

Rural Areas & Remote Communities

Project 11015: Breaking the Mind Barrier

Aims: This project was undertaken by the Peninsula and Torres Strait Regional Health Authority and the Royal Flying Doctor Service, Queensland Section (\$88,107). The aim of the project was to examine the feasibility of providing mental health services to people living in remote areas in conjunction with the Royal Flying Doctor Service (RFDS).

Description: A national consultation about the operation of the Royal Flying Doctor Service in 1993 revealed that mental health issues were of high priority to those living in isolated areas. High levels of stress were reported and concern was expressed at the rising rural suicide rate, linked to a deepening rural recession and the effects of prolonged drought. Access to specialist mental health services was reported to be very limited and people had to travel many hours to major centres to access help.

The project was organised into two phases, a Research Phase and an Implementation Phase. The Research Phase involved conducting a needs analysis on the kinds of mental health issues found in communities served by the RFDS. The mental health training needs of remote area staff, including RFDS personnel, and their support needs were also assessed.

The Implementation Phase involved the provision of clinical services, conducting education sessions with remote areas and RFDS staff, and providing Critical Incident Stress Debriefing services and other support services.

The Royal Flying Doctor Service is often the first, or sole, point of contact with a health service for people living in the bush. The provision of primary health care is an important aspect of the RFDS which is

sometimes overlooked because of the more publicised emergency evacuation work. Examples of preventive work were carried out during the project and the findings of the needs analysis indicate that further preventive and early intervention mental health work is needed. For example the project identified the need for prevention programs to reduce depression of isolated station personnel in the face of continuing drought, and further education of RFDS staff to identify mental health problems early and ensure prompt access to treatment.

Outcomes:

The research phase reported the different types of communities served by the RFDS and selected demographic variables indicated that communities were quite different from one another. Depending on the type of community, specific stressors were identified by residents as causes of stress, for example drought and the recession on stations, unemployment and financial worries in small rural support towns, and isolation and work stress in mining communities. Residents in all community types reported stress levels to be high with resulting psychological problems such as depression, anxiety and stress on family relationships.

In summary, the report identified a general lack of awareness and community stigma about mental health issues. Other mental health problems encountered were general stress, alcohol problems, family and relationship problems, and depression and anxiety.

RFDS and other remote staff indicated a need for further education in mental health issues, in particular indigenous mental health, drug and alcohol issues, and mental health in relation to isolation and rural life. Remote area staff expressed a need for training in basic counselling skills and, in particular Critical Incident Stress Debriefing.

The implementation phase covered clinical work and the provision of educational and personal support services. The clinical involvements ranged from one-off consultations and the provision of telephone support, to a series of on-going psychotherapy sessions and facilitating access to specialist mental health services. By being able to respond immediately to requests for assistance, the clinical work served to increase the credibility of the project and, in turn, reduce the stigma attached to mental health issues in rural areas.

The project demonstrated the feasibility of providing mental health services in conjunction with the RFDS, which are well received by consumers, carers and remote staff. This includes continuing education activities for RFDS and other remote workers, providing personal support services to isolated workers, undertaking preventative initiatives

such as community awareness-raising campaigns and education sessions in schools, and formalising links with specialist mental health services who service targeted rural and remote areas.

Contact Details:

For further information regarding this project please contact:	
Mr Graham Sanderson Manager Cairns District Health Service PO Box 268N CAIRNS NORTH QLD 4870	Mr Robert I Williams Project Co-ordinator Cairns District Health Service Tel: 070 503 146

Project 22057: The Development of a Model for an Integrated Aboriginal Mental Health Service

Aims: This project was undertaken by the Central Sydney Area Health Service (\$73,220). The aim of the project was to provide a model for mental health service delivery to Aboriginal and Torres Strait Islander people through collaborative programs provided jointly by a community controlled Aboriginal health service and by mental health professionals from an urban Area Health Service such as the Central Sydney Area Health Service. Consultation to, and linkages with, rural Aboriginal community health services were also considered.

Description: The preparation of the model involved extensive consultation with Aboriginal and Torres Strait Islander communities and organisations. This involved an analysis of the utilisation of services available, and a review of literature and service development planning with colleagues in community controlled Aboriginal services in and mainstream services.

A highly developed Community Controlled Aboriginal Health Service exists in Redfern, in the Central Sydney Area Health Service, and provides primary health care services, health education, health promotion, and medical and dental services to the local Aboriginal community and to Aboriginal people who reside beyond the area. Many out-of area clients travel considerable distances, even from rural areas, to access the Redfern Aboriginal Health Service.

