for Aboriginal and Torres Strait Islander Health (OATSIH) provided funding for a Director and running costs for the program. The course was offered in mixed mode at residential teaching blocks with a practical clinical placement component attached to some subjects. Teaching materials in the form of study guides were developed to supplement and extend the face-to-face lectures.

In 2002 the curriculum and course structure were revised, under the guidance of a national Reference Group. Significantly, the new curriculum was underpinned by the *National Practice Standards for the Mental Health Workforce*<sup>4</sup> to ensure that Djirruwang Program graduates had the 'skills, knowledge, values and attitudes of like-minded health professionals, whilst maintaining a deep sense of cultural integrity'.<sup>5</sup>

A third evaluation of the Djirruwang Program in 2005/06 found that the program was perceived to be 'unique and valuable',<sup>6</sup> and a number of recommendations were made with regard to program implementation and support, such as increasing the number of Djirruwang Program staff and clarifying CSU's responsibilities and commitment to the program.

## The role of the Greater Western Area Health Service

Several NSW Directors of Mental Health supported the employment of Aboriginal Mental Health Workers in the 1993–2000 period. GWAHS, incorporating the former Far West, Macquarie and Mid West Area Health Services, had the greatest proportion of Aboriginal people to total population in NSW and had made Aboriginal mental health a priority since 1996. Successive Directors of Mental Health and Drug and Alcohol Services have driven the development of the Traineeship Program, committing resources and time in order to secure further funding, including recurrent funding for Trainee positions. Trainees who successfully completed the Djirruwang Program and performed satisfactorily in the workplace were guaranteed a position as an Aboriginal Mental Health Worker with the mental health team that trained them.

The GWAHS Training Program won the 2005 NSW Premier's Award and the 2005 NSW Aboriginal Health Award for Innovative Aboriginal and Career Development Programs. It served as the model for the State-wide Training Program, funded under the *NSW Aboriginal Mental Health and Well Being Policy, Strategy Five: A supported and skilled workforce*. Funding was allocated for 19 Trainee positions across the Area Health Services, a State-wide Coordinator, support activities and resources. In 2010 GWAHS's Aboriginal Mental Health Workforce Program was awarded the NSW Health Minister's Award for Aboriginal Health at the NSW Aboriginal Health Awards and it was a finalist in the Excellence in Workforce category.

## Training Program chronology

The chronology (Table 1) of the development of the Training Program from its beginnings in 1993/94 to the present day highlights factors impacting on its development. These include:

- research that unequivocally demonstrated the level of distress and seriousness of mental health problems in the Aboriginal communities across Australia and the need for improved and culturally sensitive mental health services
- policies that provided a mandate and a framework for improving Aboriginal mental health and wellbeing
- federal and State funding allocated specifically to enhance mental health services for Aboriginal people, including funds to support training Aboriginal Mental Health Workers
- mental health professionals, both Aboriginal and non-Aboriginal, who took up the challenge of developing a training program and services
- Aboriginal community involvement in the development of the first training program and ongoing input in some Area Health Services
- a university willing to accredit the first training program and support its growth from an associate diploma to a degree course
- periodic evaluations aimed at improving the educational and training aspects of the Training Program.

**Table 1: Aboriginal Mental Health Worker Training Program chronology**

| Time period | Developments  |
|-------------|---|
| 1987–91     | <p>Key reports provided the research and rationale supporting the need for Aboriginal Mental Health Workers nationally.</p> <p>The Royal Commission into Aboriginal Deaths in Custody studied and reported on the high level of deaths of Aboriginal people in custody. Three recommendations were specific to mental health care.</p>  |
| 1990–93     | <p>The National Inquiry into the Human Rights of People with Mental Illness played an important role in raising awareness about the human rights of Australians affected by mental illness. The inquiry highlighted the extent of mental illness in the community and the need for more concerted government action in this area, including making improvements in laws, policies, programs and funding to meet the needs of Australians affected by mental illness. Chapter 23 of the Inquiry’s report is devoted to the mental health needs of Aboriginal and Torres Strait Islander people.*</p>   |
| 1993        | <p>RHSET-funded pilot project awarded by Commonwealth Department of Human Services and Health to the Aboriginal Mental Health Program, Queanbeyan (Len Kanowski and Judy Westerway) to develop a training program for Aboriginal Mental Health Workers.</p> <p>Koori Mental Health Outreach Worker Program developed by Len Kanowski, Judy Westerway and Iris McLeod in conjunction with Aboriginal people from the Ngunnawal region of NSW and the Wiradjuri and Yuin Nations (South Coast NSW).</p>   |
| 1994        | <p>Two-year training program based at Queanbeyan Mental Health Service with five trainee Aboriginal Mental Health Workers commenced in January.</p>   |
| 1995        | <p>The <i>Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health</i> by P Swan and B Raphael highlighted the extensive problems of Aboriginal mental health and high levels of unmet need.† A priority policy element, ‘Education and personnel development’, included overseeing curriculum, consultation and accreditation necessary for education of Aboriginal Health Workers and Mental Health Workers nationally and in relevant localities, including ensuring adequate places; education, both qualificatory and continuing, for mental health professionals; and adequate numbers and opportunities for Aboriginal people to be educated as mental health professionals (this includes nurses, psychologists, social workers, doctors and psychiatrists).</p> <p>Program moved to larger premises at Goulburn. Twelve trainees were enrolled in the training program, now known as the Djirruwang Program. The Djirruwang Program continued as a mental health service driven program, funded by NSW Health and with a commitment by CSU to accredit it.</p> |
| 1995–97     | <p>The report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, known as the Bringing Them Home report, raised the consciousness of the Australian people to the history of forced removal of Aboriginal children (the ‘Stolen Generations’) and the impact on individuals and their families and the need for a range of improved mental health and wellbeing services.‡</p>  |

