Supporting wellness in the bush

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In order to support wellness in the bush there is a need to address the challenges of mental health service provision in small rural remote communities. The purpose of this paper is to provide some insight into an innovative solution which grew out of the common vision shared by a group of Aboriginal Community Controlled Health Services and to provide an understanding of both the structure and the model that developed out of that vision.

In identifying the challenges of service provision in rural remote areas it has been well acknowledged that the populations in these areas experience a distinct health disadvantage. Some of the barriers are fixed and unchangeable such as geography and physical distance. Others factors such as the shortage of resources; both in the sense of funding as well as human resources often require a little creative thinking to address. Hence the availability of services, in particular the shortage of skills and expertise as well as issues of equity of access to health services are primary concerns in both designing and reviewing service delivery.

The vision of Health for All has been an altruistic philosophy for some generations, and while Medicare was one outcome of this vision of universality, the reality is much less than the ideal. The reality is there still remains inequality in accessing services and also in the provision of those services. Rural and remote Australia still faces the dilemma of distance as a major obstacle in attaining much needed services. To date models of care have not been consumer oriented nor has consideration been given to the degree or depth of need of those services. Demand in high population areas drives the placement of the funds that support service provision; rather than considering the dire need in remote areas where lower population density appears to distort this need.

The Bila Muuji is a group of “river friends”; CEOs of Aboriginal Medical and Health Services who benefit from the supportive environment that comes of networking. This group of Aboriginal Community Controlled Health Services network to provide support to each other, share ideas and initiatives and learn from each other. The partners of the Upper Sector consist of the Bourke Aboriginal Health Service, Orana Haven Rehabilitation Centre at Gongolgon and the Aboriginal Medical Services of Walgett and Brewarrina. These organisations are autonomous in individual practice, but they work together to consolidate their service delivery to their clients. It is these partners of the Upper Sector that developed this initiative and their communities that stand to benefit from its implementation.

This forward thinking group focuses on a vision of equity in its full spectrum of meaning. The ground from which this vision sprung was the health status of First Australians, which is described as poor; considerably lower than their Non Indigenous counterparts in the population. This was not always the case however. Palmer and Short suggest a very different picture prior to colonisation, where Aboriginal health was much more resilient and First Australians lived a healthy life.

The seed of the idea was the traditional concept of health which was identified so succinctly in The 1989 National Health Strategy as:

Health to Aboriginal people means not just the physical well being of the individual but refers to the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well being of their community. It is a whole of life view and includes the cyclical concept of life–death–life.

This seed was then encapsulated in the Cultural Respect Framework defined as:

Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples.
These philosophies are substantiated by the studies of British civil servants relating a clear connection between psychosocial factors and health status. Keating and Hertzman went as far as to suggest that exposure to social inequality has a major impact on health and well-being.

While in the broader context we aspire to the philosophy of equity in access to health services and rights to holistic well-being, in reality, this is yet to be attained. In Australia access to health services is fraught with a number of challenges which vary according to geography, availability of expertise as well as a diversity of cultural, social and economic factors. Dixon and Sibthorpe state there is clear evidence of inequity in health and that the inequalities in both health and the social context are growing.

The first of these challenges to access; distance, is a fixed unchangeable element in this scenario; with each community being large in area but limited in resources. In addition to this, the diversity of nations and kinship groups within this region, and the movement of family groups beyond their traditional or cultural “home” lands becomes another element that needs to be acknowledged in regard to service provision. This diversity and the historical movements of family groups reflect the losses and traumas associated with the history of Aboriginal people in these areas. Swan and Raphael relate the impact of historical circumstances with its multi-faceted, complex and entrenched nature contributing to Indigenous disadvantage.

The importance of culture to health status is demonstrated through the quality of life, connectedness, and the sense of meaning and purpose which act as core issues in well-being. The definition of health and well-being in the Aboriginal culture acknowledges these key points. Swan and Raphael explain that when any of these ‘connections’ are disrupted, disharmony results and ill health will persist for Aboriginal people.

The sense of belonging to a culture provides a basis for connectedness and communication within a society and is the foundation for confidence in assessing services provided by that community or society. The history of loss and trauma exacerbates the major challenge of access to services. Houston cited the lack of cultural security as a key issue in addressing the health status of Indigenous Australians. Thus providing services that are culturally appropriate to further social emotional well-being has been paramount for the Bila Muuji partners. A new model of service provision was needed; a new method of organising and delivering services and this initiative focuses on addressing these issues by providing support and training to workers.

The model contrived by the Bila Muuji partners was that of a regional team that would manifest the levels of connectedness we hoped to resurrect within the local communities.

This model is based on need, the sharing and maximising of resources in an attempt to encourage equity, effectiveness and efficiency. The emergence of mental health issues across our region has lead to an increase in demands for mental health, sexual health alcohol and other drug services, remembering that the mental health sector is said to be at the receiving end of failures in other sectors. This has manifested as an unrealistic increase in the workload for our Social Emotional Well Being (SEWB) staff who struggled to provide proper care for clients with complex mental health issues which go far beyond their capacity and skill level.