The model was developed in consultation with individual people, families and carers, community groups leaders and key organisations of Aboriginal people both within the Central Sydney Area, and in other urban and rural communities. Consideration was also given to people in isolated areas in rural communities whose needs were not adequately met by mainstream services.

The project was developed in consultation with the Aboriginal Health Resource Cooperative (NSW), the NSW Department of Health, Aboriginal Health Branch, and the Working Party to develop a Strategy for Aboriginal Mental Health in NSW. The project describes a model for the delivery of a range of specialist mental health and psychiatric services complementary with and linked to existing primary health care facilities. Efforts were made to ensure that mainstream staff were sensitive to cultural and social issues, and to the specific needs, of Aboriginal people. Aboriginal health liaison officers were appointed at King George V Hospital and Prince Alfred Hospital to facilitate client care.

Outcomes:

The report on the project recommended that services be provided by a specific Aboriginal Mental Health Unit Team (based at one of the major hospitals) to follow up patients likely to experience serious deterioration in their mental health or quality of life as a consequence of an existing health disorder. The Team should have access to a 24-hour Mobile Crisis Team. The project identified the need for access to culturally responsive post-acute and rehabilitation programs, a specialised post-acute 6-person unit, together with post-discharge community based supported accommodation.

An active outreach program was also recommended to assist in reconnecting individual clients with their families in rural and remote areas and the model should provide support and psycho-education for family members, extended families, local health workers, and general practitioners where appropriate, using key consultants and newly available technology. Access to telemedicine, linking expert and culturally sensitive consultation to rural Aboriginal health and medical services, were also identified as being beneficial.

In consultation with the Aboriginal Children's Service in Redfern, child and adolescent consumers, parents, Gullama (Department of Community services, Alexandria), the Juvenile Justice Advisory Council and the NSW Department of Juvenile Justice, consideration was given to the special mental health needs of children and adolescents. The report states that Aboriginal mental health services must be able to support individuals and families who have previously experienced the removal of Aboriginal children within the community setting through locally based Aboriginal health workers who have expertise in trauma and counselling skills.

The report of the project concludes that there is a reluctance of Aboriginal and Torres Strait Islander people to utilise mainstream services, and due to inadequate data collection the true extent of continuing trauma and mental health problems among Aboriginal people is not accurately estimated. Work on this project identified that a substantial population of Aboriginal people of all ages suffer from a high level of depression, post traumatic stress disorder and the consequences of unresolved grief and loss, and have higher prevalence rates for serious mental illness compared with the general population.

Contact Details:

For further information regarding this project please contact:	
Professor Marie Bashir	Ms Robyn Shields
Area Director of Mental Health	Clinical Nurse Consultant
Central Sydney Area	Coordinator Aboriginal Mental
Health Service	Health Unit
University of Sydney	Central Sydney Area Health Service
PO Box 1	Tel: (02) 9556 9100
ROZELLE NSW 2039	

Project 24004: Climbing Sage Hill: Setting up an innovative professional support and information service for rural carers of individuals with a mental illness

Aims: This project was undertaken by the Association for the Support of Psychiatric Services (\$1 37,606). It aimed to develop a professional, community-based rural service that integrates with existing services, tailored to respond to the support, information and education needs of families and other carers of people with a mental illness.

Description: The project was established in recognition of the role and needs of carers (often family members) who care for people with mental illness. It is estimated that in the south west of Victoria, over 3,000 people suffer from a mental illness at some stage in their lives and that their families will undertake to care for their mental health needs.

Up until 1995 there was no local service in south west Victoria available specifically to meet either the support for information needs of carers of people with mental illness.

In 1995 the Sage Hill Carers Service was established for a two year period to provide professional support and an information service for rural carers of people with a mental illness. The target population for the service were carers living in the municipalities of Corangamite, Glenelg, Moyne, Southern Grampians and Warrnambool in the south west of Victoria.

Outcomes:

The report states that the Sage Hill Carers Service is now an established and needed local support service for carers of people with a mental illness. In its first two years of operation the service had 145 registered carer-clients.

The Sage Hill Carers Service has undertaken a wide range of interactions with carers. Most staff activity has been focussed on:

- carers social, emotional and physical needs;
- general information sharing;
- liaison between carers and health and welfare agencies; and
- liaison between carers and psychiatric treatment and support services.

Over 1,500 individual items of service have been provided for individual carers. In addition, over 300 carers participated in over 75 groups facilitated by the Sage Hill Carers Service. Over 930 contacts with health professionals were recorded since the service opened. An on-call service has been established for carers during holiday periods.

According to the report, the Sage Hill Carers Service is regarded as an important addition to the services available to carers of those with mental illness in the south west of Victoria.