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| 1996    | <p>Aboriginal and Torres Strait Islander Mental Health Training Program accredited at the Associate Diploma in Health Science (Mental Health) level by CSU.</p> <p>First evaluation of the Aboriginal and Torres Strait Islander Mental Health Training Program undertaken by Professor R Harris, University of Wollongong.<sup>§</sup></p> <p>OATSIH, within the Commonwealth Department of Health and Family Services Office, commenced funding the Program on an annual basis.</p> <p>Former Far West, Macquarie, and Mid West Area Health Services established Trainee positions within mental health and counselling teams in regional towns.</p> |
| 1996–97 | <p>NSW Health committed an additional \$180,000 for two years for the recruitment and training of five Aboriginal Mental Health Trainees in the Southern Area Health Service.</p> <p>The training project became known as the Djirruwang Aboriginal and Torres Strait Islander Mental Health Education and Training Program, a partnership arrangement between the Southern Health Service (NSW Health), the Djirruwang Steering Committee and CSU.</p>  |
| 1997    | <p>The <i>NSW Aboriginal Mental Health Policy: A Strategy for the Delivery of Mental Health Services for Aboriginal People in New South Wales</i> improved access to more culturally appropriate mental health services and established an Aboriginal mental health workforce in mainstream mental health services and Aboriginal Community Controlled Health Services (ACCHSs).<sup>◊</sup></p> <p>Djirruwang Program won a national award for workforce development at The Mental Health Services Conference.</p> <p>Djirruwang Program accredited at the diploma level by CSU.</p>  |
| 1998    | <p>Second evaluation of the Djirruwang Program was undertaken by S O’Neil and R Harris, Kumira Initiatives, Ngunnawal ACT and University of Sydney.<sup>#</sup></p> <p>Djirruwang Program still operating from premises in Goulburn, NSW.</p>  |
| 2000    | <p>Djirruwang Program upgraded to a Bachelor of Health Science (Mental Health) by CSU, which based the course at its Wagga Wagga campus.</p> <p>The course had grown between 1995–2000 to around 40-plus students from NSW, the Australian Capital Territory, Victoria, and Queensland, after successful negotiation with the respective States and Territories.</p>   |
| 2001    | <p>A further cohort of Trainees was employed in former Far West Area Health as a pilot training program with the support of an Aboriginal Coordinator.</p>   |
| 2002–03 | <p>The Djirruwang Program curriculum and course structure were revised, based on the <i>National Practice Standards for the Mental Health Workforce</i>, under the guidance of a national Reference Group.</p> <p>A Clinical Handbook (with clinical competencies to be achieved) was adapted from CSU Bachelor of Nursing material for students and preceptors and written by Len Kanowski and Tom Brideson. It was underpinned by the <i>National Practice Standards for the Mental Health Workforce</i>.<sup>**</sup></p>   |

|         |   |
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| 2003–07 | <p>Two Trainees in the pilot program in Far West Area Health Service (now part of GWAHS) graduated in 2004.</p> <p>Hunter New England Area Health Service (HNEAHS) established a Traineeship Program and based two Trainees in Child and Adolescent Mental Health at Tamworth, with placements at the Children's Hospital at Westmead. One graduated from the Djirruwang Program and one graduated in psychology by the end of 2007. During the Traineeship, they were supported by an Aboriginal Coordinator.</p>  |
| 2005    | <p>GWAHS established eight Trainee positions. GWAHS Training Program won the NSW Premier's Award and the NSW Aboriginal Health Award for Innovative Aboriginal and Career Development Programs.</p>   |
| 2005–06 | <p>Contracted by OATSIH, the Djirruwang Program was evaluated for a third time by J Grosvenor, R Montague, T Toomey and R Glover, NSW Centre for Rural and Remote Mental Health, in collaboration with the New South Wales Institute of Psychiatry.</p>   |
| 2006    | <p><i>Aboriginal Mental Health Worker Training Program Manual</i> developed by the CRCAH for GWAHS under the guidance of Dr Russell Roberts, Director of Mental Health and Drug and Alcohol.<sup>††</sup></p> <p>Establishment of three Aboriginal Mental Health Clinical Leader positions in GWAHS in recognition of the importance of providing leadership in the Aboriginal mental health area.</p>  |
| 2006–07 | <p>State-wide Aboriginal Mental Health Worker Training Program established. Funds allocated for Phase One of the roll-out with 10 Trainee positions, two for each rural Area Health Service (Greater Western, Greater Southern, Hunter New England, North Coast) and one each for Justice Health and Northern Sydney Central Coast.</p> <p>GWAHS engaged the CRCAH to fulfil the State-wide coordination role from October 2006 until March 2007.</p> <p>Aboriginal Mental Health Workforce Program Reference Group established to oversight and guide Training Program in October 2006.</p> <p>Reference Group members made two important decisions after attending the November workshop: (1) to adopt the Aboriginal Mental Health Worker Training Program Learning Model developed by GWAHS and (2) to use CSU as the educational provider for the first phase of implementation, specifically the Bachelor of Health Science (Mental Health) conducted by the Djirruwang Program. Each participant was provided with a copy of the GWAHS 2006 <i>Aboriginal Mental Health Worker Training Program Manual</i> as a resource.</p> <p>Greater Southern Area Health Service (GSAHS) converted nine unfilled Aboriginal Mental Health Worker positions to Trainee positions. GWAHS converted three positions and HNEAHS one position.</p> |
| 2007    | <p>State-wide Coordinator Aboriginal Mental Health Workforce appointed and additional administrative support made available to the Coordinator and the Aboriginal Mental Health Workforce Program Reference Group.</p> <p><i>NSW Aboriginal Mental Health and Well Being Policy 2006–2010</i> launched by Minister Paul Lynch at CSU, Wagga Wagga.</p>  |