A severe recruitment and retention issue within mainstream mental health across the region meant services were not provided or they were greatly reduced. A survey of the Aboriginal Health Workers within SEWB teams identified a lack counselling skills; therefore they were not able to offer professional counselling support to their clients nor were they able to refer them to mainstream mental health services.

Part of this shortage of human resources can be attributed to the intensity of health issues. The burnout rate of staff in both mainstream health and other organisations is higher and hence turnover more frequent. Recruitment and retention has thus long been an issue in rural health services. Workers have often been challenged by issues beyond their level of skill and capability. This initiative focuses on addressing these issues by providing support and training to Social Emotional Well Being workers.
Consequently one of the initial steps for the Bila Muuji was to seek out contractors who would play instrumental roles and drive the vision.

This planning phase occupied the beginning of 2006 and resulted in the contracting of a Regional Counsellor/Co-ordinator for up to 40 hours per fortnight. The position would encompass client work, case management, staff de-briefing and supervision. The development of relevant policies and procedures would support the duty of care, and guidelines for the regional member organisations would clarify management protocols. A Regional Psychologist was also contracted to provide access to specialist expertise for 16 hours per fortnight. Funding was then accessed through the Office for Aboriginal and Torres Strait Islander Health. These positions provide the anchor that is pivotal to the success of the Regional Social and Emotional Well-being Initiative.

The new financial year saw the reality of a regional circuit providing service to these communities but also to the staff supporting these communities. July 2006 began the initial phase of implementation with the Regional Counsellor and Regional Psychologist delivering services to the Bila Muuji upper sector on alternate weeks. The initial impact of this for staff was opportunities for appropriate referral options where particular skills or expertise was required. The flow on effect was the opportunity for mentoring and debriefing with either the Regional Counsellor or Regional Psychologist; in effect a back-stop to support workers in their own role.

Creating a Regional Social Emotional Well-being Team from the workers of four organisations is an ongoing process using the networking opportunity of team planning days and incorporating training and professional supervision within that model. A peer support system then develops where workers in parallel positions support and assist each other.

Prior to implementation of this initiative, most Aboriginal health workers within the team had never experienced clinical supervision, consequently making this a priority for both the counsellor and psychologist from the outset. Individual supervision was initiated across the board providing an opportunity for workers and the new contracted staff to build a meaningful rapport and become familiar with the people and processes of the new model. Self care for workers continues to be a primary goal. Consequently stress management and self care training was the initial workshop for team members.

Supporting our workers means we support their long term well-being which provides outcomes on two levels. In the first instance, an ongoing and constant refining of work practices for quality health service provision provides a solid foundation to progress towards healthy communities in the second instance. The flow on effect for communities is both a team and individual team members that feel confident and supported in their roles; have access to expanded areas of skills with a more structured continuity of service and follow-up.

Under this regional Social Emotional Well Being team are workers in Sexual Health; Alcohol and Other Drugs; Mental Health; “Bringing them Home” positions as well as workers within the organisations of the Bila Muuji Upper Sector who work in isolation. The lone workers include a doctor within one organisation and a Health Worker within a small community. While these programs are unique in themselves they are also intricately linked to one another. Even at this early stage of implementation the benefits are already evident. There is an increasing sense of unity and support and an air of excitement amongst team members at training possibilities, increased levels of professionalism and confidence.

Second phase of implementation from September 2006 attempts to standardise some procedures, such as intake and assessment processes, and the format of documentation and record keeping across the region. Provision of good quality and appropriate mental health services relies on a structure supported by information and referral systems which contribute to continuity of care and future workforce and service planning. Part of this process is providing support to staff in establishing these protocols. In trailing the pro forma, consistency with software and server systems are considered as part of the ongoing review and monitoring for improved service provision. Templates have been loaded to the Ferret system with encouragement to staff to use these resources as a way to maintain a clear vision regarding the objectives of the service and the benefits for our clientele.
What are the objectives for our clientele and our staff?

- To develop culturally appropriate counselling through consultation with Aboriginal Elders and taking into consideration the social, emotional, economical and environmental issues impacting on Aboriginal people.
- To provide ownership of community programs/projects for individual clients and relevant others through client and community consultation.
- To identify and streamline service provision gaps through review of current service provision structures including mental health services.
- To provide a structured work environment through policy development/implementation to ensure staff accountability/responsibility in relation to work outcomes and organisational goals.
- To provide a structured staff supervision model addressing individual and team needs relating to de-briefing, critical incident response, professional development, client case-management and partnership links.
- To provide an effective case management structure
- To develop effective links and partnerships with relevant Aboriginal and non-Aboriginal stakeholders.

In order to achieve these ideals, partnerships are again necessary to maximise resources. The later part of 2006 began work on some of these partnerships. Programs within the local school became manifest in the last term of 2006. Bearing in mind the well acknowledged statistics of early deaths in Aboriginal families; the program addresses losses of family members, the impact of these losses and works to build resilience within these young people.

