Charles Sturt University

Skills/training audit of Social and Emotional Wellbeing services across the Bila Muuji Footprint

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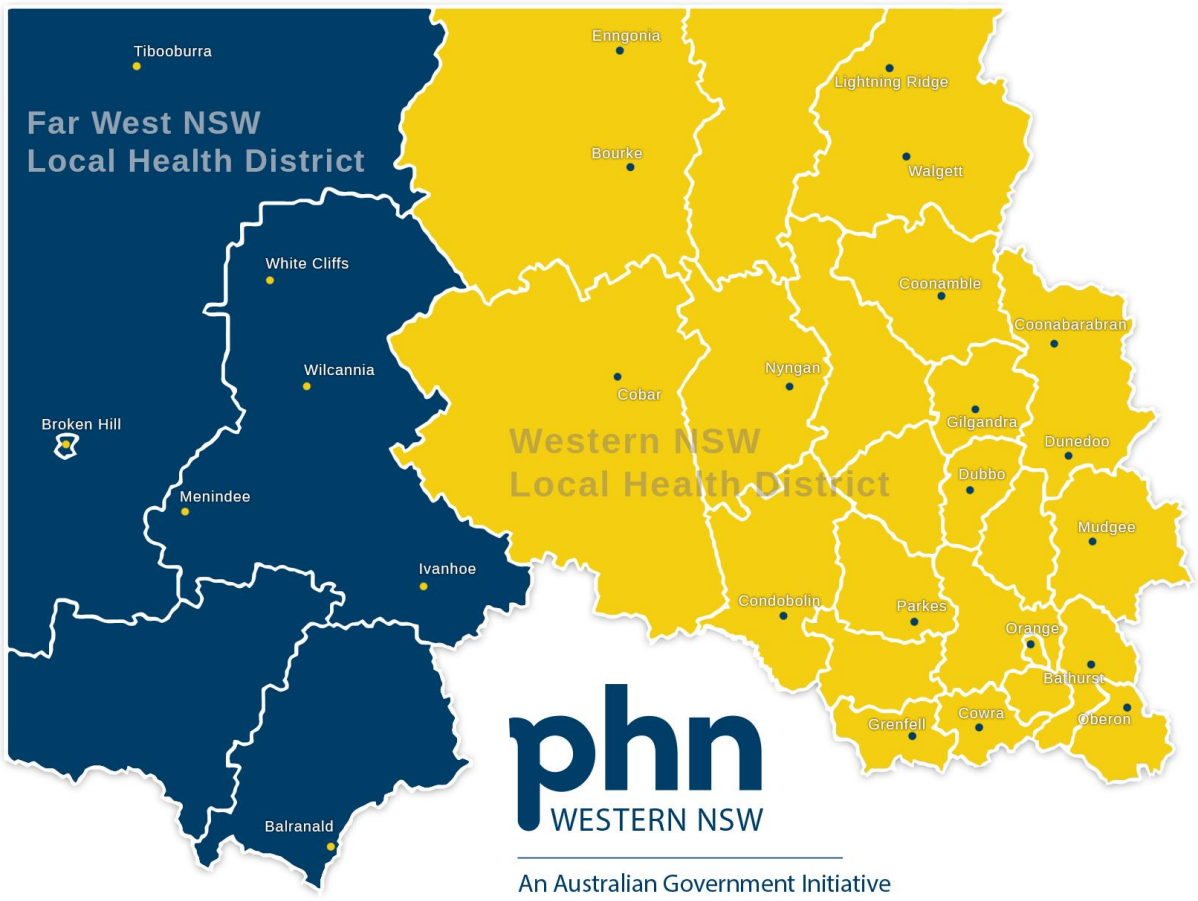
Acknowledgements

We would like to thank the Bila Muuji Aboriginal Corporation Health Services for commissioning this audit of Social and Emotional Well-being Services as part of a wider project commissioned by the Western NSW Primary Health Network.

Thank-you to each participating organisation who kindly gave of their time and information to assist with this audit. A special thanks to Phil Naden (CEO) and Pamela Renata for their invaluable assistance in facilitating access to the member organisations and in several instances actively engaging with organisations that we were unable to engage in this audit. Pamela's persistence in this process has enabled a much more complete report.



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Executive Summary

This skills/training audit of Social and Emotional Wellbeing services conducted across the Bila Muuji Footprint sought to access information about current dedicated SEWB positions, how many of these positions are filled and the relevant qualifications that existing staff have completed. Information was also sought about SEWB related positions, perceived needs for training, what qualifications were deemed necessary and the number of full-time positions are needed. Participating organisations were also asked to identify both the barriers, difficulties and issues encountered in efforts provide SEWB services and the strengths and successes of the current workforce and activities that are in place.

The audit provides information accessed from eight of the nine member sites currently listed on the Bila Muuji website and four of the five non-member organisations contacted directly by the CSU team who responded to the invitation to participate. The participating organisations are markedly diverse in context, range of services offered and accessibility to mainstream services. Each organisation also appeared to have a different perspective on what constituted social and emotional wellbeing services and related services. Thus, the findings are presented as individual 'case-studies' rather than an amalgamated whole.

The findings revealed significant limitations in the availability of services for people with mild, moderate or severe mental illness, likewise access to drug and alcohol services were extremely limited or absent. Integrated services and/or positive engagement with main-stream services appeared largely absent.

A range of programs were in place that could be identified as health promotion and disease prevention activities although these were not often identified as linked to SEWB and promotion of mental wellbeing. Recurrent funding for those programs in place was generally identified as problematic.

Almost all organisations identified specific training needed to enable existing staff to deliver services more effectively.

Barriers/difficulties/issues related to SEWB workforce and activities fell under a number of broad categories; funding, engagement with other services, staffing, professional development and support, rurality or remoteness, community, service delivery. Encouragingly, most organisations identified significant strengths and successes that they have achieved in spite of the many hurdles and challenges encountered as they seek to improve the health and wellbeing of their communities.

The commitment and passion demonstrated by the people interviewed for this audit was readily apparent and their ongoing efforts to overcome the challenges despite the barriers is to be not only applauded but more importantly supported in a focused and consistent manner.

Recommendations arising from this audit include: recommendations for priority professional development activities, approaches to developing and strengthening integrated care and a centralized and coordinated approach to funding applications.

Project Description

This project has been undertaken as a contracted activity at the request of Bila Muuji Aboriginal Health Services Inc. The project team have undertaken an audit of the Social, Emotional and Well-being (SEWB) services in place within the Aboriginal Medical Services (AMS) and Aboriginal Community Controlled Health Organisations that sit within the Western Primary Health Network.

Project Objectives

The project team sought to identify information specific to each of the following areas:

A. Dedicated SEWB positions by AMS/ACCHO:

1. Allocated FTE
2. Filled vs vacant FTE (including part time)
3. Staff qualification (i.e. most relevant qualification)

B. SEWB related positions by AMS/ACCHO:

1. Allocated FTE
2. Position Titles
3. Filled vs vacant FTE (including part time)
4. Staff qualification (i.e. most relevant qualification)

C. Perceived needs

1. SEWB training needs
2. SEWB qualifications
3. SEWS FTE

D. Barriers/difficulties/issues of SEWB workforce and activity

E. Strengths and successes of SEWB workforce and activity

Background

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2013 (Commonwealth of Australia, 2017) provides the context for this audit.

In particular, the audit aligns with Action Area 1: Strengthen the Foundations. Outcome 1.1: An effective and empowered mental health and social and emotional wellbeing workforce (pp. 28-30).

The Strategic Framework clearly outlines key strategies to achieve this outcome. This project aligns with the example action listed as:

- Primary Health Networks collaborate with Aboriginal Community Controlled Health Services to identify current capacity and future workforce needs.

The findings from the audit should be used as one of the key sources that will inform the process of 'Establishing/strengthening and supporting Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing teams.

The audit and findings should also be read with reference to the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report (Dudgeon et al., 2016), the Fifth National Mental Health and Suicide Prevention Plan (Australian Government & Department of Health, 2016) and the My Life My Lead Report on the national consultations (Commonwealth of Australia & Department of Health, 2017).

Defining Social and Emotional Wellbeing

Definitions and understanding of what constitutes social and emotional wellbeing differs from person to person. A 2015 publication defined this term as 'a strength-based holistic perspective of mental health that acknowledges the socio-historical and personal influences on mental health' and suggested that 'social and emotional wellbeing' is preferred by 'many Indigenous Australians' in preference to the term 'mental health' (Farnbach, Eades, & Hackett, 2015, p. 2). In contrast, the National Strategic Framework (Commonwealth of Australia, 2017, p. 12) focuses on both social and emotional wellbeing and mental health.

For the purposes of this report, the model below (Dudgeon, Purdie, Walker, & Calma, 2014, pp. 55-68) which situates mental health within the broader perspective of the domains that constitute a strengths-based understanding of social and emotional wellbeing has informed the authors.

Figure 1: Social and emotional wellbeing model

Stepped Care Model for Primary Mental Health Care Service Delivery

The approach taken to interpreting the information provided by participating organisations for this audit is further informed by the Australian Government stepped care model in primary mental health care service delivery (Australian Government Department of Health, 2017; Commonwealth of Australia, 2017, p. 11).

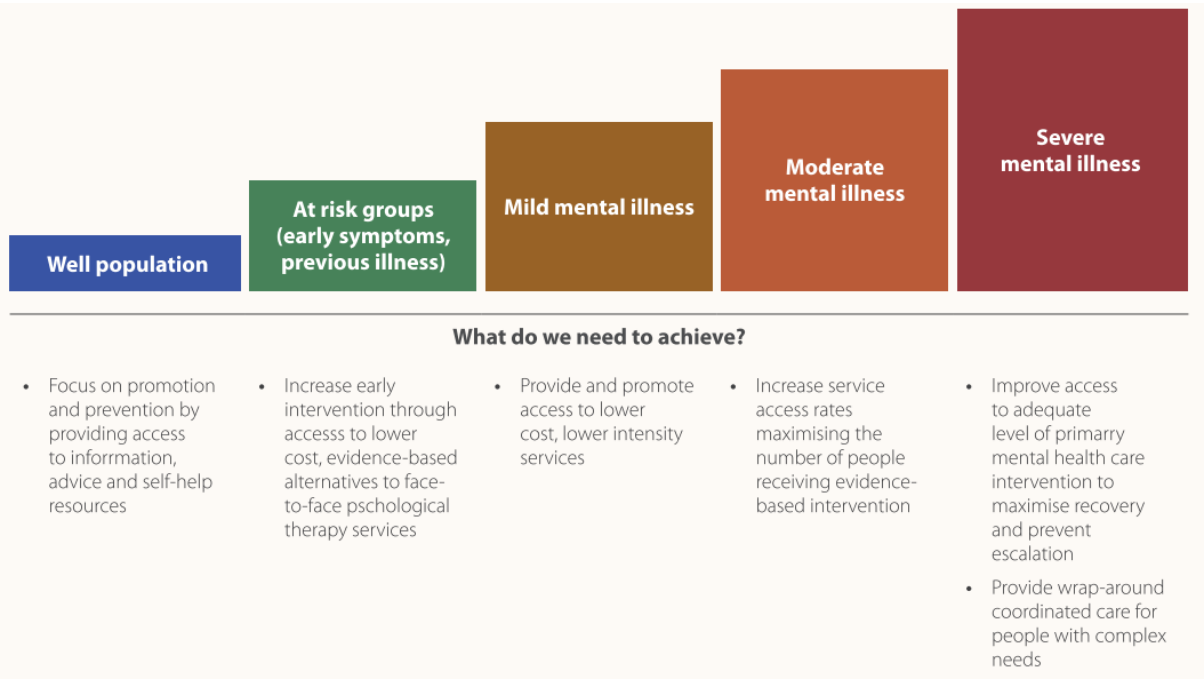


Figure 2: Stepped Care Model

The broader context impacting on Social and Emotional Wellbeing

Readers of this report are encouraged to consider the broader context within which communities are embedded. The recent report 'My Life My Lead' draws attention to the ways in which 'social factors such as education, employment, justice, income and housing impact on a person's health and wellbeing at each stage of life' (Commonwealth of Australia & Department of Health, 2017, p. 4).

Without careful attention to the principles outlined in this report, there is a risk that activities and programs designed to improve social and emotional wellbeing and reduce risk of mental illness may be less effective than anticipated.

The principles outlined are as follows:

- 'Strong connections to culture and family are vital for good health and wellbeing
- The best results are achieved through genuine partnerships with communities
- The impacts of trauma on poor health outcomes cannot be ignored
- Systemic racism and a lack of cultural capability, cultural safety and cultural security remain barriers to health system access' (Commonwealth of Australia & Department of Health, 2017, pp. 7-8).