|         |  |
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| 2007–08 | Implementation review of the NSW Aboriginal Mental Health Worker Training Program by CRCAH (report published January 2009 <sup>††</sup> ).<br>CSU conducted its five-yearly course review of the Djirruwang Program.   |
| 2008    | GWAHS Training Manual updated by Verina Crawford, Clinical Leader Aboriginal Mental Health, and Tuana Sanders, Mental Health and Drug and Alcohol Services Manager Remote Cluster, as part of a regular review process. <sup>§§</sup>  |
| 2008–09 | Funding allocated for nine Trainee positions in primarily metropolitan Area Health Services: two each in Sydney South West, South Eastern Sydney/Illawarra and Sydney West and one each in Justice Health, Northern Sydney Central Coast and Hunter New England.<br>OATSIH ceased funding the Djirruwang Program.  |
| 2009–10 | <i>Walk Together, Learn Together, Work Together: A Practical Guide for the Training of Aboriginal Mental Health Professionals in New South Wales</i> (this Guide) developed by CRCATSIH in collaboration with NSW Health and Area Health Service mental health staff.  |
| 2010    | GWAHS won the NSW Minister for Health's Award for Aboriginal Health for the Aboriginal Mental Health Workforce Program and was a finalist in the Excellence in Workforce category.<br>From July, CSU conducting an external review of the Bachelor of Health Science (Mental Health) to document progress made on recommendations from the 2006 evaluation and to determine what other steps can be made for further improvements. |

**Notes:** \*National Inquiry Concerning the Human Rights of People with Mental Illness (1993). *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*, AGPS, Canberra. <sup>†</sup>P Swan and B Raphael (1995). *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*, AGPS, Canberra. <sup>‡</sup>National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (1997). *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, Human Rights and Equal Opportunity Commission, Sydney. <sup>§</sup>R Harris (1996). *Evaluation of the Aboriginal and Torres Strait Islander Mental Health Training Program, Final Report*, University of Wollongong, NSW. <sup>¶</sup>NSW Department of Health (1997). *NSW Aboriginal Mental Health Policy: A Strategy for the Delivery of Mental Health Services for Aboriginal People in New South Wales*, NSW Department of Health, Sydney. <sup>‡‡</sup>S O'Neil and R Harris (1998). *Djirruwang Aboriginal and Torres Strait Islander Mental Health and Education and Training Program, Program Evaluation—May 1998*, Kumira Initiatives, Ngunnawal, ACT, and The University of Sydney, NSW. <sup>†††</sup>Department of Health and Ageing (2002). op. cit. <sup>††††</sup>C Watson and N Harrison (2006). *Aboriginal Mental Health Worker Training Program Manual*, CRCAH, Darwin. <sup>†††††</sup>C Watson and N Harrison (2009). *New South Wales Aboriginal Mental Health Worker Training Program: Implementation Review*, CRCAH, Darwin. Viewed 31 August 2010 at: <[www.crcah.org.au/publications/downloads/NSW-Aboriginal-Mental-Health-Worker-Training-Program-Impl-Review.pdf](http://www.crcah.org.au/publications/downloads/NSW-Aboriginal-Mental-Health-Worker-Training-Program-Impl-Review.pdf)>. <sup>§§§</sup>V Crawford and T Sanders (2008). *Aboriginal Mental Health Worker Training Program Manual* (updated edn), GWAHS, Broken Hill, NSW.



See the *Djirruwang Program External Evaluation* for additional information about the development of the Djirruwang Program.<sup>7</sup>



# Description of the Training Program

## Vision

The Aboriginal Mental Health Worker Training Program contributes to the vision stated in the *NSW Aboriginal Health and Well Being Policy 2006–2010*:

To improve the mental health and well being of the Aboriginal population of NSW by enhancing access to and ensuring mental health services are culturally sensitive and responsive.<sup>8</sup>

The Training Program is only one of many programs and initiatives that contribute to the vision. Improving Aboriginal mental health and wellbeing also requires addressing the social determinants of health. These include:

- improved educational opportunities
- better housing
- a secure income
- a safe environment
- a strong and supportive family
- good physical health
- a sense of belonging and social integration into the community
- a sense of control
- a sense of worth
- strong cultural identity.



See Figure 6: Program logic flow diagram for Training Program in Chapter 7: Monitoring and Evaluation.

## Aim and objectives

The aim of the Aboriginal Mental Health Worker Training Program is to ensure the provision of accessible, culturally appropriate mental health services to Aboriginal people.

The objectives of the Training Program are to:

- increase the number of qualified Aboriginal Mental Health Workers in the workforce
- increase the knowledge of mental health services staff about health beliefs and needs of Aboriginal people
- improve the responsiveness of mental health services to the needs of Aboriginal consumers
- improve the effectiveness of mental health services, including promotion, prevention, early detection, intervention and treatment for Aboriginal people and communities
- increase the number of Aboriginal people accessing the range of mental health services.

## Rationale

The Training Program contributes to the vision stated in the *NSW Aboriginal Mental Health and Well Being Policy 2006–2010* to improve the mental health and wellbeing of Aboriginal people in NSW by enhancing access to mental health services and ensuring they are culturally sensitive and responsive. The Training Program was established to build a highly skilled and professional Aboriginal mental health workforce to provide mental health services to Aboriginal and non-Aboriginal people.

