Position Statement 50 **Aboriginal and Torres Strait Islander Mental Health Workers**



August 2012

Definition

The statement pertains to all Aboriginal and Torres Strait Islander people who work with mental health or emotional and spiritual well-being services for Aboriginal and Torres Strait Islander people within Australia. The statement was developed by the Aboriginal and Torres Strait Islander Mental Health Committee of the College's Board of Practice and Partnerships. It has arisen in response to a general sense of frustration with often inappropriate utilisation or consultation with, as well as the lack of recognition of the value and skills of, Aboriginal and Torres Strait Islander mental health workers by other professionals and managers in health services. Aboriginal and Torres Strait Islander mental health workers have expressed the hope that, as a leading national organisation in mental health in Australia, the College will play an important supportive role in the education of other professionals about the value of their work with Aboriginal and Torres Strait Island communities.

The statement arose out of a number of discussions, meetings, workshops and conferences conducted by Aboriginal and Torres Strait Islander mental health workers and is a reflection of common themes consistently expressed by the workers at these times. It is recognised that Aboriginal and Torres Strait Islander people suffer from a number of conditions that are probably better encompassed within the 'emotional and spiritual well-being' concept of health. It is also accepted that Aboriginal and Torres Strait Islander people and communities may suffer from distinct mental illness requiring medical treatment. However, the need for specific medical treatment of a mental illness should not exclude the need to consider emotional and social wellbeing as well.

The work of the Aboriginal and Torres Strait Islander mental health worker may involve contact with patients experiencing illnesses related to emotional and spiritual well-being and/or distinct mental illness. For ease of definition, the term *mental illness* when used in the statement incorporates any condition related to emotional and spiritual well-being or distinct mental conditions.

It is also recognised that the term *Aboriginal and Torres Strait Islander mental health worker* covers a wide range of Aboriginal and Torres Strait Islander people with varying qualifications, skill levels and job criteria, working in both government and community-controlled organisations. The primary aims of this statement is to improve the professional standing of any Aboriginal and Torres Strait Islander person employed in the emotional and spiritual well-being and/or mental health area of Aboriginal and Torres Strait Islander health and develop capacity to deliver culturally safe services in order to improve outcomes for patients and communities.

Evidence

Data on social and emotional wellbeing reveal that there is a strong sense of positive wellbeing among many Aboriginal and Torres Strait Islander people. However, data from the Australian government shows that Indigenous Australians are twice as likely as non-Indigenous Australians to report high or very high levels of psychological distress (AIHW, 2011). Data on hospitalisations for mental and behavioural disorders provide a measure of the use of hospital services by those with problems related to mental health. In 2009, the rate of hospitalisations of Indigenous Australians for mental health problems and disorders was double that of other Australians. In particular, hospitalisations for mental and behavioural disorders due to psychoactive substance use were over two and a half times higher for Indigenous Australians aged 25-34 years and 35-44 years. Hospitalisation rates for intentional self-harm may also be indicative of mental illness and distress. In 2003–2007 Indigenous Australians were more likely to be hospitalised for intentional self-harm than other Australians (rates were twice as high for Aboriginal and Torres Strait Islander males).

Recommendations

Aboriginal and Torres Strait Islander mental health workers perform a vital role in the holistic care of Aboriginal and Torres Strait Islander people with mental illness. The complexity of mental illness issues in Aboriginal and Torres Strait Islander mental health necessitates an understanding of a range of cultural, historical, family and societal issues. Language, stereotyping, stigma and mental health literacy also may be important access barriers to effective care of Aboriginal and Torres Strait Islander patients with mental illness and Aboriginal and Torres Strait Islander mental health workers may play an important role in the negotiation of these barriers.

Because of the holistic nature of Aboriginal and Torres Strait Islander health issues, the role of the Aboriginal and Torres Strait Islander mental health workers may extend outside the normal clinical experience of the patient-therapist relationship. The Aboriginal and Torres Strait Islander mental health workers may be required to have a role in local community development and be required to contact patients and families outside the normal geographical and time parameters available to the multidisciplinary team. This flexibility and the nature of relationships may be critical to the effectiveness of their role. The role of the Aboriginal and Torres Strait Islander mental health worker in this regard should be a subject of sensitive inquiry and further arrangement between the Aboriginal and Torres Strait Islander mental health worker and their employers. The role of the Aboriginal and Torres Strait Islander mental health worker may vary depending on the structure of the organisation. Aboriginal and Torres Strait Islander mental health workers may be used to maximum benefit when Government and community-controlled organisations share information about best practice in the care of Aboriginal and Torres Strait Islander patients and families.

Recognition of the role of Aboriginal and Torres Strait Islander Mental Health Workers

- Aboriginal and Torres Strait Islander mental health workers should be considered an integral part of any multidisciplinary team caring for Aboriginal and Torres Strait Islander patients and families. The Aboriginal and Torres Strait Islander mental health worker should be accorded the same privileges available to any other member of the multidisciplinary team in which they work.
- The other members of the multidisciplinary team have a responsibility to appropriately engage and treat Aboriginal and Torres Strait Islander people in a culturally appropriate manner. Aboriginal and Torres Strait Islander mental health workers have a role in educating the multidisciplinary team on cultural issues related to engaging and treating specific patients, and around Aboriginal and Torres Strait Islander people and their communities. The Aboriginal and Torres Strait Islander mental health worker can start to bridge the gap with the patients, however the rest of the multidisciplinary team are responsible for continuing to utilise appropriate skills, strategies and resources to engage Aboriginal and Torres Strait Islander patients.
- Job descriptions for Aboriginal and Torres Strait Islander mental health workers should take into
 account gender issues in Aboriginal and Torres Strait Island culture where people often prefer to
 have a health worker of the same sex. The job descriptions should also be sensitive to particular
 needs that affect Aboriginal and Torres Strait Islander communities such as child and adolescent
 mental health, young offenders and substance mis-users. The job description should also recognise
 the additional expertise, knowledge and skills that an Aboriginal and Torres Strait Islander person
 brings to any position by way of their social and cultural background.
- Aboriginal and Torres Strait Islander people should be involved in the development of job descriptions, recruitment and retention strategies for Aboriginal and Torres Strait Islander mental health workers.

