Working the third space: bridging between cultures in Aboriginal mental health

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Background

The WA Country Health Service (WACHS) received funding in 2011 under the Closing the Gap initiative for implementation of the State-wide Specialist Aboriginal Mental Health Service (SSAMHS). Funding for the program will continue until 30 June 2018. In 2012 an additional thirty-two Aboriginal mental health staff were on the ground and complimented the existing fourteen Aboriginal staff. The Aboriginal mental health workforce now comprises approximately 10 per cent of the entire workforce in regional and remote community mental health services.

There are seven WACHS regions; the Kimberley, Pilbara, Goldfields, Midwest, South West, Wheatbelt and Great Southern. Each region has made decisions locally about the implementation of the program and receives support from WACHS Central Office Mental Health and specifically the Senior Program Officer—Aboriginal Mental Health. The WACHS model is one of Aboriginal Mental Health Workers (AMHW) and multidisciplinary professionals working together within mainstream mental health services to improve outcomes for existing and newly referred Aboriginal mental health consumers.

The program has several objectives; to improve access and provision of specialist mental health services for Aboriginal people and improve the capacity of WACHS mental health services to meet the needs of Aboriginal people in a culturally appropriate framework. To meet these program objectives several regions have undertaken work that supports, acknowledges and recognises the Third Space. By operating in this “third space”, clinicians and Aboriginal mental health staff are able to benefit from mutual learning and improve the service provision to the Aboriginal community, family and individuals.

Aboriginal cultural engagement with the service in both client numbers and occasions of service has markedly increased since the program commenced. There has been Improvements in cultural competency of non-Aboriginal workforce and cultural security of mainstream services. The details of specific strategies will be discussed further in the paper.

The third space

The third space is a postcolonial sociolinguistics theory of identity and community realised through language or enunciation. It is attributed to Homi K. Bhabha. Bhabha theorised that there were three cultural spaces; the dominant, the minority and a third cultural space whereby people interact in a hybrid context. The third space is where these cultural domains intersect.

Australian Aboriginal culture is one of the oldest surviving cultures in the world. Aboriginal cultures are numerous and diverse, made up of hundreds of different kinship and language groups. Aboriginal cultures are dynamic and evolving.

- all people are cultural beings
- culture influences all people's norms, values and behaviours
• culture influences how all people understand, interpret and respond to themselves, other people and the world around them
• because of culture, all people are inclined to be ethnocentric
• despite the strength of cultural influences, individuals within any culture will vary considerably².

There is a growing recognition that health and health care is, in fact a cultural construct arising from beliefs about the nature of disease and the human body. Aboriginal people view their health in a broad sense, which includes consideration of the physical, cultural and spiritual components of our wellbeing. Culture and identity are central to our perceptions of health and ill health². At the service interface, these perceptions and the social interactions surrounding them influence:

• the attitudes of the individual to their own health status
• when and why Aboriginal community access services
• their acceptance or rejection of treatment
• the likelihood of continuing to follow treatment recommendations
• the likely success of prevention and health promotion strategies
• the assessment of quality of care
• their view of health care providers and personnel².

The premise for engagement in the third space is between people from disparate cultural worldviews and it hinges on open and honest dialogue. This dialogue should occur in a place where both participants have equal power, and as they engage in dialogue not only do they learn about each other but they also learn about each other’s cultural worldview³.

WACHS Mental Health Services

The AMH workforce assist in meeting the objectives of the program with leadership provided by Aboriginal Mental Health Coordinators (AMHC) who are employed in each region. Their role is to function within the regional Mental Health Management Structure reporting to the Mental Health Managers and provide coordination of Aboriginal MHS delivery within their region, as well as guidance and mentoring of AMHWs within their team. AMHCs form the WACHS Aboriginal Mental Health Leadership subgroup providing information, advice and cultural guidance on the implementation of mental health services at the local, regional and state-wide. The AMHWs are the majority of the Aboriginal workforce, form part of the multidisciplinary team and are fully integrated within MHSs. Their role is to strengthen cultural competence of the MHS and facilitate access between services for Aboriginal people and Aboriginal communities⁴.

The AMH workforce is integral in each region in assisting in the understanding and development of the third space. The most significant way has been through the development and implementation of the Aboriginal Mental Health Model of Care (AMOC). The AMOC was developed in 2013 with input, consultation from the entire AMH workforce and the AMHC are co-authors. The aim was to draw together cultural and clinical expertise in mental health services for Aboriginal people in rural and remote Western Australia. Key themes of the AMOC are culture—cultural competence and culturally informed practice; our People—consumer focused care and respect with dignity—substantive equality.
The intention of the AMOC is to create a safe and appropriate way of working that brings together the best of the two worlds and thus creating a third space. A culturally competent workforce have the ability to see beyond the boundaries of one’s own cultural interpretations, to be able to maintain objectivity when dealing with cultures different from our own and be able to interpret and understand behaviours and intentions of people from other cultures non-judgementally and without bias.  