By employing and training Aboriginal people who know the community and who are likely to stay in the community, the Training Program seeks to enhance cultural appropriateness and safety of mental health services and increase mental health service providers' awareness of community, family and issues affecting the local Aboriginal community. It also intends to increase people's capacity to prevent and/or respond early to their mental health needs through an increased understanding of mental health issues and services. It is assumed that service improvements will break down barriers and increase accessibility of the range of mental health services for Aboriginal people.

More broadly the Training Program aspires to:

- provide role models and mentors for local youth
- address mental health workforce shortages
- improve workforce retention
- provide career pathways for Aboriginal people.

## Program strengths

A number of strengths underpin the Program:

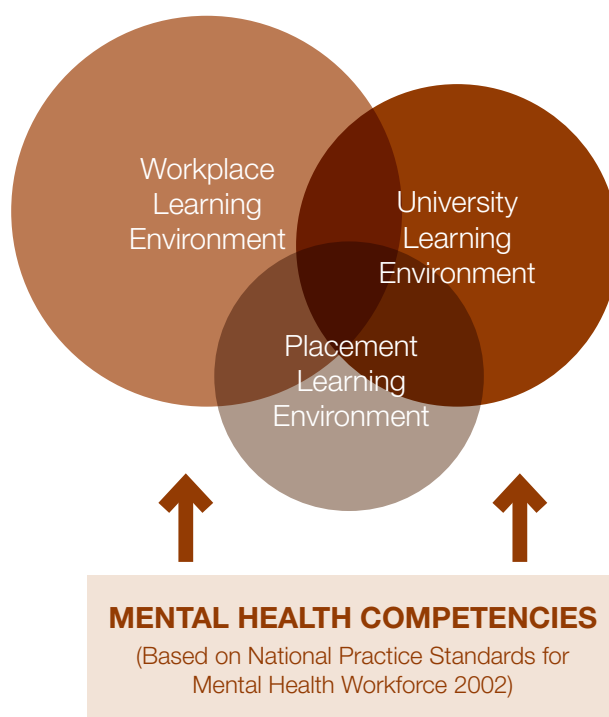
- it builds community capacity by training local people
- permanent positions are created in the health service for Aboriginal people who successfully complete training
- it increases the number of Aboriginal people working in the mainstream mental health and drug and alcohol system
- it ensures that the mental health workforce has the appropriate proportion of Aboriginal staff
- Aboriginal employees are cultural awareness ambassadors. They contribute to the development of a service that is supportive of Aboriginal culture and aspirations.

# The Learning Model

The Aboriginal Mental Health Worker Training Program Learning Model incorporates three components: workplace, university and clinical placements. The three components together develop an Aboriginal mental health professional who is qualified to work as a mental health clinician at the end of three years. Aboriginal Mental Health Worker Trainees are permanent, full-time employees of NSW Health, employed in Area Health Service mental health teams. Trainees are employed under the Aboriginal Health Education Officer (non-graduate) award.

Training on the job is provided by Trainees' workplaces and constitutes their major learning experiences. One of the requirements of employment is enrolment in and successful completion of a university degree related to mental health. University study provides the theory that informs Trainees' practice. Clinical placements linked to particular subjects are an assessable component of the university course. Clinical placements and rotations in a range of services and organisations provide comprehensive workplace experiences. Area Health Services are committed to ensuring management, support and guidance to enable Trainees to complete a degree within the boundaries of the workplace. The Learning Model is underpinned by the 2002 *National Practice Standards for the Mental Health Workforce*.

Figure 1 illustrates the Aboriginal Mental Health Worker Training Program Learning Model. In this Practical Guide, Chapter 3: Workplace Training and Support examines the 'Workplace Learning Environment' component of the model; Chapter 4: University Study and Support examines the 'University Learning Environment' component; and Chapter 5: Clinical Placements and Support examines the 'Placement Learning Environment' component.



**Figure 1: Aboriginal Mental Health Worker Training Program Learning Model**

**Source:** adapted from the GWAHS learning model in C Watson and N Harrison (2006). op. cit., page 15.

## Workplace learning environment


In the first year, Trainees are orientated to NSW Health and inducted into the particular mental health service in which they are employed. Trainees observe all aspects of mental health and counselling activities, including triage work, and learn about key policies and legislation and standardised documentation. Trainees work with their Line Managers and clinical supervisors to meet learning objectives and competencies. Trainees spend time becoming familiar with the range of associated services in the local area.

In the second year, Trainees are expected to be fully aware of their responsibilities as employees of NSW Health and mental health services. They continue to build their skills and knowledge based on their workplace, university and placement experiences. Trainees can undertake limited practice under observation.

By the end of the third year, Trainees take a more responsible role in all areas of mental health work. Trainees have gained experience and skills in doing triage work, processes and procedures. They have gained sufficient experience to conduct intake independently under close supervision, to conduct a full assessment under observation and take the lead in all phases of therapy under observation, to provide supportive counselling under supervision and to provide ongoing therapy of non-acute cases under close supervision.

## University learning environment

The university course provides the theoretical underpinnings of mental health practice. Over the three years, Trainees are first introduced to the key concepts of mental health and social and emotional wellbeing across the life span and progress to more in-depth consideration of topics in mental health. They also learn about mental illness, diagnosis and management, and about the legal and ethical implications of mental health practice. By the end of the three years Trainees have developed a sound knowledge of mental health practice, particularly how it relates to Aboriginal consumers, their families and their communities.

 The CSU Bachelor of Health Science (Mental Health), Djirruwang Program, offers residential teaching blocks over the three years of the Traineeship. This delivery structure enables Trainees to study while living and working within their local communities rather than having to relocate for the purpose of tertiary study.