The value of work

- Aboriginal and Torres Strait Islander mental health workers should be appropriately paid.
- The nature of the work of Aboriginal and Torres Strait Islander mental health workers is often demanding, being outside the normal time and geographical boundaries of the work of other mental health workers. These issues should be taken into account in any statistical and accreditation process affecting the organisation employing the Aboriginal and Torres Strait Islander mental health worker.
- There should be a realistic career path with opportunities for professional and managerial advancement for Aboriginal and Torres Strait Islander mental health workers within their employing organisation. Aboriginal and Torres Strait Islander communities value continuity with health workers and the meaningful employment of trainees who have gained valuable skills and knowledge of their local community. Where possible, these issues should be taken into account in the development of programs for Aboriginal and Torres Strait Islander mental health workers.
- Mature Aboriginal and Torres Strait Islander people with no formal educational qualifications may
 possess a unique knowledge and particular skill in dealing with mental health issues within their local
 community. While further studies in Aboriginal and Torres Strait Islander mental health are highly
 desirable, the lack of such educational qualifications should not be an absolute barrier to the
 employment of an Aboriginal and Torres Strait Islander mental health worker.

Training

- There are a number of training courses being offered at tertiary, government and community-controlled level for Aboriginal and Torres Strait Islander mental health workers. The diversity of courses reflects the diversity of community expectations about the roles of Aboriginal and Torres Strait Islander mental health workers whilst emphasising core clinical knowledge. Aboriginal and Torres Strait Islander mental health workers should be appropriately remunerated and given appropriate responsibility for their level of training.
- Cultural awareness courses are a valuable tool for any service dealing with Aboriginal and Torres Strait Islander people and may in future feature in accreditation of such services. The attendance of health workers generally at such courses should be credited as part of their continuing education. While Aboriginal and Torres Strait Islander mental health workers may be able to make a valuable contribution to such courses, they should not necessarily be required to organise such courses which may be better done by specific education units. Some of these courses may be re-traumatising for Aboriginal and Torres Strait Islander people and mandatory attendance may not always be appropriate for Aboriginal and Torres Strait Islander mental health workers.
- There should be appropriate mentoring, debriefing and supervision made available to Aboriginal and Torres Strait Islander mental health workers on an ongoing basis. This should include opportunities for clinical and cultural supervision. Arrangements for these support services should be established at the time that the Aboriginal and Torres Strait mental health worker is formally appointed.

Resource allocation

- Staffing levels for Aboriginal and Torres Strait Islander mental health workers should be sufficient to prevent over work, burnout and also to take account of gender issues.
- Aboriginal and Torres Strait Islander mental health workers should be supported with appropriate resources to enable them to do their work effectively. Such resources may include office space, culturally appropriate translating services, transport and communication equipment.
- It should be recognised that Aboriginal and Torres Strait Islander mental health workers, as part of their ongoing cultural supervision, may need regular opportunities to return to country and Elders.

- The work conditions for Aboriginal and Torres Strait Islander mental health workers should be in accordance with occupational health and safety requirements applicable to other workers in the organisation.
- Aboriginal and Torres Strait Islander mental health workers should be able to review the budget allocation for their position to ensure the most appropriate allocation of resources for their work.
- On occasion, Elders and other Aboriginal and Torres Strait Islander persons as appropriate in a community may form a "committee" of support for Aboriginal and Torres Strait Islander mental health workers. These "committee" members should be appropriately remunerated for their work in this regard.
- The importance of continuing research in Aboriginal and Torres Strait Islander communities is
 recognised as a significant factor in the further identification and management of Aboriginal and
 Torres Strait Islander mental health issues. Appropriate support should be given for Aboriginal and
 Torres Strait Islander mental health workers to be involved in research that is acceptable to them and
 conforms with the National Health and Medical Research Council code of ethics for research in
 Aboriginal and Torres Strait Islander populations.

References

AIHW. (2011). The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overiew 2011. Canberra: AIHW.

Further reading

This statement should be read in association with the other relevant College statements: Ethical Guideline #11, *Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health*, and Position Statement #42, *Stolen Generations*.

Further information can be obtained the Australian Indigenous Mental Health website: http://indigenous.ranzcp.org

The Australian Indigenous Mental Health website was set up by the members of the Aboriginal and Torres Strait Islander Mental Health Committee behalf of the Royal Australian and New Zealand College of Psychiatrists. The purpose of the website is for people to gain both knowledge and understanding of Aboriginal and Torres Strait Islander mental health issues. The Committee's aim is to work together with mental health professionals to improve the mental health and life outcomes for Aboriginal and Torres Strait Islander peoples and communities.

Adopted: October 2002 (GC2002/2),

Renewed: November 2006 (GC2006/4 R35) May 2009 (GC2009/2 – R31) August 2012 (GC2012/3 – R36)

Currency: Reviewed every 3 years (next review August 2015)

Owned by: Aboriginal and Torres Strait Islander Mental Health Committee