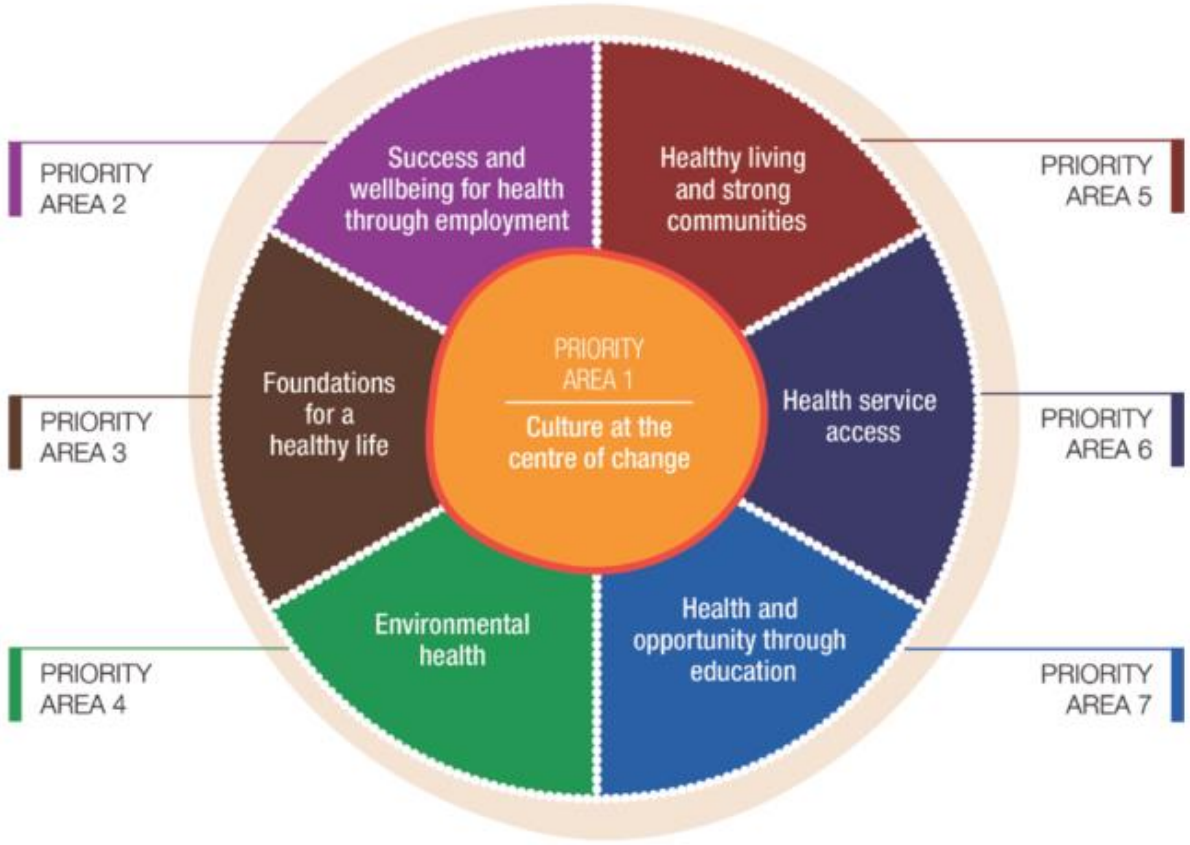


Figure 3: Priority areas to address the social determinants and cultural determinants of health

Process

Each of the organisations that had been initially designated as a member organisation of Bila-Muuji Aboriginal Health Service Incorporated (Bila Muuji) were e-mailed by Phil Naden (CEO for Bila-Muuji) advising of the audit to be undertaken and introducing the team conducting the audit. (See Appendix A for the draft information prepared by Rachel Rossiter at the request of Phil Naden).

Non-member organisations were approached directly by Rachel Rossiter via phone and/or e-mail correspondence (see Appendix B for the first page of formal correspondence sent to each organisation).

Follow-up phone calls were made to each organisation with a range of different outcomes. For some repeated approaches were required and in other instances the assistance of Phil Naden and Pamela Renata from Bila Muuji was needed to achieve access. Unfortunately, efforts to obtain information from some of the organisations has to date proved unsuccessful. Of the nine member sites currently listed on the Bila Muuji website, eight participated in the audit. Four of the five non-member organisations contacted directly by the CSU team responded to the invitation to participate. These four organisations provided varying amounts of information that has also been included in this audit.

Organisations	Location	Response	Audit Tool completed	Phone interview/Site visit
Bila Muuji Aboriginal Corporation Health Services	Dubbo	√	√	Completed by Pamela Renata in consultation with Phil Naden and Karen Sharpe
Orange Aboriginal Medical Service	Orange	√	√	Site visit
Dubbo Aboriginal Medical Service	Dubbo	√	√	Completed by Pamela Renata in consultation with Carey Golledge
Bourke Aboriginal Health Service	Bourke	√	X	X
Orana Haven Aboriginal Corporation Drug & Alcohol Rehabilitation Centre	Brewarrina	√	√	Phone
Coomealla Health Aboriginal Corporation	Dareton	√	√	Completed by Pamela Renata while undertaking Bila Muuji related activity
Coonamble Aboriginal Medical Service	Coonamble	√	√	Completed by Pamela Renata in consultation with Erin Nairne
Walgett Aboriginal Medical Service	Walgett	√	√	Completed by Jill Murray
Brewarrina Aboriginal Medical Service	Brewarrina	√	√	Completed by Katrina Ward
Yoorana Gunya Family Healing Centre	Forbes	√	√	Site visit
Maari Ma Health	Broken Hill	√	√	Phone
Wellington Aboriginal Corporation Health Service	Wellington	X	X	X
Peak Hill Aboriginal Medical Service	Peak Hill	√	X	Site visit
Condobolin Aboriginal Health Service	Condobolin	√	X	Site visit

Table 1: Organisations contacted and response

Findings

While the organisations contacted are identified as Aboriginal led services whose primary focus is to provide primary health care services, they are markedly diverse in context, range of services offered and accessibility to mainstream services. Likewise, each organisation appeared to have a different perspective on what constituted social and emotional wellbeing services and related services.

The findings below are thus presented as individual 'case-studies' rather than an amalgamated whole.

Each case study is presented in the same format:

- Brief overview of organisation
- Graph of SEWB and SEWB related positions
- Graph demonstrating number of programs addressing domains of social and emotional well-being (Dudgeon et al., 2014)
- Table with audit tool information
- Additional information obtained during phone or face-to-face consultation with informants who assisted with provision of data for the audit

Bila Muuji Aboriginal Corporation Health Services

The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website (http://www.bilamuujihealthservices.org.au/Home.htm)

> *Bila Muuji, meaning 'river friends' was formed in 1995 as a strategic approach by a group of CEO's to offer support to regional CEO's in rural and remote NSW. The Aboriginal Medical Services (AMS) CEO's felt that a regional body could identify and address shared issues impacting the health and social needs of Aboriginal communities and that a unified voice in western NSW would be strengthened through the development of Bila Muuji.*
>
> *The Bila Muuji Aboriginal Corporation Health Services Incorporated comprises Aboriginal Community Controlled Medical Services from Brewarrina, Bourke, Coomealla, Coonamble, Dubbo, Forbes, Orange and Walgett and we are very active in trying to address the health inequality in each of our local communities. Our approach is to "provide health services addressing not just the physical well-being of the individual but also the social, emotional and cultural well-being of the whole community".*
>
> (Bila Muuji Aboriginal Corporation Health Service Inc, 2011-2018).

It is important to note that Bila Muuji is not involved in the direct delivery of health services, and thus the following information has been completed by Pamela Renata and Phil Naden in consultation with Karen Sharpe who holds a SEWB-related position as the Wesley Mission Aboriginal Community Development coordinator.

Bila Muuji	
Dedicated SEWB positions	Not directly applicable
Most relevant qualification	• Trained in delivering Deadly Thinking Workshops – Suicide Prevention • Mental Health First Aid • Non-Violent Intervention training • Cultural Awareness training
SEWB related positions	One Wesley Mission Aboriginal Community Development coordinator

Bila Muuji	
Qualifications – Karen Sharpe	• Aboriginal Mental Health First Aid Facilitator • Love Bites facilitator • Diploma in Community services • Diploma in Case management • Domestic Violence in Diverse and Aboriginal Communities Training • Domestic violence in LBTQI communities • Trauma Informed Care and Suicide prevention in Aboriginal Communities • Trauma informed care in diverse communities • Aboriginal Leadership and Management Cert IV • Allied Health Assistant Cert IV • Bridges out of Poverty • Mental Health First Aid • Cultural Awareness Training • Aboriginal Family units done when working as a family worker for Catholic Care • Mandatory reporting

Successes	• Successfully delivered Deadly Thinking workshops across the region. Worked in partnership with Roadmaps and their clients delivering in the 6th week (final) week of the program. Many enquiries for further delivery.
	• Referrals received for other services because of workshop delivery.
	• Karen:
	  ○ Having 10 suicide networks in my area.
	  ○ 5 are sustainable and 5 are incubating but will be sustainable within the next 2 months

Strengths	• Deadly Thinking Workshops are culturally sensitive, while providing plans and pathways to help deal with social and emotional wellbeing issues for individuals, families and the community.
	• Raises awareness and improves understanding of depression, anxiety and suicide.
	• Karen:
	  ○ Community engagement and working with agencies and communities together.
	  ○ Creating ownership by each network and fostering the development of different paths with an aim to suicide prevention.

Bila Muuji	

SEWB training needs	• Cultural Awareness
	• Indigenous Mental Health First Aid Training
	• Non-Violent Intervention Training
	
	• Karen Sharpe:
	  ○ Drug and alcohol training,
	  ○ Youth and Teen Mental Health First Aid

Challenges	***Barriers:***
	• Funding, and length of funding – 12 months not long enough to run continual programs.
	• Karen:
	  ○ Funding of services
	Difficulties:
	• Unable to deliver ongoing workshops due to end of funding
	• Karen:
	  ○ Long days and lots of travel making it difficult to do paperwork and reporting

Table 2: Bila Muuji audit tool data

Dubbo Regional Aboriginal Medical Service

The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website http://www.dubboams.com.au/

Dubbo Regional Aboriginal Medical Service is a partnership initiative of Bila Muuji Aboriginal Health Services Inc. and the Aboriginal Health & Medical Research Council (AH&MRC) with the prime aim of providing continuity of primary health care to the Dubbo Aboriginal Community.

Dubbo Regional Aboriginal Medical Service provides the following services:
GP Services
Immunisations
Health Checks
Chronic Disease Management
Women's Health
Referrals

(Dubbo Aboriginal Medical Service, 2014)

The audit tool was completed by Pamela Renata in conversation with Carey Golledge. Neither of the authors of this report have had direct contact with Dubbo Regional Aboriginal Medical Service staff.

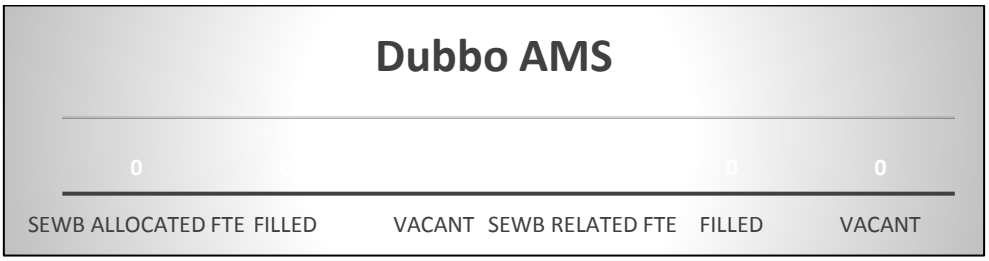


Figure 4: Dubbo AMS SEWB and SEWB related positions

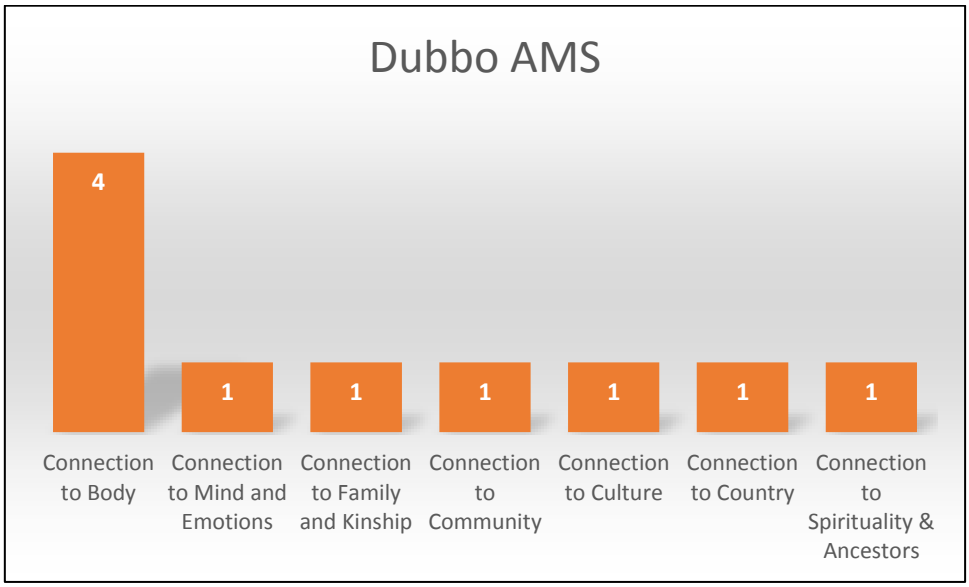


Figure 5: Dubbo AMS – No. of programs offered addressing SEWB domains

Dubbo AMS	
Dedicated SEWB positions	Nil
SEWB related positions	Nil
Additional information	• **Just received funding from the Australian Government, Department of the Prime Minister and Cabinet – Indigenous Affairs Safety and Wellbeing program for two full-time equivalent SEWB positions**
Successes	Finally received funding
Strengths	Nil
SEWB training needs	Case management, counselling, crisis intervention training
Challenges	• Hard to find people with skills and qualifications. • Lack of funding

Table 3: Dubbo AMS audit tool data

Orange Aboriginal Medical Service

The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website (https://www.oams.net.au/about/).