The AMH workforce assist regularly in orientating new and existing staff to the AMOC, engage services of localised cultural awareness training and sharing nuances of local culture and protocol to inform better patient care in both the clinical and nonclinical context. Over time openness, trust and respect has developed between the AMH workforce and non-Aboriginal clinicians.

The second example of meeting in the third space are partnerships. Partnerships are central to the third space, and the successful delivery of appropriate services which embody a collaborative approach to improving the mental health of Aboriginal people in WA. Many partnerships exist across regions that are ongoing with Aboriginal Medical Services, non-government organisations, alcohol and other drug services and across sectors with; education, Police, child protection and corrective services.

Great efforts have been made in order for Aboriginal consumers to access local services, including community engagement activities, partnerships and shared care arrangements. In addition, the AMH workforce and clinicians work together to ease the movement between services for consumers and their families, ensuring a rapid and more comprehensive response where needed, including referral and assessment completion to suit each consumer’s requirements. The commitment to partnerships has developed effective modes of practice that recognise the unique capacities (knowledge, skills, and experience) of each sector has contributed in building culturally appropriate mental health services within local communities.

The last example of working in the third space has been through the access and use of Aboriginal traditional healers within MHS delivery. When culturally appropriate and upon request by the client, the Aboriginal Healer can play a significant role in the mental health of Aboriginal clients and family members. Aboriginal communities and language groups across WA are very diverse and practice culture in different ways. This means one Aboriginal Healer may be suitable for one patient but not for another. There may be, as part of care, the need for acknowledgement of specific cultural practices, involvement with Elders or other community leaders.

The process for engagement of an Aboriginal Healer is an accepted part of MHS delivery if requested by the client or family. The Healer must be endorsed by an appropriate local Aboriginal Elder and any costs or expenses are to be approved by the client’s Case Manager or the Mental Health Manager. The AMHW and the family will take care of the arrangements for healing because only an appropriate Aboriginal person can facilitate this process. The AMHW may accompany and be present during the healing if requested by the client/family.

Since the introduction of the program MHSs have adapted and accepted the following:

- clinical assessments with cultural input provided for all Aboriginal referrals, including referral by self or community member
- service admission criteria acknowledge the Mental Health impacts of trans-generational trauma
- greater flexibility around service delivery such as meeting with patients outdoors, arranging patient transport to appointments and liaison with family to improve attendance
• greater efforts taken to incorporate cultural sensitivities and nuances into patient care such as gender appropriate clinicians, observance of cultural status and protocols.
• with patient consent, community members (including family, carers and relevant organisations) are included in care and where possible supported by the MHS to assist with maintenance and/or recovery
• comprehensive patient care on Country that has seen a significant reduction in transfer to metropolitan hospitals.

The acknowledgement and practice of third space theory has bought fundamental changes to mainstream MHS across WA. After six years of operation across seven regions, the innovative service model is delivering whole-of-life mental health care and has demonstrated its flexibility to adapt across diverse communities and different acute and community mental health settings. The Mental Health Managers, clinicians and the AMH workforce have worked together to develop trust, respect and acknowledgement of culturally informed practices through the implementation of the AMOC, maintenance of partnerships and use of traditional healers.

This coming together in the third space has enabled a culturally secure service, improved client health comes, more efficient and effective service delivery, ensured more Aboriginal consumers stay on country and improved consumer satisfaction thereby ‘closing the gaps’ in the mainstream mental health system and, in the context of Aboriginal engagement with services, addressing inadequacies of the traditional medical model whilst consistently delivering services attuned to the local community.²

References
1. Wikipedia. Third Space Theory. Date accessed 23/03/17
https://en.wikipedia.org/wiki/Third_Space_Theory

Presenter

Sharon Clews is a Wongi woman originally from Coolgardie in the Goldfields regions of WA. Sharon is currently employed as the Senior Program Officer in Aboriginal Mental Health at WA Country Health Service. The WACHS is funded to provide a state-wide specialist Aboriginal mental health service. The SSAMHS program has established multidisciplinary specialist teams located in mainstream mental health services across Country WA, which provide culturally and clinically safe care to Aboriginal mental health consumers. Sharon’s role supports the specialist teams in their role working with the Aboriginal community. In the last fourteen years Sharon has worked in the Aboriginal community controlled health sector in Victoria and WA in a variety of roles in the primary health care sector, moving to Department of Health to work in public health in Aboriginal sexual health and blood-borne viruses in 2010. In the past four years she has worked in the Aboriginal mental health area. Sharon is passionate about working in roles where she can work with the Aboriginal workforce. Sharon holds a Bachelor of Health Science (Health Promotion) and Masters of Public Health (Policy).