## Placement learning environment

As Trainees progress through the three years, clinical placements are a key means to link theory and practice. Placements are attached to specific university subjects. Placements enhance the skills gained in the workplace and provide Trainees with the experience of working in a broad range of mental health and associated services.



## Governance and support

The Training Program is overseen by the Aboriginal Mental Health Workforce Program Reference Group, which comprises Aboriginal and non-Aboriginal representatives from the Area Health Services and key stakeholders from NSW Health (MHDAO, Workforce Development and Leadership Branch, Centre for Aboriginal Health), the Aboriginal Health & Medical Research Council, NSW Mental Health Coordinating Council and New Horizons. The Director of the Djirruwang Program (CSU) is also a member. Inclusion enables information exchange between the university and Training Program stakeholders. The Aboriginal Mental Health Workforce Program Reference Group is required to report to the Mental Health Program Council via the Aboriginal Mental Health and Well Being Reference Group (the policy implementation group) on Training Program implementation and future directions.

There is a dedicated NSW State-wide Coordinator for the Program. Based in GWAHS, the Coordinator works with Area Health Services, MHDAO and all other stakeholders to facilitate, support and oversee the development of the Program. The Coordinator is guided by the Aboriginal Mental Health Workforce Program Reference Group and chairs the (currently) monthly meetings. The function and role of the Reference Group are detailed in the box that follows.

Funding also has been allocated to key Area Health Services to employ Clinical Leaders Aboriginal Mental Health to support the rapidly emerging Aboriginal mental health workforce. As part of their role Clinical Leaders also provide significant input into the ongoing development of the Training Program and provide support for the Trainees and teams that employ them.

## Aboriginal Mental Health Workforce Program Reference Group

### Function

The function of the NSW Aboriginal Mental Health Workforce Program Reference Group (the Reference Group) is to oversee the implementation and development of the Aboriginal Mental Health Workforce Program across NSW.

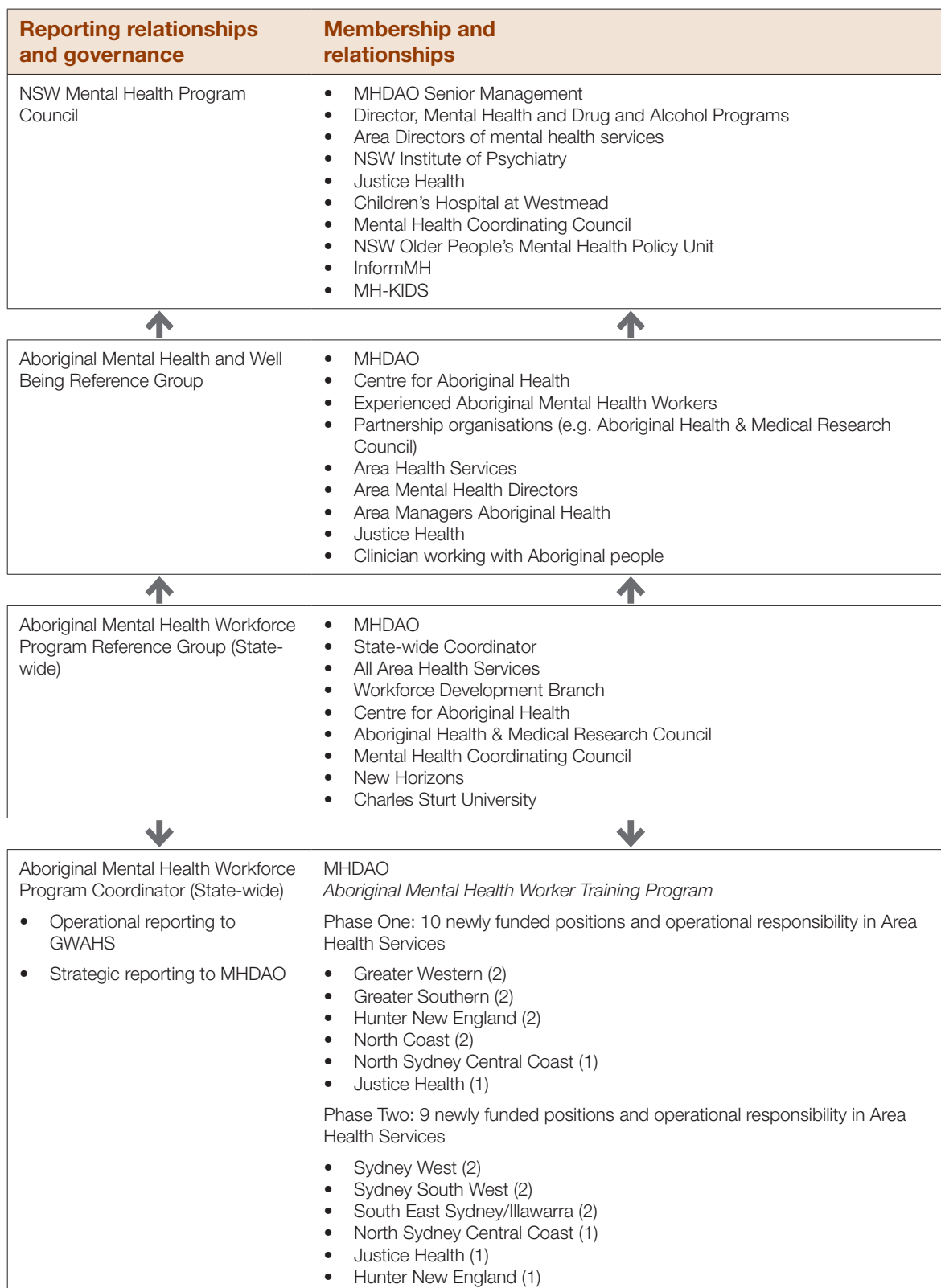
### Role

The role of the Reference Group is to:

- guide the implementation and development of the Aboriginal Mental Health Workforce Program.
- identify mechanisms for ensuring the successful implementation of the Program.
- identify barriers to implementation and solutions for overcoming them.
- identify key resources in each AHS/organisation to support the implementation and development processes.
- set timeframes and milestones for implementation in conjunction with the Mental Health and Drug and Alcohol Office.
- set key indicators and monitor the progress of Program implementation.
- report to the Mental Health Program Council (peak body for the Mental Health and Drug and Alcohol Office) via the Aboriginal Mental Health & Well Being Reference Group (the Policy Implementation Group) on Program implementation and provide strategic advice about the further development of the Program.
- liaise with peak bodies for the non-government sector.
- make recommendations to the Mental Health Program Council and to the Workforce Development and Leadership Branch of NSW Health about increasing career development opportunities for Aboriginal Mental Health Workers within the broader Aboriginal health workforce.

Figure 2 illustrates the relationships and governance of the Training Program within the broader NSW Aboriginal Mental Health Workforce Program.

**Figure 2: Relationships and governance of the NSW Aboriginal Mental Health Workforce Program**





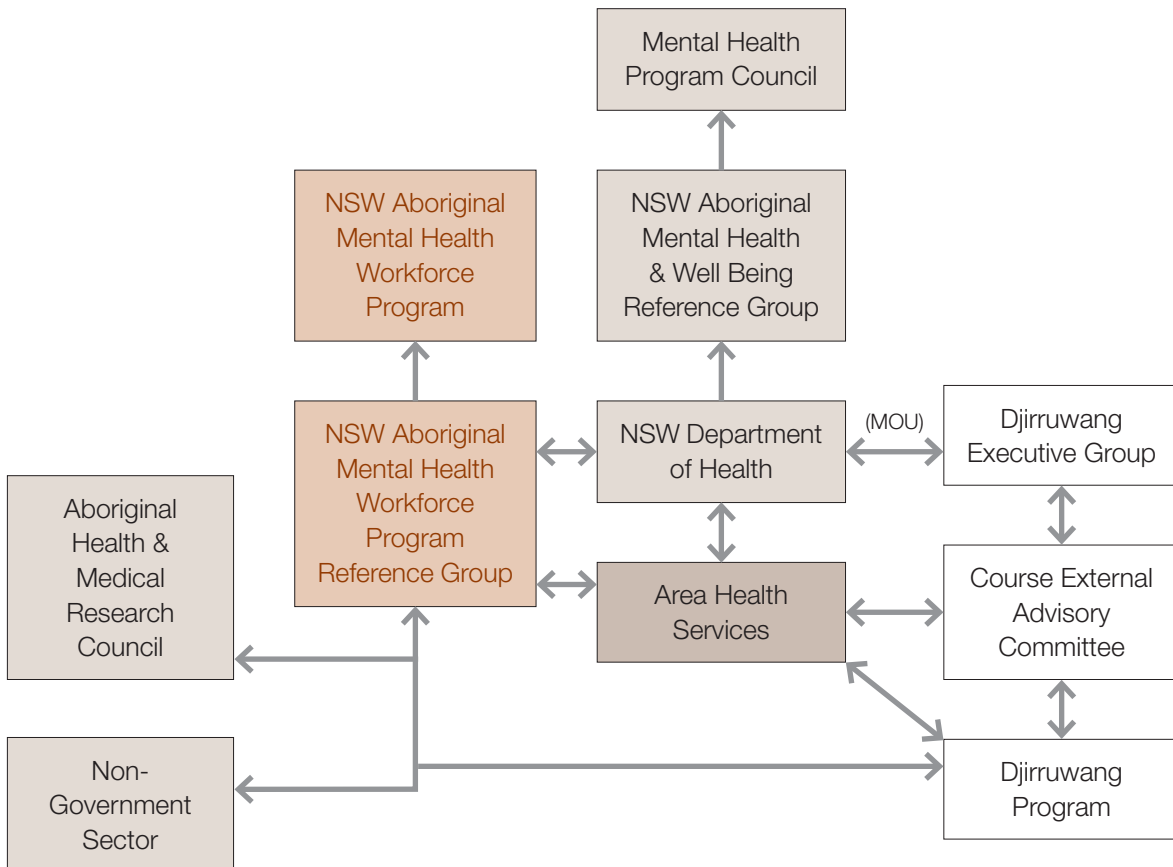
## Memorandum of Understanding

In February 2009, NSW Health and CSU signed a Memorandum of Understanding setting out activities for cooperation associated with the provision of quality and relevant education for Aboriginal Mental Health Trainees. An executive committee was established, and comprises executive level representatives from MHDAO and CSU. The Memorandum of Understanding states that:

The Djirruwang Executive Group (DEG) has been established to oversee strategic planning and development between CSU and NSW Health in respect to the education of Aboriginal Mental Health Trainees. This group comprises equal numbers of representatives from CSU and NSW Health. The Course External Advisory Committee (CEAC) of CSU will have specific involvement of relevant academic staff from the Bachelor of Health Science (Mental Health) program and report directly to the DEG. Both the DEG and the CEAC will meet on a regular basis and develop terms of reference and agendas, and address any issues and concern, in a spirit of collaboration.

Figure 3 illustrates how the various organisations and committees relate to each other and to the Aboriginal Mental Health Workforce Program and shows the relationship of NSW Department of Health with the Djirruwang Executive Group under the Memorandum of Understanding.