Contact Details:

For further information regarding this project please contact:

Mr Peter McMahon

Tel: (03) 5561 5261

Sage Hill Carers Service

Fax: (03) 5561 5263

PO Box 683

WARRNAMBOOL VIC 3280

Project 2700 I: Community-based Aboriginal Mental Health Workers in the Darwin District

Aims: This project was undertaken by the Rural Mental Health Unit, Territory Health Services (\$248,000). The aim of the project was to develop services to provide to Aboriginal communities in two localities in the Northern Territory.

Description: Mental health issues among the Aboriginal community historically were not recognised or appropriately managed until the development of the National Aboriginal Health Strategy (1989), the NSW Aboriginal Mental Health Report (1991) and the Report of the Royal Commission into Aboriginal Deaths in Custody (1991). Two key objectives evolved from these reports:

- the development of the Aboriginal Terms of Reference for Mental Health (which placed mental health problems into a framework relevant to the experiences of Aboriginal people); and
- the development of Aboriginal controlled, community based mental health services.

This project focussed on the work of Aboriginal Mental Health Workers in two different communities in the Northern Territory with the aim of helping Aboriginal families and the community to look after their own mental health. The project was “about doing mental health work the Aboriginal way, using Aboriginal law and culture” and providing an opportunity for Aboriginal people to have more control in decisions about their own needs in their communities.

Aboriginal Mental Health Services were established in the Tiwi Islands (Milikapiti community) and at Port Keats-Daly River area (Nganmarriyanga community). Each health service employed an Aboriginal Mental Health Worker who lived and worked within the community. The role of the Aboriginal Mental Health Worker was comprehensive and not easily defined. They were “on-call” 24 hours a day and on weekends and their partners frequently worked with them. Some of their tasks included:

- facilitating community members to organise social and cultural activities for themselves and others;
- organising Health Week activities to promote the community's awareness of current mental health issues;
- coordinating the work of other agencies in the communities, (eg. police aides, disability services, hospitals, health professionals);

- working with Aboriginal people who had a knowledge of local law and healing in critical cases;
- organising families to go into the bush, teaching young people about bush medicines and how to find water;
- providing support for families when family members were in hospital, or jail or at funerals; and
- supporting the reunion of people with their families.

Outcomes:

The final report of the project states that the Aboriginal Mental Health Workers established an identified role and developed very strong working relationships within their communities. Also, they contributed to an increased level of understanding of mental health and community wellbeing among Aboriginal people.

The communities felt that the Workers, rather than mental health administrators, understood their own laws and culture and therefore were in a position to appropriately inform mental health programs and influence policy change. Close collaborative relationships between the Aboriginal Mental Health Workers, the Northern Territory Rural Mental Health Unit and the communities acknowledged that there was a need to bridge the gaps in cross culture service provision and to encourage a higher level of trust within the communities.

The report suggests that there is a continuing need for mental health workers to deliver services along the lines provided by the two Aboriginal Mental Health Workers in the Darwin rural district. The report makes the following recommendations:

- that the Aboriginal Mental Health Unit should develop its own vision about "what mental health means in an Aboriginal environment" and have more responsibility for training workers, providing professional support and networking;
- that the role of the Aboriginal Mental Health Worker should be decided by the Regional Health Board including tasks which the Board suggests would be beneficial to the community;
- that resources should be provided for promotion and wider community awareness of this project through the work of the Aboriginal Mental Health Workers;
- that communities should make effective use of Aboriginal healers in the delivery of mental health services; and
- that coordination with other programs should be a criterion for funding allocation of Aboriginal programs at the national and regional level.

Contact Details:

For further information on this project please contact:

Mr John Maher

Tel: (08) 8922 8572

Rural Mental Health Unit

Fax: (08) 8922 7799

Territory Health Services

PO Box 40596

CASUARINA NT 0811

Project 26029: Mallee Mental Health Project

Aims: This project was undertaken by the Mallee Enterprise Development Network (\$147,308). The aim of the project was to encourage community involvement in the development of support networks for people with a mental illness which were suited to rural conditions, and develop a consumer/carer oriented resource package for rural service providers.

Description: The project had four main objectives:

- empowerment of consumers and carers through their active involvement and ownership of the project;
- increased level of community support available to meet the identified needs of people with mental health problems living in the Murray Mallee;
- reduction in the level of stress experienced by carers; and
- provision of resources for service providers and the community to promote a better understanding of the issues for people with mental health problems and their carers in rural communities.

The Mallee Mental Health Project aimed to develop a range of local services and supports both for people with a defined mental illness and the general community.

A community based project team was established which consisted of consumers/carers, mental health advocates, a newly appointed community development worker and an administrator. Meetings were convened to facilitate discussion about community concerns of mental illness and to identify people with a mental illness who may become involved in the development of the Project.