> *Orange Aboriginal Medical Service (OAMS) is a community controlled, owned and operated organisation that has been providing Medical & Primary Health Care services to the local Orange community since 2005, and outreach dental services to Bathurst, Cowra, Parkes & Forbes since 2010.*

(OAMS Orange Aboriginal Medical Service, n.d.)

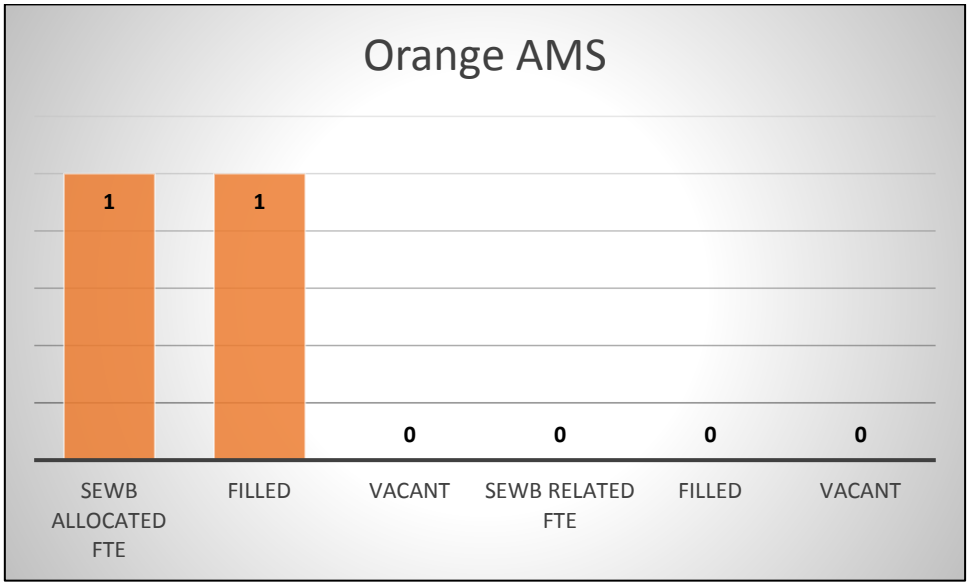


Figure 6: Orange AMS SEWB and SEWB related positions

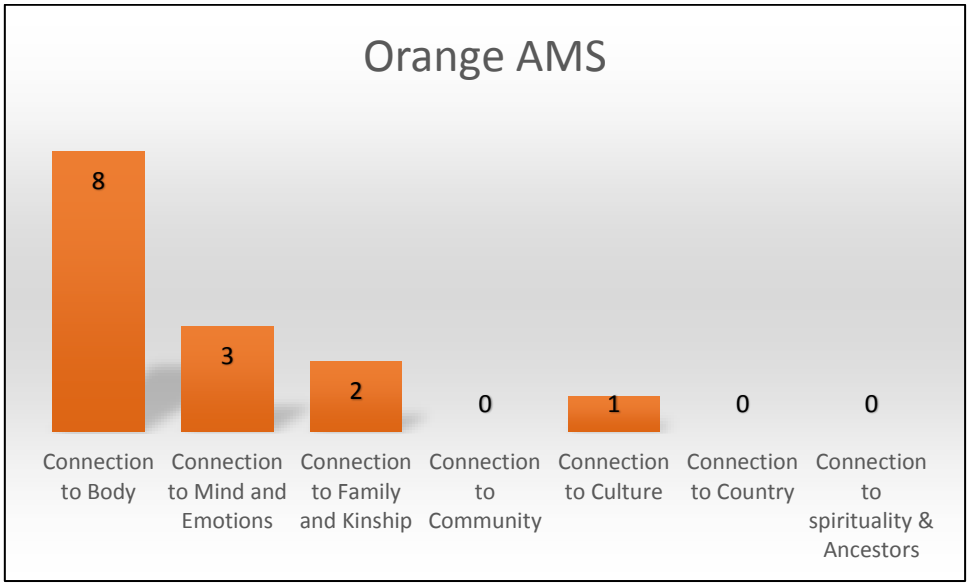


Figure 7: Orange AMS – No. of programs offered addressing SEWB domains

Orange AMS	
Dedicated SEWB positions	1
Most relevant qualification	• 1 FTE Intern Psychologist
SEWB related positions	Nil
Additional information	• OAMS has been extremely lucky to have access to 2 Mental Health nurses 1 x 1/2 days per week at no cost. • This is no longer sustainable, with OAMS looking at ways to fund these positions. • OAMS has access to a Psychiatrist 1 day per month funded through RDN. • OAMS currently has 800 clients with a mental health indicator listed.
Successes	Lucky to have access to an Aboriginal Intern Psychologist
Strengths	Not identified
SEWB training needs	Not completed
Challenges	***Barriers:*** • Cost ***Difficulties:*** • Seeking funding, • Large number of clients with limited capacity to support them all • Main stream services although available, often unable to adequately support Aboriginal clients

Table 4: Orange AMS audit tool data

Consultation with Orange Aboriginal Medical Service

- Audit document completed by Michael Hall (Business Manager).
- Conversation with Amanda Kelly (Nurse Manager) to access information about programs addressing domains of Social and Emotional Well-being.
- Also sought permission to interview two student Aboriginal Health Worker (AHW) students to elicit their understanding about SEWB as it relates to the role of the AHW.

Interviewer: Robin Scott

These two interviews were informed by Robin's dual roles as both a member of the audit team and a MH clinician employed at Orange AMS.

Student 1:

What did you think the primary role of an AHW is?

To complete "715s, pathology collection, recalls, restock GP rooms and some community programs."

Do you believe there is a role for the AHW within a mental health team?

"Yes, definitely!"

Do you believe you have enough training in mental health to work within a MH team?

"No, not enough training, I need training to help me understand the different disorders, for crisis management and how to keep people engaged."

What would you think the AHW role would be in a MH team?

"Reaching out, keeping people engaged, help them come to appointments, doing some intervention during home visits" if that helped the person to engage with services especially if the person didn't feel safe to come to the clinic.

The interviewer explained that as an AHW they could play a pivotal and vital role in MH team meetings and reviews. And that as students they could be included in future opportunities to sit in on assessments, psychiatrist appointments etc.

Would you be keen to be part of a MH team?

"Definitely…and to incorporate what I do now, identify people in crisis and flag for" other clinicians to provide follow up or intervention.

This student indicated a keen interest in a key role in a MH team in the future.

Student 2:

What did you think the primary role of an AHW is?

Role "is a bit vague at the moment" - but believes the role "is being the link between the patient and the GP", providing support "so the patient understands and is clear" about their medical issues, medication, treatment etc.

Do you believe there it is possible to include mental health within the AHW role?

Talking to patients about MH can easily be done as "doing the 715s requires asking about their mood". This could help normalise "the problem [MH issue] is not as big as it would be when they bottle things up and they explode".

Do you think you would need more training in mental health to work within a MH team?

"Yes, definitely! - I'm not comfortable jumping into it…I need tools to use to assess someone in a crisis." And deciding "do I have to act now?". This student emphasised the need for their training to include more detailed information about MH "we didn't touch on MH".

Would you be keen to be part of a MH team?

This student, initially expressed a belief that the AHW is "on the lower end of the tier" in providing services.

As with student 1, this student indicated they would be very interested in being part of a MH team once it was explained that as an AHW they would play a pivotal and vital role in team meetings and reviews. Advised that they would be included in future opportunities to sit in on assessments, psychiatrist appointments.

Although this is a sample of n=2, these conversations suggest that there is scope to utilise the unique skills and role of the AHW to provide a holistic approach to health care with the inclusion of mental health and social and emotional wellbeing experience and training for AHWs.

Neither of these students has had the opportunity to complete the Aboriginal Mental Health First Aid course.

Orana Haven Aboriginal Corporation Drug & Alcohol Rehabilitation Centre (Brewarrina)

Not affiliated with Bila Muuji

The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website (http://www.oranahaven.com.au/OranaHaven/Home.htm)

> *Orana Haven is a hostel located in North West New South Wales that provides a rehabilitation service for Aboriginal people suffering from drug and alcohol. It is an initiative of the Aboriginal communities of the Murdi Paaki/Orana Region of NSW in response to the need for a safe, understanding and culturally sensitive sanctuary for Aboriginal people whose lives were being destroyed through the consequences of drug and alcohol abuse.*
>
> (Orana Haven Aboriginal Corporation Drug & Alcohol Rehabilitation Centre, 2011).

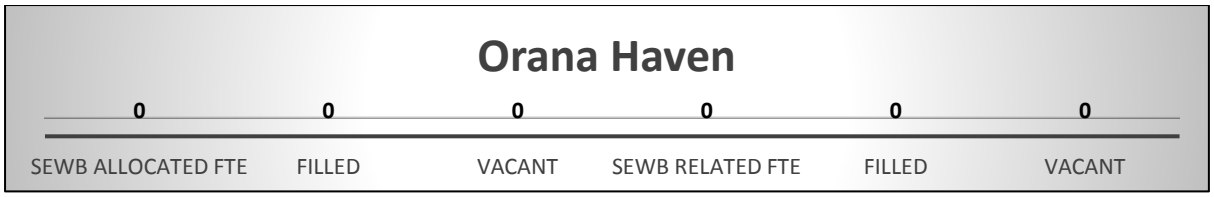


Figure 8: Orana Haven Aboriginal Corporation D & A Rehabilitation Centre SEWB and SEWB related positions

Orana Haven	
Dedicated SEWB positions	Nil
SEWB related positions	Nil

Additional information	• Orana Haven does not receive funding for SEWB positions.
	• Do have staff with mental health qualifications
	  ○ 2 staff with Cert IV in AOD/mental health.
	  ○ 1 staff member currently enrolled in B. Indigenous Health science in Mental Health - Wagga CSU

Successes	Not identified
Strengths	Have staff who are willing to undertake training to become SEWB workers.
SEWB training needs	Full training in SEWB needed

Orana Haven	

Challenges	• Barriers:
	  ○ Accessing the training and meeting the cost
	• Issues:
	  ○ Not having trained SEWB staff

Table 5: Orana Haven audit tool data

Consultation with Orana Haven

- Telephone conversation with Alan Bennett - 30 May 18.

Interviewer: Robin Scott

Alan described Orana Haven as an 18-bed drug and alcohol detox and rehabilitation service. The service caters mostly for individuals recently released from gaol. However, they are receiving referrals for increasing numbers of people from the local community.

The service has access to the following clinical services and clinicians:

- Dubbo (Communicable disease testing and treatment)
- Bourke (Mental health services)
- Charles Sturt University Dental Service and the Royal Flying Doctor Dental Service
- An Addiction Specialist visits once a month
- Access to a psychologist and psychiatrist
- Access to teleconferencing at the local hospital.
- 1 Aboriginal Mental Health First Aid instructor.

The service links to the community through activities such as talks to local high schools about Drug and alcohol issues and "share stories".

Alan was especially appreciative of the co-operation from the local hospital - "it's really good". The hospital will "detox at no cost" and make beds available if Orana Haven is full "they get everything ready for us".

While Orana Haven attempts to keep "contact with discharged patients," they do find that a number of people who are discharged are lost to follow up as people may have travelled a considerable distance to utilise the service.

Some of the challenges encountered relate to establishing programs such Alcoholics Anonymous (AA), and a women's group. For example, someone wanted to change the format of how AA functions and what was described as a "toxic group causing problems". Despite the challenges, Alan was confident that he could overcome these issues. He also described his plans to work with Bourke AMS and Walgett AMS to link with existing SEWB programs in those areas.

Coomealla Health Aboriginal Corporation

The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website (https://www.chacams.org)

> *Coomealla Health Aboriginal Corporation (CHAC) is an Aboriginal Community Controlled Health Service that provides accessible and culturally appropriate health services within the Wentworth Shire area.*
>
> (Coomealla Health Aboriginal Corporation (CHAC), n.d.)

The audit tool was completed by Pamela Renata in consultation with the CEO of Commealla HAC, Summer Hunt and Quality Improvement Officer, Stephen Parr. Neither of the authors of this report have had direct contact with Coomealla staff.