The Seasons for Growth program was used as a basis for two groups of young people at Walgett High School adapting the program to suit the local culture and presenting issues and including a culturally appropriate perspective. Delivery is creative; very much a hands on approach to provide comfort to varied levels of literacy. Both group activities and individual tasks are included to give these young people a sense of empowerment which is often lacking in these instances of traumatic and often multiple losses.

Similarly issues of major loss in the small satellite community of Collarenebri initiated a day visit to participate in a Healing Circle and culminated in further visits for individual counselling. Community feedback from these visits led to Counselling clinics on a regular basis at the local venue of Collarenebri Hospital. Here is seen the vision manifesting itself; providing service where the need presents itself and holding equity of access as an objective of this initiative. Continuity of service is a priority to provide follow-up and a satisfactory conclusion for each individual.

Maintaining the focus on the objectives of equity of access and a holistic approach helps in defining the paths we create by the walking. This approach of course includes lifestyle factors as a component of both holistic well-being and mental health. Physical activity has a proven contribution to make as part of a treatment plan for a number of mental health issues which present repeatedly in this region including depression, a range of anxiety disorders and inappropriate coping mechanisms such as alcohol and other drugs. Networking with the Physical Activity network in providing workshop presentations in Qigong provided another opportunity to progress perspectives of holistic health and well-being in both Bourke and Walgett as well as strengthening the partnerships between the AMS’ and mainstream services.

In entering an exciting phase of implementation in 2007, partnerships with Area Health Services to provide specific skills and services as part of their health promotion role will be formatted to support and assist our team members as well as our communities. This will solidify the work of the physical activists and provide a foundation for healthy activity across the Bila Muuji Upper Sector. An integral
part of this partnership will be to continue recent training provided through Area Health, training our Aboriginal Health workers in Smoking Cessation. The Greater Western Area Health staff member seconded to us under this partnership will support these newly trained workers in initiating programs for smoking cessation and support them in its facilitation.

This partnership provides another benefit in working towards breaking down service barriers between Aboriginal Community Based and Non-Aboriginal Health Organisations. Unfortunately there still exists in varying degrees instances of institutional racism and addressing this should have an equal priority to the barriers in accessing services for community members. A ripple in a pond eventually flows outward to reach the shore and so the belief is that every instance of co-operation is significant in negating the effects of long held conditioned and entrenched attitudes reflective of antiquated prejudices of a time long past.

Consequently there is a need to nurture the spirit of co-operation and connectedness between all people and organisations if we are to manifest the altruisms of humanitarianism. This spirit of co-operation is founded on mutual respect of all people within the community or serving that community and like any living thing that receives no nurturing will die. Hence this initiative nurtures the uniqueness of all individuals and cultures accordingly. Programs will reflect this in their flexible delivery as no two groups of participants are exactly the same. The programs for two Brewarrina schools while having a similar content may vary in their delivery according to the participants in those groups.

Scheduled for 2007 are programs for self esteem at both the Catholic and public primary schools in Brewarrina. These will have a local cultural basis and reinforce self identity and self worth for these children; building resilience and a strong sense of connectedness within their community. Drawing again from the backdrop of local culture, a program is being developed to Empower Women in the Bourke area, reinforcing their unique role in society and providing meaningful connections with both traditional and current local society. All programs use flexible delivery and include cultural aspects of well-being and spiritual connectedness. The other important element to note at this point is what may be perceived as a lack of uniformity across the region in the services provided. Reflecting again on the objective of providing service according to need clarifies this point. Each of the organisations and communities within the Bila Muuji Upper Sector have a unique local culture and while there may be commonalities in the health issues presenting from those communities, the members are impacted differently according to the local social structure and cultural identity or lack thereof.

The service delivery is reviewed through community feedback service in order to constantly refine the way the service is provided and the type of service that will address the needs of the local community in each area. This feedback is gathered currently in both an informal and formal process. Verbal feedback is communicated through various means back to service providers and other community members as well as a more formal but simple survey of questions which help us identify areas that require further attention from a service delivery perspective.

Community feedback is thus used in extending and growing this service. Listening to the needs surrounding alcohol and other drugs have been acknowledged and to that end a partnership with the Outback Division of General Practice, Royal Flying Doctor Service and the Bourke Aboriginal Health Service has resulted in attaining the services of Dr Rod McQueen for 2 days every four weeks. The special skills and expertise acquired through this partnership provide mentoring to our health workers regarding issues of addiction are much appreciated by individual clients and community members as a whole. This service is hoped to be extended across the Upper Sector of the Bila Muuji in 2007.

In summary, the goals and strategies of this model of service provision parallel the four major goals and the associated strategic directions documented in point in Ensuring Progress in Aboriginal Health.13 Both in theory and in practice these ideals have the ability to drive the vision of the Bila Muuji Initiative. The levels of connectedness that underpin these philosophies are worthy goals to aspire to both within the ranks of service providers as well as within the communities they serve.
References


Presenter

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