**Figure 3: Relationships of the NSW Aboriginal Mental Health Workforce Program**



**Note:** MOU (Memorandum of Understanding)

## Benefits of the Training Program

The review of the Training Program, conducted after the first year of implementation, found that there are already significant benefits that can be attributed to it.<sup>9</sup>

Trainees benefit because the Training Program:

- provides the opportunity for personal development
- combines paid employment with paid support for a university degree; upon completion of the degree and satisfactory performance in the workplace, a permanent position is assured

*Being able to be employed full time, with a full time wage and being able to study a degree, which ... is what I have always wanted to do, was study a degree. ... So this is going to give me a great opportunity to do that. (Trainee)*

- is a stepping-stone to further professional development.

There are broad benefits for mental health services involved with the Training Program.

- Trainees bring to the mental health teams their knowledge of the issues facing Aboriginal individuals, families and communities and the most effective ways to communicate and respond.

*One of the good things, too, is [the Trainee] being part of the Aboriginal community locally. When I was going around with [the Trainee], it became evident to me that it was going to be much easier to make contact with Aboriginal clients and that he knew just a hell of a lot more about what was going on in the community, knew who people were and so on. You know, really a great amount of information that the Trainee's got or the exposure he's got to these people is complementary to what we know about the treatment and when you're trying to track them down or trying to find out what you can about the history or personal connections... it's been extremely useful; it's worked extremely well. (Team Member)*

- Trainees can contribute to increasing teams' knowledge about contemporary mental health issues.
- Having a Trainee can facilitate team cohesiveness and balance. By contributing to the professional development of the Trainee, the team also develops around a common purpose.
- Having Trainees encourages and facilitates reflective practice within teams. Mental health workers are required to reflect on their own practices in order to explain how and why they care for and manage clients in certain ways. They may also be challenged to reflect on the language they use and the attitudes they express about clients.

*It makes you lift your act... I need to think why am I doing that so I can explain it to them. There seems to be a culture among mental health workers that this is a positive thing about training the next lot of [workers]. (Team Member)*

- Trainees can play an important role in strengthening links between the mental health service and the local ACCHS, particularly if there is a formal arrangement for the Trainee to be placed periodically with the ACCHS or for the ACCHS worker to be placed with the mental health service.

- Practically, a Trainee is an extra resource for the team and is particularly important in small teams that make home visits requiring two staff for safety.

Aboriginal clients and communities benefit because:

- the Program builds the local community's capacity with regard to mental health literacy and knowledge of mental health issues
- Trainees take their knowledge about mental health services and what they can offer into the community
- Trainees provide insights into Aboriginal culture and family life to other clinicians, which can improve client care
- Trainees act as 'cultural brokers' to increase the team's knowledge about Aboriginal culture

*I have had to explain to them, that is it not just mental health, but health to Aboriginal people is everything. It is their world and often mental health is linked with a lot of other things that are going on with their body and outside, you know, their life, their social life, their employment, their education and all of that kind of stuff. Feeling unwell is also linked to a lot of physical stuff. I have often got to explain to them a couple of cultural stories, which a lot of our clients do talk about. Like they talk about ghosts and spirits following them and then I have just got to talk to the doctors about that and they are quite open and they like listening and understanding.  
(Trainee)*

- mental health services can offer a more responsive service to Aboriginal clients
- Trainees have access to networks of other Aboriginal workers in departments and organisation through which collaborative action and client care are possible.

## Achievements of the Training Program

Of the 10 funded positions rolled out in Phase One of the Training Program, nine Trainees completed their Traineeship requirements at the end of 2009. As of April 2010, of these nine graduates, seven either still work for NSW Health or now work for an ACCHS. This is viewed by NSW Health as a major success in relation to building the capacity of mental health services in NSW to address the mental health and wellbeing needs of Aboriginal people.

It is a great achievement for the Trainees to have successfully completed the requirements of the Training Program and for the mental health teams who employed, trained and supported them through the challenging training and education processes. These qualified and skilled mental health professionals are now working in areas where they can influence and impact on how services are provided to Aboriginal people.

## Resources

| Resource             | Description   |
|----------------------|---|
| Key policy documents | AHMAC National Mental Health Working Group (endorsed 2002). <i>National Practice Standards for the Mental Health Workforce</i> , Australian Government, Canberra.   |
|                      | Australian Health Ministers (2003). <i>National Mental Health Plan 2003–2008</i> , Australian Government, Canberra.   |
|                      | Australian Health Ministers (2009). <i>Fourth National Mental Health Plan: An Agenda for Collaborative Government Action in Mental Health 2009–2014</i> , Australian Government, Canberra.  |
|                      | Centre for Mental Health (1997). <i>NSW Aboriginal Mental Health Policy</i> , NSW Department of Health, North Sydney.   |
|                      | Centre for Rural and Remote Health and the Mental Health and Drug & Alcohol Office (2007). <i>Wellbeing: Aboriginal Mental Health Workers' Forum Report, Winhingagigi-La-Dah 'Caring for Self and Others'</i> , NSW Department of Health, North Sydney.   |
|                      | Department of Health and Ageing (2007). <i>National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013: Australian Government Implementation Plan 2007–2013</i> , Australian Government, Canberra.  |
|                      | National Aboriginal and Torres Strait Islander Health Council (2003). <i>National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013: Framework for Action by Governments</i> , Australian Government, Canberra.  |
|                      | National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group (2004). <i>Social and Emotional Well Being Framework—National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009</i> , Department of Health and Ageing, Australian Government, Canberra. |
|                      | NSW Department of Health (2007). <i>A New Direction for NSW: State Health Plan towards 2010</i> , NSW Department of Health, North Sydney.   |
|                      | NSW Department of Health (2007). <i>NSW Aboriginal Mental Health and Well Being Policy 2006–2010</i> , NSW Department of Health, North Sydney.  |
|                      | Standing Committee on Aboriginal and Torres Strait Islander Health (2002). <i>Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework</i> , AHMC, Canberra  |