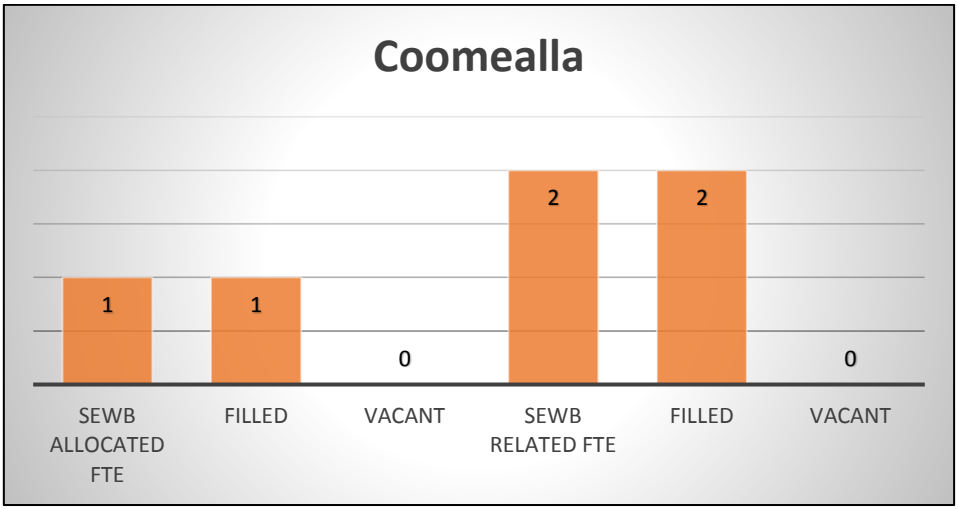


Figure 9: Coomealla AMS SEWB and SEWB related positions

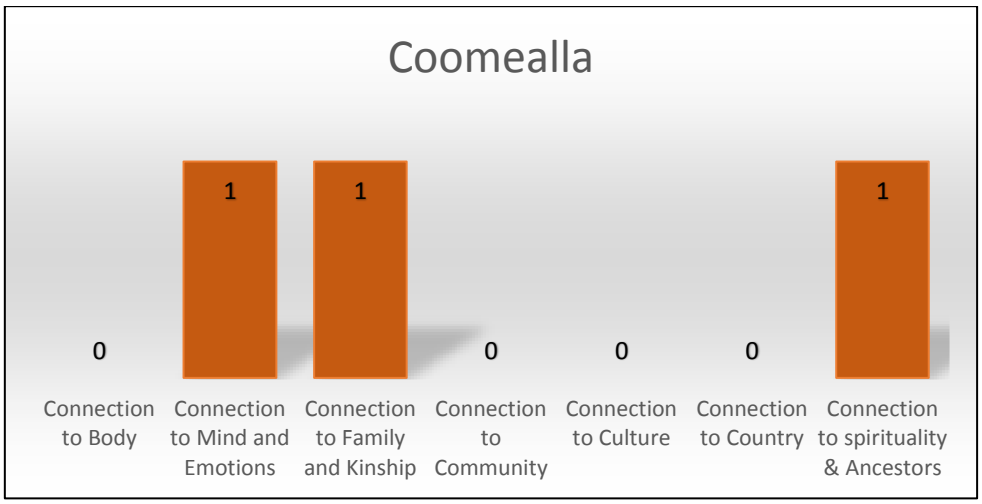


Figure 10: Coomealla AMS – No. of programs offered addressing SEWB domains

Coomealla Health Aboriginal Corporation	
Dedicated SEWB positions	1
Most relevant qualification	Diploma Counselling + AMHFA instructor
SEWB related positions	2
Most relevant qualification	• Aboriginal Health Worker x 2 • Aboriginal Health Practitioner • Brief Mental Health intervention & MHFA • Dietitian • Midwife • Diabetes educator • CEO & QI Officer • General Practitioners • Suicide prevention officers
Additional information	• Depends on who the community trust. • Helping people with letters. • Helping people with diets and exercise • Making phone calls i.e. Housing etc.

Successes	• Health promotion and disease prevention groups
	  ○ Men's group
	  ○ Women's group
	  ○ Mums and Bubs group
	• Community engagement with limited resources
	• Consistency of program delivery
	• Therapeutic and yarning circles
	• Culturally appropriate services

Strengths	• Team work together with SEWB and referral pathways. • Staff are willing to talk to each other. • Debriefing with staff. • CHAC workshop, • SEWB referral pathways. • Nothing about us without us.

Coomealla Health Aboriginal Corporation	
SEWB training needs	• Certificate IV level training for an Aboriginal Health Practitioner in SEWB. • Non-violent intervention training. • Crisis care training • Motivational speaking and interviewing. • Aboriginal Mental Health First Aid training. • Holistic SEWB for an ACCHO ○ Need to grow our health practitioners as a team of generalists through the training and implementation of a holistic care model.

Challenges	• Primary Health Network relationships with CHAC.
	  ○ PHN views Far West as Broken Hill.
	  ○ Maari Ma was provided with training.
	• Growing our own community.
	• Funding
	  ○ Delivery of funding provided to other services.
	  ○ Border communities - all allocation of funds might go to the regional centre in Victoria.
	  ○ Competitiveness with cross border funding and Victorian ACCHO
	• Remoteness.
	• Everyone (services) works in silos.
	• Warakoo - local rehabilitation has closed
	• Drug and alcohol services are not being addressed for rehab at Wentworth.

Table 6: Coomealla audit tool data

Coonamble Aboriginal Health Service

Accessing information online describing this organisation proved challenging.

'healthdirect' provides contact and location information only
https://www.healthdirect.gov.au/australian-health-services/20056477/coonamble-aboriginal-health-service/services/coonamble-2829-tooloon

A Facebook page provides access to some additional information
https://www.facebook.com/coonambleahs/

The audit tool was completed by Pamela Renata in consultation with Erin Nairne. Neither of the authors of this report have had direct contact with Coonamble staff.

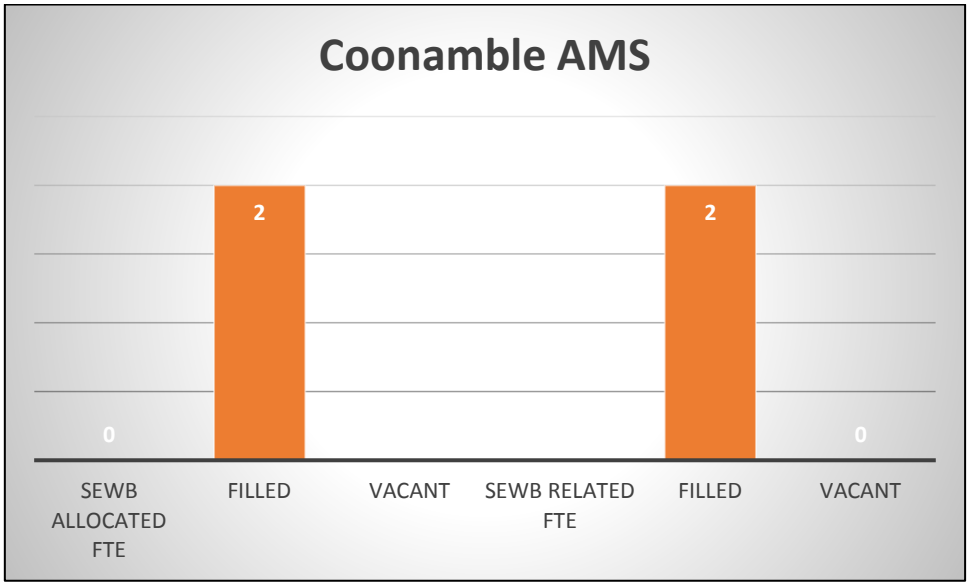


Figure 11: Coonamble AMS SEWB and SEWB related positions

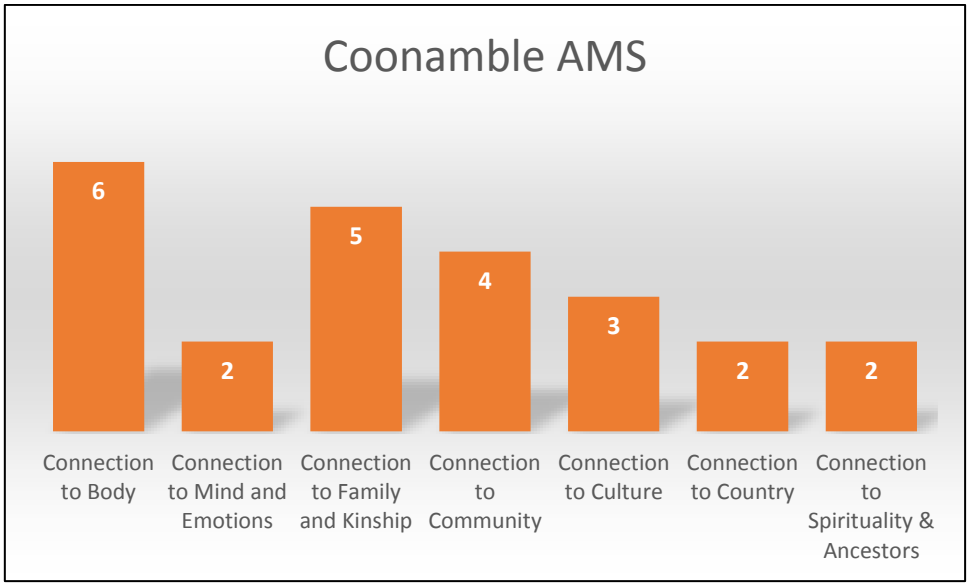


Figure 12: Coonamble AMS – No. of programs offered addressing SEWB domains

Coonamble	
Dedicated SEWB positions	0
Most relevant qualification	• Diploma of Child, Youth & Family • Bachelor of Social work
SEWB related positions	0
Most relevant qualification	• Counsellor • Psychologist
Successes	• Having holistic approach providing SEWB as well as healthcare. • Positive engagement with community and schools. • Staff dedication.
Strengths	• Understanding of local community as from the areas. • Local people are employed • Qualified staff members • Engagement with community
SEWB training needs	• Drug & Alcohol counselling, mental health, youth mental health, indigenous mental health training
Challenges	• Lack of services in the local community • Transport outside the community
Barriers	• Communication between services. • Client engagement - often on a crisis basis rather than ongoing support
Difficulties	• Small community - can be difficult to engage due to familiarity • Wait list, finances - access to services with no bulk billing available
Issues	• Location (distances to travel to offer outreach support) • Violent behaviour from some clients

Table 7: Coonamble audit tool data

Walgett Aboriginal Medical Service

The website for this service is linked to the Bila Muuji site with WAMS identified as a member site. The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website http://walgettams.com.au/

> *WAMS is a non-profit organisation which relies on public support from individuals, community groups, corporations, trusts and foundations as well as government funding to continue to improve the health and well-being of our clients and the community.*

(Walgett Aboriginal Medical Service, 2018)

The audit tool was completed by Jill Murray in consultation with Reg Rutene and Ricco Lane. Neither of the authors of this report have had direct contact with Coonamble staff.

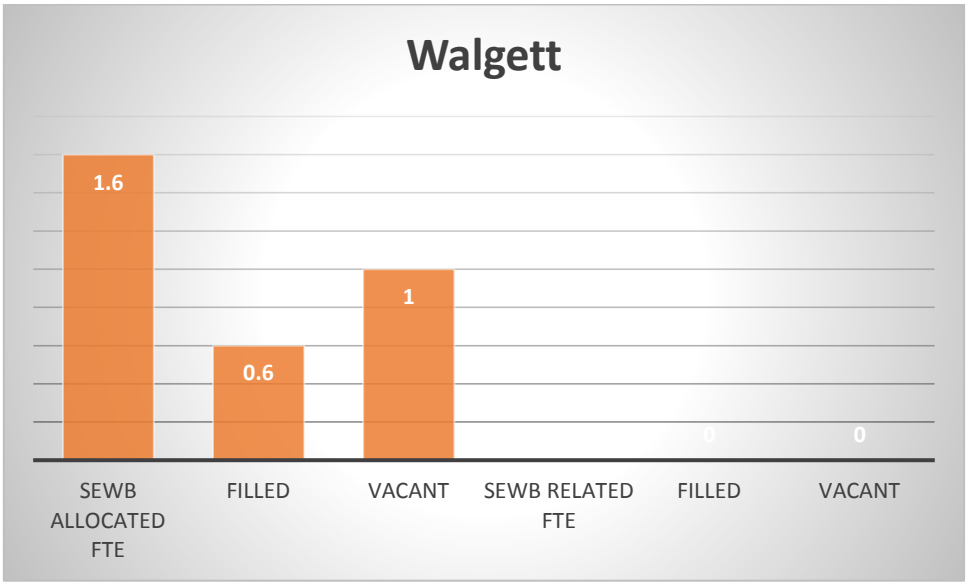


Figure 13: Walgett SEWB and SEWB related positions

Information outlining number of programs offered that address aspects of the SEWB domains not provided.

Walgett	
Dedicated SEWB positions	Psychologist 0.6 EFT (commencing 20 August 2018) Mental Health Aboriginal Health Worker 1 EFT (currently vacant)
Qualifications	Bachelor of Social Science (Psychology and Sociology)
SEWB related positions	Not completed
Successes	Not completed
Strengths	• Current D & A team are excellent when dealing with dual diagnosis clients which helps clients with mental health issues and counselling needs
SEWB training needs	• Minimum Certificate IV Mental Health/Community Services
Barriers **Difficulties** **Issues**	• Recruitment and retention of appropriately qualified and experienced staff • Lack of local mental health professionals particularly after hours • Lack of clear coordination in Walgett Shire for SEWB related and mental health services and how services work together

Table 8: Walgett audit tool data

Brewarrina Aboriginal Health Service Limited

The website for this service is linked to the Bila Muuji site with BAHSL identified as a member site. The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website http://www.bahsl.com.au/

> *The Brewarrina Aboriginal Health Service Limited (BAHSL) services the town of Brewarrina and the surrounding communities and small towns in the area, providing not only health care but also programs which focus on Aboriginal culture, youth, education, housing and all aspects of life in a remote rural community for Aboriginal people.*
>
> *BAHSL is auspiced by the Walgett Aboriginal Medical Service Limited (WAMS) who accepted an invitation from the NSW Department of Health to oversee the running of the service to maintain a well-disciplined Aboriginal Community Controlled Health Organisation (ACCHO).*

(Brewarrina Aboriginal Health Service Limited, 2018)

The audit tool was completed by Katrina Ward in contact with Pamela Renata. Neither of the authors of this report have had direct contact with Brewarrina staff.