Community Forums were also held to attract the attention of people with a mental illness, some of whom consequently chose to join the project team. A resource centre was established (*Mallee Resource Centre*) which became a community meeting place where classes, social functions, workshops and fund raising activities were held. There were difficulties maintaining the Centre due to a number of reasons which included running costs, distances people had to travel in widespread rural communities, and the reluctance of people suffering from a mental illness to identify themselves as having a problem.

During the second year of the Project, there was an increased drive for community mental health education with a focus on breaking down the stigma of mental illness. Support Groups were established in the community and provided a forum for communicating and networking among people with a mental illness. These groups invited guest speakers from organisations such as the Alzheimers Association and the Mood Disorders Group.

The collaboration of the Carers Association of South Australia with the Support Groups, outlined above, was a successful initiative which exposed the community to a wide variety of resources such as promotional material and education on the availability of services for carers and people with a mental illness.

Outcomes:

All the objectives outlined above were met to varying degrees. People in the Mallee communities described feelings of empowerment and increased confidence in discussing and debating issues related to their mental illness. They felt that health professionals and the community were growing in an awareness of their needs and that the support measures implemented were worthwhile.

Carers felt that the Project had a positive impact for their group by assisting in the reduction of stress levels. The development of Support Groups, Carers Retreat, Relief Care and the involvement of the Carers Association in the Mallee community enabled carers to identify and share their problems.

There were many recommendations made following the implementation of the Project. They covered:

- increased health promotion in the community;
- improved resources in rural areas (eg. development of skilled mental health teams);
- improved provision of short and adequate long term accommodation;
- establishment and maintenance of local mental health support groups; and
- better accessibility to psychiatric services and acute referral centres.

Contact Details:

For further information regarding this project please contact:

Mr Clive Bowman	Mr Tim Buxton
Chairman, Mallee Enterprise Development Organisation Inc.	Community Social Worker
PO Box 90	Lameroo District Health Service
LAMEROO SA 5302	Tel: (08) 8576 3071
	Fax: (08) 8576 3272

Project 28010: Diploma in Aboriginal Mental Health: Pilot Course

Aims: This project was undertaken by the Marr Mooditj Foundation, Aboriginal Health Worker College (\$149,882). The aim of the project was to develop and pilot an accredited mental health training program for Aboriginal Health Workers at a specialist diploma level.

Description: This pilot project was established to provide Aboriginal Health Workers, who are often the first point of contact for Indigenous people with mental illness, with training to appropriately recognise, treat and/or cure members of their community with mental health problems or disorders.

The Diploma in Aboriginal Mental Health course was accredited by the Skills Standards Accreditation Board in September 1995. The course was designed to:

- provide Aboriginal Health Workers with education and training to enable them to contribute to the delivery of mental health services;
- enable Aboriginal Health Workers to be responsible and accountable for the supervision and coordination of specialty services delivered to Aboriginal people with a psychiatric illness and their family;
- equip Aboriginal Health Workers and their communities with the skills to make informed decisions regarding their own health, their own health programs, and to evaluate service delivery;
- explore historical, cultural and social factors that are linked to mental health issues; and
- enable Aboriginal Health Workers to relate to mainstream mental health services.

Application packages were distributed through Aboriginal Health Workers in the Western Australia Health Department and Aboriginal Medical and Health Services. Notices were also placed in Koori Mail and the Aboriginal Health Workers Journal, and Aboriginal Radio 6AR and Milbindi, through the Golden West Television Network, were also involved.

The pilot course commenced in late 1995 and covered 8 blocks of units over a 12 month period.

Outcomes: The first intake of students studying for the Diploma in Aboriginal Mental Health graduated in December 1996. From 1997, the course will be conducted concurrently with the Diploma in Aboriginal Health to take advantage of common logistics of study, including the provision of student accommodation, individual tutors, and Indigenous lecturers.

The course provided Aboriginal Health Workers with the training and skills required to devise appropriate programs for Aboriginal people with mental illness. The course also assisted Aboriginal Health Workers to apply Aboriginal cultural values to all health programs, including Indigenous healing methods, and identified strategies to promote a positive and healthy community.

Through this pilot study, the Marr Mooditj Foundation forged strong links with Health Departments, psychiatric facilities, Aboriginal Medical Services, and non-profit organisations, such as the Alzheimer's Association of Western Australia.

Contact Details:

For further information regarding this project please contact:

Ms Elizabeth Hayden	Tel: (08) 9351 9344
Director	Fax: (08) 9350 6830
Marr Mooditj Foundation Inc	
PO Box 1030	
Bentley Drive Centre WA 6983	