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| Training Program development—documents, papers and evaluations  | Brideson, T (2004). 'Moving beyond a 'Seasonal Work Syndrome' in mental health: Service responsibilities for Aboriginal and Torres Strait Islander populations', Guest Editorial, <i>Australian e-Journal for the Advancement of Mental Health</i> , Vol. 3(3). Available at: < <a href="http://www.atypon-link.com/EMP/doi/pdf/10.5555/jamh.3.3.99">www.atypon-link.com/EMP/doi/pdf/10.5555/jamh.3.3.99</a> >.   |
|   | Brideson, T and L Kanowski (2004). 'The struggle for systematic adulthood for Aboriginal Mental Health in the mainstream: The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program', <i>Australian e-Journal for the Advancement of Mental Health</i> , Vol. 3(3), page 211. Available at: < <a href="http://amh.e-contentmanagement.com/archives/vol/3/issue/3/article/3374/the-struggle-for-systematic-adulthood-for">http://amh.e-contentmanagement.com/archives/vol/3/issue/3/article/3374/the-struggle-for-systematic-adulthood-for</a> >. |
|   | Brideson, T and C Jones (2007). 'The NSW Aboriginal Mental Health Workforce Program', <i>Auseinetter</i> , Issue 29(2), pages 20–22.  |
|   | Crawford, V and T Sanders (2008). <i>Aboriginal Mental Health Worker Training Program Manual</i> (updated edn), GWAHS, Broken Hill, NSW.  |
|   | Grosvenor, J, R Montague, T Toomey and R Glover (2006). <i>Djirruwang Program External Evaluation</i> , Centre for Rural and Remote Mental Health, The University of Newcastle and The New South Wales Institute of Psychiatry, Orange, NSW. Available at: < <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/CF8A12F39B405115CA25723B001E5789/\$File/execsumm.pdf">www.health.gov.au/internet/main/publishing.nsf/Content/CF8A12F39B405115CA25723B001E5789/\$File/execsumm.pdf</a> >.  |
|   | Harris, R (1996). <i>Evaluation of the Aboriginal and Torres Strait Islander Mental Health Training Program, Final Report</i> , University of Wollongong, Wollongong, NSW.  |
|   | Jones, C and T Brideson (2009). 'Using policy and workforce development to address Aboriginal mental health and wellbeing', <i>Australasian Psychiatry</i> , Vol. 17, Supplement, S72–S74.  |
|   | Kanowski, L and J Westerway (1996). 'Koori Mental Health Outreach Workers Training Program. 93/94 Grant 195. RHSET funded project, March 1996'. Available at the Australian Institute of Aboriginal and Torres Strait Islander Studies library, Canberra.   |
|   | O'Neil, S and R Harris (1998). <i>Djirruwang Aboriginal and Torres Strait Islander Mental Health and Education and Training Program, Program Evaluation—May 1998</i> , Kumira Initiatives, Ngunnawal, ACT, and The University of Sydney, NSW.   |
|   | Watson, C and N Harrison (2006). <i>Aboriginal Mental Health Worker Training Program Manual</i> , CRCIAH, Darwin.   |
| Watson, C and N Harrison (2009). <i>New South Wales Aboriginal Mental Health Worker Training Program: Implementation Review</i> , CRCIAH, Darwin. Available at: < <a href="http://www.crciah.org.au/publications/downloads/NSW-Aboriginal-Mental-Health-Worker-Training-Program-Impl-Review.pdf">www.crciah.org.au/publications/downloads/NSW-Aboriginal-Mental-Health-Worker-Training-Program-Impl-Review.pdf</a> >. |   |

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**Notes**

- <sup>1</sup> Minister Paul Lynch at the launch of the policy, Charles Sturt University, Wagga Wagga campus, 5 July 2007.
- <sup>2</sup> L Kanowski and J Westerway (1996). 'Koori Mental Health Outreach Workers Training Program. 93/94 Grant 195. RHSET funded project, The Aboriginal Mental Health Program, Goulburn, March 1996', pages 1–4.
- <sup>3</sup> Djirruwang means 'healing' and 'light' in the language of the Ngunnawal people, the traditional owners of the area.
- <sup>4</sup> Department of Health and Ageing (2002). *National Practice Standards for the Mental Health Workforce*, Department of Health and Ageing, Canberra. Viewed 25 August 2010 at: <[www.health.gov.au/internet/main/publishing.nsf/Content/2ED5E3CD955D5FAACA25722F007B402C/\\$File/workstds.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2ED5E3CD955D5FAACA25722F007B402C/$File/workstds.pdf)>.
- <sup>5</sup> T Brideson and L Kanowski (2004). 'The struggle for systematic adulthood for Aboriginal Mental Health in the mainstream: The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program', *Australian e-Journal for the Advancement of Mental Health*, Vol. 3(3), page 211.
- <sup>6</sup> J Grosvenor, R Montague, T Toomey and R Glover (2006). *Djirruwang Program External Evaluation*, Centre for Rural and Remote Mental Health, The University of Newcastle and The New South Wales Institute of Psychiatry, Orange, NSW, page 3.
- <sup>7</sup> J Grosvenor, R Montague, T Toomey R and Glover (2006). op. cit.
- <sup>8</sup> NSW Health (2007a). op. cit., page 6.
- <sup>9</sup> C Watson and N Harrison (2009). op. cit., pages 57–61.