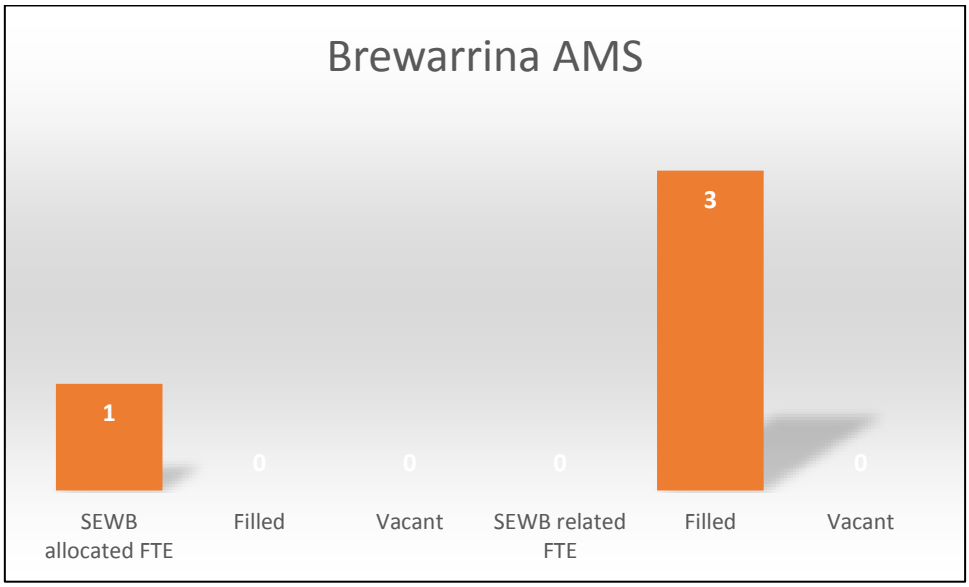


Figure 14: Brewarrina AMS SEWB and SEWB related positions

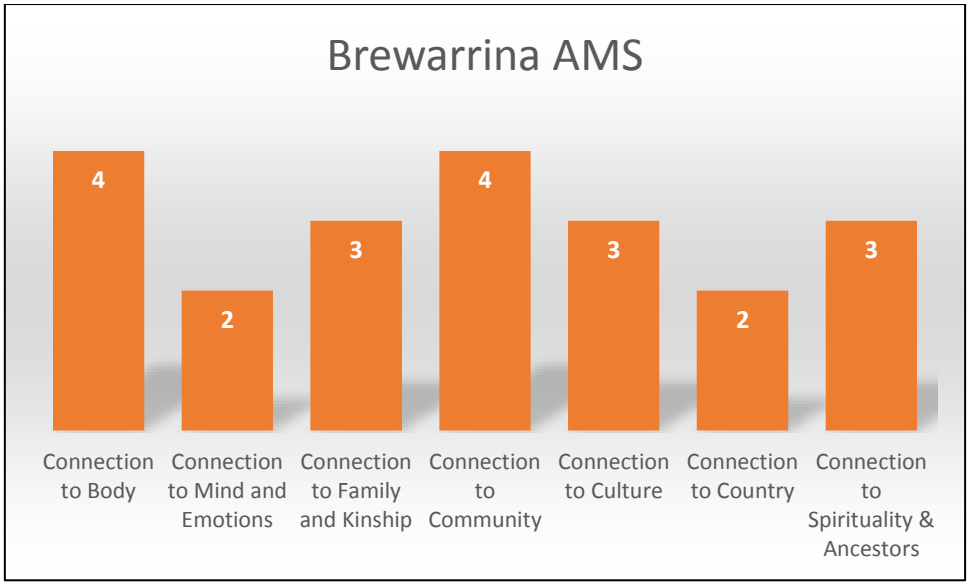


Figure 15: Brewarrina AMS – No. of programs offered addressing SEWB domains

Brewarrina	
Dedicated SEWB positions	1
Most relevant qualification	Trainee SEWB worker
SEWB related positions	Nil
Most relevant qualification	• psychologist x 3 1 x 2days a fortnight and 2 x 2 days a fortnight
Additional information	• Short courses - AMHFA, Deadly thinking
Successes	• Having access to dedicated compassionate clinical psychologists
Strengths	• Local workers having a personal understanding of the traumas and issues affecting the local community.
SEWB training needs	○ SEWB training, ○ Minimum Certificate IV in Community Services with a focus on mental health

Brewarrina	
Challenges	• Attracting and retaining suitably qualified personnel
Barriers	• Penetrating the deep ingrained complex traumas within the local community.
Difficulties	• Visiting clinicians' service provision interruptions due to transport inconsistences.
Issues	• Limited 'in the field' workers for the community

Table 9: Brewarrina audit tool data

Yoorana Gunya Family Healing Centre (Forbes)

The following information describing this organisation is sourced from the NSW Department of Industry website and quoted verbatim from the section listed as the 'Aboriginal business directory' https://www.industry.nsw.gov.au/buy-from-nsw/suppliers-in-nsw/aboriginal-business-directory/business/yoorana-gunya-family-healing-centre-aboriginal-corporation

> *Yoorana Gunya is an Aboriginal not-for-profit organisation that is committed to improving the physical, social and emotional wellbeing of Aboriginal people. Covering the Forbes, Parkes, Peak Hill, Condobolin, Lake Cargelligo and Murrin Bridge areas we provide a range of services including: Men's & Women's Groups, After school Homework Program, Doctor & Visiting Specialist Clinics, Family Camps, Counselling & Family Support Services, Family Violence Prevention & Healing Programs; and Referral to other services.*

(NSW Government Department of Industry, 2018)

The audit tool was completed by Robin Scott in consultation with Donna Bliss during visit by both authors to Forbes.

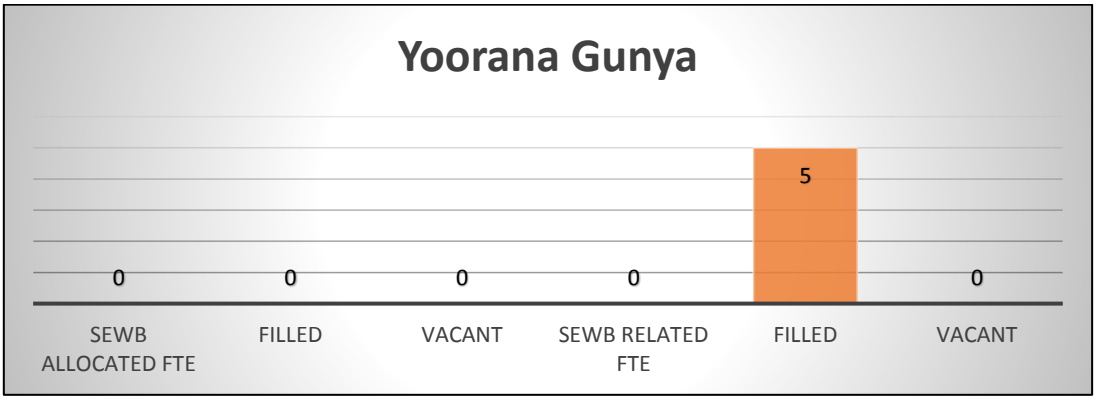


Figure 16: Yoorana Gunya SEWB and SEWB related positions

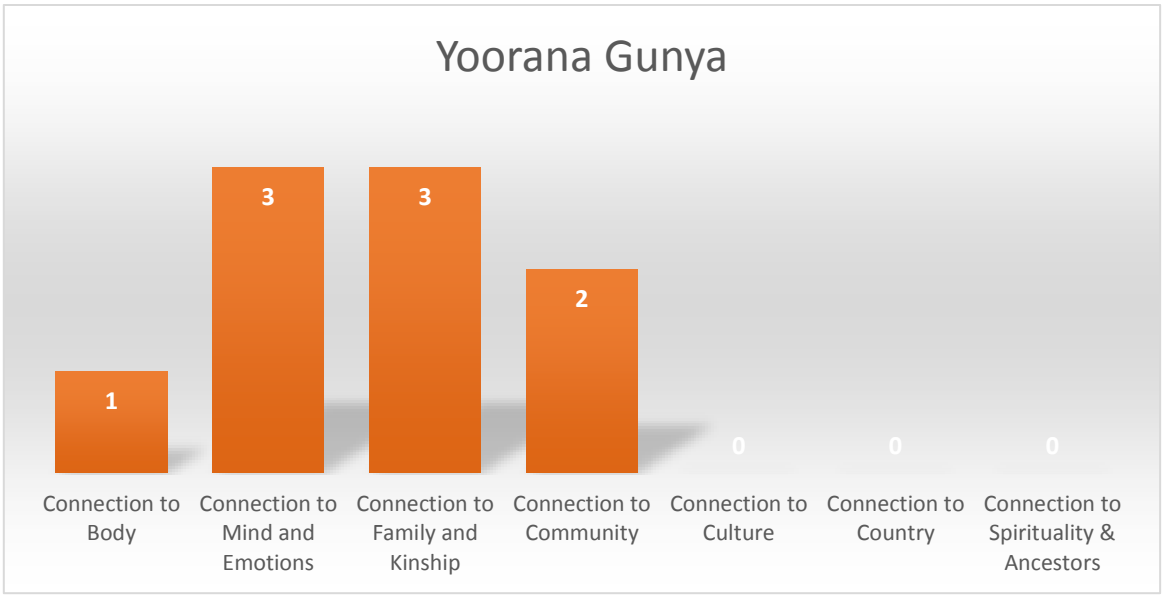


Figure 17: Yoorana Gunya AMS – No. of programs offered addressing SEWB domains

Yoorana Gunya Family Healing Centre	
Dedicated SEWB positions	Nil
SEWB related positions	Reported as nil but have other mental health related services
Most relevant qualification	• Psychiatrist x 2 (via skype), • Psychologist, • Dip AOD and Aboriginal Health Practitioner, • Generalist counsellor
Additional information	• Psychiatrists and Psychologist funded through Medicare. • Have access to Strong Minds service (PHN) but very long waiting list. • No-one available to manage crisis presentations.

Successes	• Running other community programs:
	  ○ Triple P
	  ○ Resilience program (kids)
	  ○ Pre-school pick-up
	  ○ Men's programs,
	  ○ Healthy eating
	  ○ Brothers in recovery

Strengths	Not identified
SEWB training needs	Advised that Yoorana Gunya "missed out on the Deadly Thinking" training.
Challenges	• Barriers - No funding for SEWB positions • Difficulties - Plugging gaps in MH, a sense of being overwhelmed by crisis presentations not only from Forbes but Condobolin and Parkes. • Issues - No communication/co-operation from NSW Health community services.

Table 10: Yoorana Gunya audit tool data

Consultation with Medical Service

- ***Initial telephone contact*** with Donna Bliss - 18 May 2018

Initial contact with Donna identified concerns about the lack of direct funding received. She indicated that she was aware of the project and funding but had hoped that some of the Primary Health Network funding would have come to Forbes.

Donna advised that there were no staff in dedicated SEWB positions funded through the PHN. However, she explained that:

- "we've gone out on our own and got a psychologist"
- "people want clinical help right now, not in 3 weeks"
- "Community health won't see them unless they're suicidal"

She went on to report that their service also sees people from Parkes and Condobolin who cannot access services in those areas and estimates that the number of people needing semi-urgent services and travelling from other areas is greater than "200" and is increasing.

Donna went on to explain that the waiting list to see clinicians from Marathon Health's "Strong Minds' program is 3-4 months.

Donna was happy to be contacted again for further information and perhaps a face-to-face meeting.

- ***Site visit to Forbes – June 1st 2018***.
- **Interviewers: Rachel Rossiter and Robin Scott**

This site visit revealed an active and dedicated CEO and colleagues. We were made welcome and appreciated the opportunity to speak with Donna and to hear further about the difficulties and challenges encountered by the Yoorana Gunya service.

- Trying to manage crisis presentations "they [the person] want help from a professional now"
- The poor communication and lack of clinical handovers from the clinicians working with the local health district further adds to the difficulties related to crisis presentations and to ongoing treatment and management.
- Home visits and community support for people with a diagnosed mental illness requires a specialist rather than someone who just comes for a 'chat'. The professional needs "to be a specialist" – an experienced mental health professional.
- Additional pressure is placed on Yoorana Gunya as a result of the lack of services in Parkes and Condobolin (where no Aboriginal mental health services exist). People from both these areas are being referred to Forbes with the result that waiting times for mental health assessment/intervention are excessively long, and thus places a great deal of pressure on the clinicians who understandably have the sense of a service overwhelmed with people wanting help.

Noteworthy, was the commitment and engagement with community and the provision of supportive community programs that address some of the domains for SEWB. Consistent with other services, however is the lack of recurrent funding to continue the delivery of community programs.

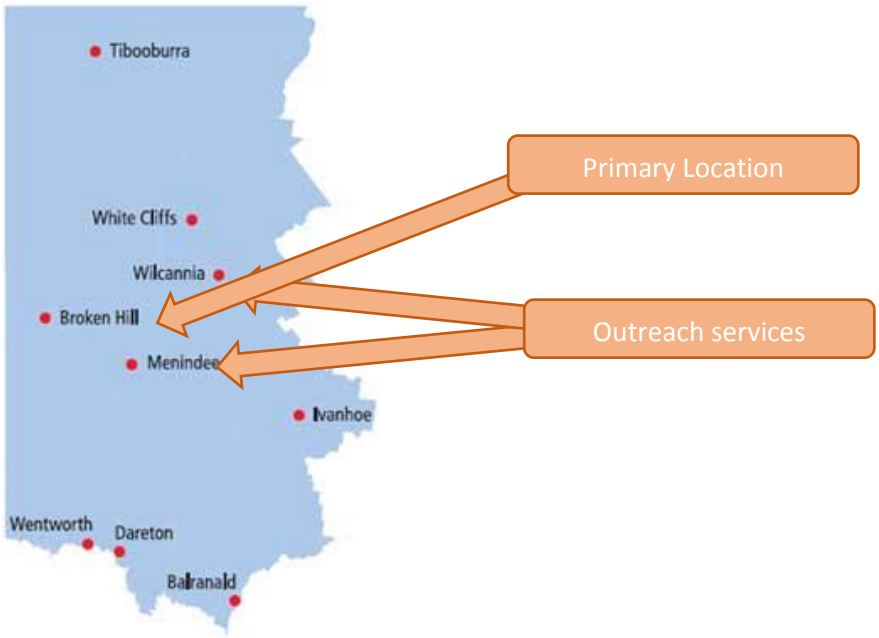
Maari Ma Health

The following information describing this organisation is sourced directly and quoted verbatim from the organisation's website (http://www.maarima.com.au/).

Maari Ma Health is an Aboriginal community controlled health organisation dedicated to improving the health outcomes for communities in the far west region of New South Wales with a special focus on Aboriginal health.

> *Maari Ma was established in November, 1995, following extensive community consultation conducted on behalf of the Murdi Paaki ATSIC Regional Council.*
>
> *Maari Ma is lead and governed by an all Aboriginal Board of Directors, democratically elected to represent 7 communities in our region: Broken Hill, Ivanhoe, Balranald, Menindee, Wilcannia, Wentworth Shires and Tibooburra from the unincorporated area. The board is deeply committed to providing a holistic approach to Aboriginal health that includes physical, emotional, spiritual, cultural and environmental dimensions.*
>
> *We deliver services to Aboriginal people and their families, and work closely with mainstream agencies to provide access to a broad range of services. Since our incorporation, Maari Ma has built strong local strategic partnerships. Maari Ma also strives to build and nurture partnerships with our communities as their participation in the planning and implementation of health and social programs is essential not only to quality health care but also to the integration of public health programs in our communities and improved community well-being.*

(Maari Ma Health Aboriginal Corporation, n.d.)



http://www.fwlhd.health.nsw.gov.au/images/fw.jpg

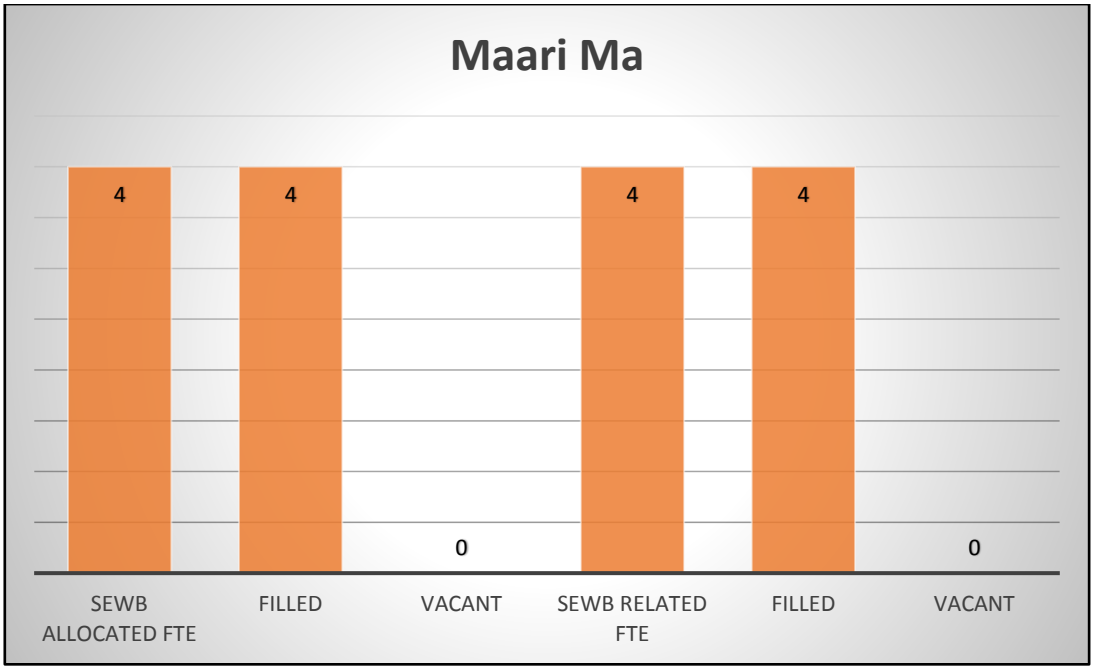


Figure 18: Maari Ma Health SEWB and SEWB related positions

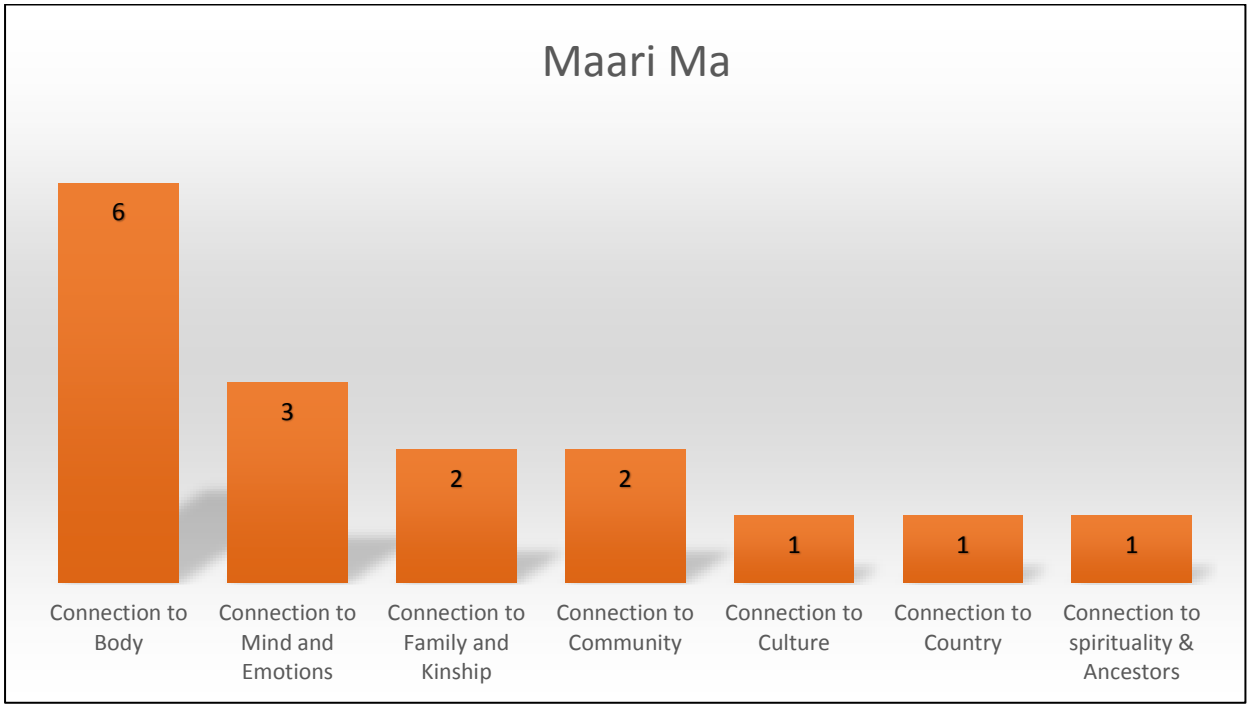


Figure 19: Maari Ma Health – No. of programs offered addressing SEWB domains

Maari Ma Health – Broken Hill	
Dedicated SEWB positions	4
Most relevant qualification	• 2 FTE Psychologists • 1 FTE Intern Psychologist • 1 FTE Diploma in Mental Health
SEWB related positions	4
Most relevant qualification	• Diploma in Counselling, • Certificate IV, Aboriginal Family Wellbeing and Violence Prevention
Additional information	The service is well accepted in the community
Successes	• An increase in referrals to MM SEWB team shows increased awareness and positive association to service. • Outcome measures collected from patients tell a story of general improvement of SEWB, both objectively and perceived.
Strengths	All of these positions are located within an Aboriginal Medical Service enabling holistic care for patients.
SEWB training needs	• Ongoing Cognitive and Behavioural therapy training/refresher • Ongoing training in Narrative therapy. • Alcohol and Other Drug training. • Grief and Loss training. • Motivational interviewing training.
Challenges	***Barriers:*** • Distance to different communities involves significant level of travel for workforce ***Difficulties:*** • Stigma of accessing MH-related services in small communities • Recruiting qualified Indigenous clinicians. • Accessing and providing support to 'hard to access' patients

Maari Ma Health – Broken Hill

Issues:

- Accessing clinical supervision.
- The impact of working with patients who bring with them both generational and recent trauma.
- Self-care for clinicians

Table 11: Maari Ma Health audit tool data

Consultation with Maari Ma

- Phone interview undertaken by Robin Scott 8 June 2018.
- Spoke with Maari Ma staff (Cathy Dyer, Fiona Burrows and Marsha Files)

The team spoke about the positive engagement and link between the Local Health District and Maari Ma Health noting that "the LHD recognised that they could not meet the lower end of the MH spectrum", while "recognising that Maari Ma has the best engagement with the community". A regular process of evaluation of the Mental Health interventions delivered is undertaken using the NSW Health SCI-MHOAT tools and internally (for locally designed programs) collecting both quantitative and qualitative data.

How are the programs funded?

Maari Ma has a number of different sources of funding and resourcing to run programs and "it's largely the way it's been from the beginning". Also receive funding from "drug and alcohol treatment service funding" from the Ministry of Health" and "collect data there from the NADA database". The healing program is funded by Family and Community Services.

How do you attract funding and resources? "The trick is lots of grant writing".

If you had access to more funding/resources what would be the priority?

"Obviously boosting staff would be good but upskilling and training local indigenous staff in the community controlled organisational approach would be a priority".

"Building the capacity of the teams for the workloads" "but also looking at specific training needs for those staff as well - for pre-existing staff members but also new ones" brought in from the community.

The team suggested that they had "not found train-the-trainer programs to be terribly successful" and retention of staff is challenging. The organisation has the experience of spending "a lot of money to train staff" with the knowledge that some of those staff then leave the organisation and the local area".

Is MHFA one of the programs delivered by Maari Ma?

"We've got 2 trained facilitators", "rolling out training throughout the community" and also for front line staff including reception staff. Maari Ma have also had requests from "external agencies" to provide MHFA training. Staff have previously had "vicarious trauma training".

Does the cost to provide training relate to sending staff away or bringing trainers in?

"Where it is cost effective we would like to bring trainers in so we can maximise the number of staff that do get trained", "but we have sent people away to do various training". "We've supported a number of local people to do the Aboriginal Mental Health training", "through Charles Sturt University in the past, but not everybody wants to do a degree course".

The team have also noticed that some people who do the CERTIII/IV "get the hang of it [study] and then go on and do the degree course".

How far do Maari Ma services reach?

We have outreach services to Wilcannia, once a week and some overnight stays", "there's a lot more capacity with the overnight stays".

Other areas (Tibooburra, White Cliffs) have been for quite some time now and are still "serviced by the Royal Flying Doctor Service ". The team also said, "We've chosen to focus our services on Broken Hill, Wilcannia and Menindi". "Tibooburra hardly has any indigenous people anymore and White Cliffs has none".

Do you have long waiting lists?

"No". They agreed that this speaks to the level of staffing and resources to meet community needs.

Are programs that meet the SEWB domains and could be described as early intervention a focus for Maari Ma Health?

"We have a fairly strong push around the early intervention spectrum", "we capture that part of the community both at a clinical level as well as program delivery to that part of the community that are more at risk",

"Maari Ma is really great at endorsing and supporting innovation around early intervention". "Our healing program actually has capacity building and preventative framework within it as well". "to build community capacity there is narrative therapy across multiple generations", "to reinforce the behaviour change that is required in the community".

What other community focused programs does Maari Ma deliver?

We utilise "dietitian - paediatric dietetics", "because we only have 1 dietitian, there is a lot of cross over between the disciplines". Also run an "after school cooking group, a partnership with the PCYC for active kids. We integrate the dietitian into the play groups - there's lots happening".

Condobolin Aboriginal Health Service (Condobolin)

Not affiliated with Bila Muuji

No specific website for this service:

Facebook page https://www.facebook.com/pages/Condobolin-Aboriginal-Health-Service/692289500912208

Listed with the Australian Diabetes Educators Association
https://www.adea.com.au/clinics/condobolin-aboriginal-health-service/

Listed on Out West Outline web site under Medical Services in Condobolin, NSW

https://www.condobolin.nsw.au/condobolin-directory/medical-services/

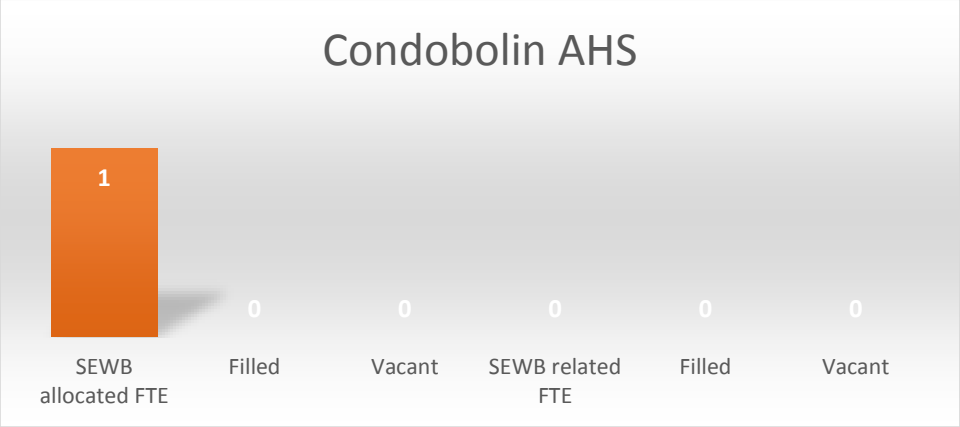


Figure 20: Condobolin AMS SEWB and SEWB related positions

Condobolin Aboriginal Health Service (NB: Information obtained from consultation – no formal completion of audit tool)	
Dedicated SEWB positions	1
Most relevant qualification	Diploma in Community Engagement
Additional information	• No mental health clinicians at all in Condobolin, • Local hospital has no-one employed in a MH position • 1 Drug and Alcohol worker with a long waiting list

Table 12: Condobolin audit tool data

Consultation with Condobolin Aboriginal Medical Service

- Phone call – spoke with Kathy Nagle (Acting Manager) 24 May – asked for a letter of introduction. Advised CEO and Manager off for several weeks.
- Kathy seemed to welcome the contact and advised that the service had recently employed a SEWB worker and that they would love to sit down and talk and that they could also invite the Aboriginal Health Workers as they were contributing significantly in the SEWB
- Meeting arranged for 31 May. However, phone call received from Cecil Lester on the 30th May, cancelling the visit arranged for the next day. He was initially angry, stating that he wanted nothing to do with any project associated with Bila Muuji, listing multiple allegations and frustrations. After some time, he settled and agreed to a visit independent of this audit.

Site visit made to Condobolin Aboriginal Health Service 4 June 2018

Interviewer: Rachel Rossiter

This visit provided the opportunity to sit down with Cecil and to also meet Melanie (the SEWB worker) and Emma (one of the Aboriginal Health Workers who will qualify at the end of this year to practice as an Aboriginal Health Practitioner).

As an unofficial visit, the audit tool was not completed. However, Melanie and Emma spoke very positively of the Deadly Thinking training and had already delivered one program in their area with positive feedback.

Of note, is the crucial lack of mental health services in Condobolin and the urgent need for support in this area of health care delivery.

Peak Hill Aboriginal Medical Service

No specific website for this service:

Listed under the Peak Hill NSW website http://www.peakhill.nsw.au/index.php/services-facilities/services/item/peak-hill-aboriginal-medical-service

Facebook page: https://www.facebook.com/Peak-Hill-Aboriginal-Medical-Service-Inc-188626751246225/

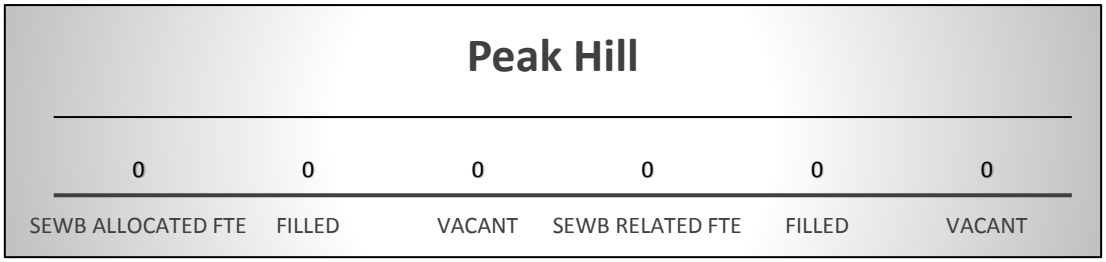


Figure 21: Peak Hill AMS SEWB and SEWB related positions

Peak Hill Aboriginal Medical Service	
Dedicated SEWB positions	Nil
SEWB related positions	Nil

Consultation with Peak Hill:

- Initial phone call by Rachel Rossiter and conversation with Christine Peakham who requested information to present to local community and Board members prior to further contact
- Email sent with letter as requested (Appendix)
- No response received to this letter, however, a follow-up phone call enabled us to arrange a site visit to Peak Hill to meet with Christine.

Interviewer: Robin Scott

This visit provided an opportunity to talk with Christine. The initial conversation focused on concerns as to the motivation of Bila Muuji in undertaking this audit. A sense of betrayal was expressed in relation to the perception that "Bila Muuji CEO Consortium" had used data and information from Peak Hill to help get funding, however, none of that funding appears to find its way to Peak Hill.

Christine was not prepared to complete the audit forms. However, she spoke of Peak Hill Aboriginal community as experiencing a "constant state of grief and loss" with "lots of sorry business".

Christine spoke to Robin not only about the difficulties but also the strengths and successes they've had at Peak Hill.

The service has access to:

- A mental health nurse visit once per fortnight from Marathon Health,
- One Aboriginal Health worker who has completed Aboriginal Mental Health First Aid
- An administration worker
- 18 hours of transport services.

Peak Hill Aboriginal Medical Service demonstrates strong community engagement including:

- Involvement with Healthy Life,
- Dietitian,
- Youth workers,
- Visit with Elders to Narromine 3 days per month to see a podiatrist and dietitian.

Further community engagement is through support for youth sporting teams and events and providing first aid for international orienteering competition.

Access and visibility

The process of undertaking this audit provided the opportunity to also assess visibility of each organisation and ease of community access to information in the online space. The following graphic represents the information that the team was able to find online.

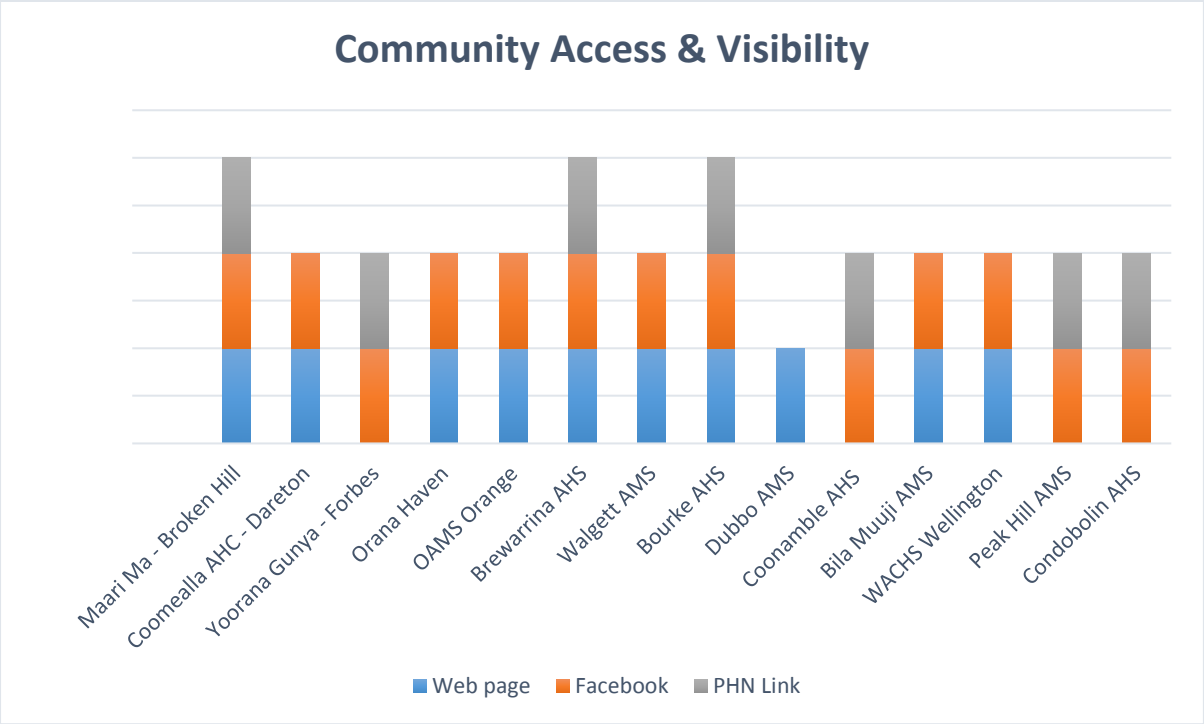


Figure 22: Accessibility & visibility

Discussion

The process of undertaking this audit has proven both challenging and informative. While there are some commonalities across the services reviewed, more notable is the marked differences between services.

Availability of services

While the National Strategic Framework (Commonwealth of Australia, 2017) focuses on both social and emotional wellbeing and mental health, in general, participants primarily identified the presence or absence of specific mental health positions as the focus when asked to identify existing social and emotional wellbeing positions. Services that would meet the needs of people presenting with mild, moderate or severe mental illness were either described as limited (often with excessively long-waiting lists) or non-existent. Three organisations employed psychologists/intern psychologists and had limited access to psychiatrist care (either by tele-health or face-to-face). Further disadvantaging those presenting with acute episodes or exacerbation of moderate or severe mental illness was little or no access to acute care services. Access to Drug and Alcohol services was likewise extremely limited or absent. Integrated services and/or positive engagement with main-stream services appeared largely absent.

This situation is in marked contrast to the recognition by the Australian government that:

> *Regardless of the treatment setting, most people living with mental illnesses and substance abuse disorders need to be able to access three streams of integrated care:*
>
> - *General practitioner provided medical care including pharmacotherapies of all types and mental health care plans to access psychological care, as well as supporting continuity of care across the mental health system.*
> - *Psychological care by a range of mental health professionals, paraprofessionals and workers providing structured therapies including cognitive behavioural therapy, dialectical behavioral therapy, mindfulness, and other evidence based therapeutic approaches as appropriate.*
> - *Social and cultural support, including case management when needed. This is the key to long term rehabilitation including vocational rehabilitation.*
>
> (Commonwealth of Australia, 2017, p. 23).

Across the services audited very few people living with mental illness had access to these three streams of integrated care.

Supporting health promotion and early intervention

The Stepped Care Model for Primary Mental Health Care Service Delivery identifies a focus on promotion and prevention as a core activity for the 'well population' and an increase in early intervention for 'at risk' groups (Commonwealth of Australia, 2017, p. 11). Relevant services are identified as 'mainly publically available information and self-help resources… including digital mental health'. It could be argued that in the rural and remote areas where the services covered in this audit are primarily located, factors such as limited connectivity to the National Broadband Network, literacy and significant levels of social and economic disadvantage preclude active uptake of these recommendations.

The authors sought to elicit information from participants about programs and services that address the different domains identified in the Social and emotional wellbeing model (Dudgeon et al., 2016). This process revealed confusion between mental health roles that address the needs of those experiencing mild, moderate or severe mental illness and activities that focus on promotion and prevention and/or early intervention. Likewise, the demarcation between physical and mental health services that remains widespread in mainstream services was also apparent in the conversations of many participants.

However, almost all organizations had at least one program in place that could be identified as a health promotion and disease prevention activity with the potential to have a positive impact on supporting social and emotional wellbeing. Programs such as men's, women's and mums and bubs groups, Triple P, Resilience program (kids), pre-school pick-up, men's programs, healthy eating, Brothers in recovery, therapeutic and yarning circles can all be identified as key promotion and prevention activities.

These programs were often not identified as linked to SEWB and promotion of mental wellbeing. Where these programs are in place, recurrent funding for such programs was generally identified as problematic.

Workforce development - training needs

The National Strategic Framework (Commonwealth of Australia, 2017) clearly identifies the importance of workforce development with Action Area 1, Outcome 1.1 stating the importance of a highly skilled workforce (p. 17). There is a consistent message from these organisations indicating a need for focused capacity building activities. Almost every organisation was able to identify specific training needed in order for their existing staff to deliver services more effectively.

Basic training	• Aboriginal Mental Health First Aid • Youth and Teen Mental Health First Aid • Nonviolent Crisis Intervention Training • Responding to a person in crisis • Cultural Awareness • Drug and alcohol training
Counselling strategies/skills	• Motivational interviewing • Cognitive and Behavioural therapy • Narrative therapy • Grief and loss therapy

Barriers/difficulties/issues related to SEWB workforce and activities

The information gathered from across all the participating organisations has been aggregated into the table below. Not surprisingly, issues related to accessing and distribution of funding dominated, however, each of the other categories listed represented consistent concerns. The negative impact on effective service delivery emerged in relation to poor communication between services, the apparent inability of some NSW Health services to work collaboratively with Aboriginal-led services and siloed services. The National Strategic Framework (Commonwealth of Australia, 2017) emphasises the importance of effective partnerships between PHNs and ACCHS (Action Area 1, Outcome 1.3) (p. 19) while Action Area 4, Outcome 4.3 identifies the need for effective client transitions across mental health systems (p. 29)It could be suggested that without a marked improvement in collaboration between services, Aboriginal people living with mental illness are going to continue to be seriously disadvantaged. For equity in access to support services that are delivered within a culturally congruent framework to be a reality as described in Action Area 5, Outcome 5.2 (p. 31), careful attention is needed to address the issues identified by these organisations.

The smaller and more remote of the organisations consulted are particularly affected by apparent inequity of access to funding, difficulties with staff recruitment and retention, professional development and being overwhelmed by the extent of the unmet need in their regions.

Category of barrier/difficulty/issue	Examples
Funding	For some organisations no funding for SEWB positions Uneven distribution of funding Across border/service allocation of funding - all allocation of funds might go to the regional centre in Victoria PHN views far west as Broken Hill Funding limitations restrict capacity to service the large number of people requiring services
Engagement with other services	Main stream services unable to support Aboriginal clients No communication/co-operation from NSW Health community services

Category of barrier/difficulty/issue	Examples
	Primary Health Network relationships with CHAC Siloed services and poor communication between services Limited external services that are accessible for those requiring bulk billing
Staffing	Attracting and retaining suitability qualified/experienced staff Recruiting qualified Indigenous clinicians Limited 'in the field' workers for the community Growing our own clinicians Where visiting clinicians provide services • Transport inconsistencies disrupt services • Require orientation to the community • Frequent changes to availability or changes to the clinician providing services
Professional development and support	Accessing suitable training Meeting the cost associated with professional development for staff Accessing clinical supervision Working with the deeply ingrained complex traumas within the local community requires ongoing training in trauma-informed care Enabling adequate self-care for clinicians
Rurality or remoteness	Distance to different communities involves significant level of travel for workforce Distances to travel to offer outreach support
Community	Limited transport options to attend services outside of the local communities Difficult for people to overcome the stigma of accessing MH-related services in small communities and services where you know the staff

Category of barrier/difficulty/issue	Examples
Service delivery	Excessively long waiting lists Lack of support services, e.g. drug and alcohol services How to access and provide support to 'hard to access' patients Client engagement - often when the person is in crisis rather than being able to provide an ongoing therapeutic relationship. In some regions, a sense of being overwhelmed by crisis presentations e.g. for Forbes not just from that region but from areas without services such as Condobolin and Parkes Managing violent or aggressive clients

Table 13: Aggregated data – Barriers, difficulties and issues

Strengths and successes of SEWB workforce and activities

Most organisations identified significant strengths and successes that they have achieved in spite of the many hurdles and challenges encountered as they seek to improve the health and wellbeing of their communities. The commitment and passion demonstrated by the people interviewed for this audit was readily apparent and their ongoing efforts to overcome the challenges despite the barriers is to be not only applauded but more importantly supported in a focused and consistent manner.

Strengths	Strong community engagement with understanding of local community as most of their staff come from the local areas. Employ local people, qualified staff members, engagement with community For a few services, access to dedicated, compassionate clinical psychologists SEWB clinicians working within an AMS supports/enables holistic care for clients Nothing about us without us. We have the staff who are willing to take on the training to become a SEWB worker Local workers having a personal understanding of the traumas and issues affecting the local community.
Successes	Preventative health promotion groups under the men's, women's and mums and bubs group Community engagement with limited resources Consistency of program delivery Therapeutic and yarning circles Culturally appropriate services Running other community programs - Triple P, Resilience program (kids), pre-school pick-up, men's programs, healthy eating, Brothers in recovery Access to an Aboriginal psychologist

Table 14: Aggregated data – Strengths and successes

Two notable examples of success.

1. It could be suggested that Maari Ma Health at Broken Hill represents a significant example of a service that is both active and engaged with community and schools and pro-active in 'lots of grant-writing' to enable ongoing delivery of the programs currently in place. Objective measures including an increase in referrals to the SEWB team demonstrate an increased awareness and positive engagement with the service. Consistent assessment of outcomes using a range of outcome measures (objective and subjective) reveal a story of general improvement in SEWB for patients accessing the service.

2. The delivery of the Deadly Thinking Train-the-Trainer workshop (Rural & Remote Mental Health, 2018) was described by a number of organisations in very positive terms. Anecdotal feedback given to the authors in the course of data collection indicated that workshops delivered in local communities since completing the Train-the-Trainer workshop have been well received.

Recommendations

The following recommendations are offered tentatively, with respect and with the understanding that the authors are non-Aboriginal mental health professionals and/or academics. While we are engaged in some clinical activities within one of the Bila Muuji member organisations, we were only able to make site visits to a very limited number of locations and our understanding of the complexities of each community is limited.

Priority professional development activities:

- Aboriginal Mental Health First Aid (AMHFA).
    - It is recommended that consideration be given to this course as mandatory for all staff in any AMS or ACCHO. Front-line staff who may not consider SEWB and MH activities as a key component of their role (e.g. reception, administration, transport officers, Aboriginal Health Workers, registered nurses…) are often challenged when a person presents in psychological/emotional distress or is behaving aggressively. AMHFA provides basic skills that enable front line staff to manage such situations more effectively and with some confidence, rather than fearing that they will say or do the 'wrong thing'.

- Develop an education/planning workshop that enables each organisation to build a deeper understanding of the National Strategic Framework for ATSI People's Mental Health and Social and Emotional Wellbeing (Commonwealth of Australia, 2017). Ensure that this workshop begins with a review of the 'My Life My Lead: Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health document (Commonwealth of Australia & Department of Health, 2017). This offers the opportunity to:
    - Recognize the social and cultural determinants within communities that must be addressed for 'longer term, intergenerational change',
    - Build shared understandings of a holistic approach to health service delivery that integrates activities addressing the SEWB domains,
    - Recognise and develop a sustainable approach to promotion, prevention and early intervention programs
    - Plan training and program implementation that is aligned with the Stepped Care Model for Primary Mental Health Care Service Delivery
    - Identify the specific needs of each organisation for support and funding

Developing and strengthening integrated care

Secondary to the recommended education/planning workshop outlined above, the authors suggest further educational activities be undertaken. If services are to avoid perpetuating the divide between physical health services and mental health services, focused attention is needed to truly deliver integrated care for all people accessing these health services. Recognition that there is 'no health without mental health' continues to be neglected in many areas of health service delivery (Prince et al., 2007; Vladu, Novac, Preda, & Bota, 2016). Ongoing education and service design that addresses the gap described in the following statement is recommended:

> *'The burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the connectedness between mental illness and other health conditions….many health conditions increase the risk for mental disorder and comorbidity complicates help-seeking, diagnosis, and treatment and influences prognosis' (Prince et al., 2007, p. 859).*

- Focused education and support for all clinicians involved in delivering health care to build capacity to:
    - Undertake a comprehensive assessment, that incorporates assessment of social and emotional wellbeing with physical assessment
    - Respond to emotional distress effectively
    - Recognize when referral to specialist services is required
    - Ensure support is in place until specialist services are able to be accessed

- Clinicians delivering chronic disease management programs for conditions such as diabetes, respiratory disease, cardiovascular disease and renal disease incorporate strategies designed to address:
    - The frequent co-morbid anxiety and depression experienced by people with chronic conditions
    - Social, emotional and economic barriers that impact upon the person's capacity to live as well as possible with chronic conditions

A centralized approach to funding applications

The requirement to submit applications for funding for staffing, programs and resources places a considerable imposition on community health delivery organisations, especially where the skillset of staff is focused on healthcare delivery. It was noted that some of the smaller and/or remote organisations appeared to have little support to undertake the onerous and complex process of

preparing grant and funding applications. The authors also noted a range of responses indicating perceived inequity in the distribution of funding amongst member organisations.

- Given that preparing successful applications requires specialist skills, it is suggested that Bila Muuji consider a centralized approach to funding applications.

The authors would appreciate the opportunity to discuss these recommendations further and would welcome comments and feedback from members of the Bila Muuji Board.

Project Team

Associate Professor Rachel Rossiter

RN, NP, CMHN, BHlthSc(Nursing), BCounselling, MCounselling, MN(NP), HScD, GradCertPTT, FACMHN

Associate Professor of Nursing
School of Nursing, Midwifery and Indigenous Health
Faculty of Science
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Orange, NSW 2800

Rachel has over 30 years clinical nursing experience in primary health care, public health, general practice and mental health settings both in urban and rural areas of NSW (including Newcastle, Kempsey and Tamworth) and in countries such as Madagascar and the Solomon Islands. This work has given her a deep understanding of the key role that nurses play in the provision of health care around the world. This clinical experience, twelve years of which were spent working at an advanced practice level with people living with chronic and disabling autoimmune conditions and a further ten years in specialist mental health practice, informs and enhances her work as an academic and researcher. For the past two years, Rachel has been providing ½ day/week service as a counsellor and therapist to assist the SEWB care team at the Orange Aboriginal Medical Service.
A passion and commitment to expanding the scope and capacity for advanced nursing practice and improve health care services has involved the development and implementation of advanced practice nursing programs at the University of Newcastle, University of Sharjah (United Arab Emirates) and at Charles Sturt University. Her expertise in curriculum development and ability to work trans-culturally has led to her current international consultancy engagements with the Aga Khan Development Network and University in Egypt and East Africa and ongoing research activities in the United Arab Emirates. As a researcher with CSU, Rachel's activities focus on collaborative projects designed to improve the provision of health care in rural and regional areas of NSW.

Robin Scott

RN, Dip App Sc(Nursing), MClinSc(MentHNurs)

Project/Research Assistant
School of Nursing, Midwifery and Indigenous Health
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Robin's career as a nurse spans over thirty years and commenced in the Royal Australian Air Force working as a medic for five years. She then completed a Diploma of Applied Science (Nursing) at Charles Sturt University and more recently a Master of Clinical Science (Mental Health Nursing) at Southern Cross University. Robin has worked in acute and community based public mental health services in NSW and has also worked in adult and juvenile forensic settings in Australia and Canada. Over recent years, she has practiced as a private consultant in education and training and consulted to NSW Police (Mental Health Intervention Team), The NSW Institute of Psychiatry, and The Centre for Rural and Remote Mental Health. She has also presented regular workshops on the NSW Mental Health Act and Mental Health Emergency Care for rural and remote areas in the Hunter New England Local Health District and other remote areas in NSW. She has also worked as a Clinical Research Nurse at the University of Newcastle and as the Senior Clinical Nurse Consultant for Rural Critical Care Emergency and Outreach Mental Health in the northern region of Hunter New England Local Health District. In 2016 and 2017 she lectured and tutored Paramedic students in Emergency Mental Health with Charles Sturt University. Robin is an accredited MHFA Instructor in the Standard, Workplace and Nursing MHFA courses. Robin provides ½-1 day/week service in the SEWB service for Orange Aboriginal Medical Service undertaking triage, assessment and case management.

Appendices

- Information provided to CEO to advise member organisations of upcoming audit
- Formal correspondence to non-member organisations

  (N.B. first page only reproduced here – second page identical to Appendix A.)
- Audit tool
- SEWB domains tool

Information provided to CEO to advise member organisations of upcoming audit

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14 May 2018

The Chief Executive Officer
Bila Muuji Aboriginal Health Service Inc.
Dubbo Neighbourhood Centre
1/80 Gipps Street
Dubbo NSW 2830

Dear Phil,

Re: Skills/training audit of Social and Emotional Well-Being (SEWB) services across the Bila Muuji Footprint

As per our recent phone discussions, the contract is now in place and we are able to go ahead with the above project.

Could you now notify each of the member organisations within the Bila Muuji Aboriginal Health Service of the upcoming project please?

A possible announcement could read as follows:

Bila Muuji Aboriginal Health Service is currently undertaking a Primary Health Network funded project (Funding body Western Health Alliance) focused on Social and Emotional Well-being Services across our footprint.

As a component of this larger project, we have engaged researchers from Charles Sturt University to undertake an audit of Social and Emotional Well-Being Services focusing on services already in place, training needs, barriers to SEWB activity and the strengths and successes of our SEWB workforce across Bila Muuji.

Very shortly, Associate Professor Rachel Rossiter and Robin Scott will be in contact with each service to arrange a mutually suitable time to talk with you about SEWB in your organisation.

I would encourage you to actively engage in this project as the information provided will enable us to plan for future workforce development and advocate strongly for future funding for this important component of the services we deliver to our communities.

Please feel free to contact Bila Muuji (Phil Naden or Pam Renata) if you have any questions or concerns related to this project.

Please note, the above is a starting point, feel free to amend, adjust, add to, edit, etc. as you see fit.

The following are introductions for Robin and I that you can also use if you need to provide further information to support this announcement.

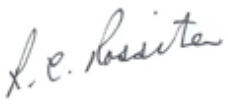
Associate Professor Rachel Rossiter
rrossiter@csu.edu.au Mobile: 0457 167 419

Rachel has over 30 years clinical nursing experience in primary health care, public health, general practice and mental health settings both in urban and rural areas of NSW (including Newcastle, Kempsey and Tamworth) and in countries such as Madagascar and the Solomon Islands. This work has given her a deep understanding of the key role that nurses play in the provision of health care around the world. This clinical experience, twelve years of which were spent working at an advanced practice level with people living with chronic and disabling autoimmune conditions and a further ten years in specialist mental health practice, informs and enhances her work as an academic and researcher. For the past two years, Rachel has been providing ½ day/week service as a counsellor and therapist to assist the SEWB care team at the Orange Aboriginal Medical Service.
A passion and commitment to expanding the scope and capacity for advanced nursing practice and improve health care services has involved the development and implementation of advanced practice nursing programs at the University of Newcastle, University of Sharjah (United Arab Emirates) and at Charles Sturt University. Her expertise in curriculum development and ability to work trans-culturally has led to her current international consultancy engagements with the Aga Khan Development Network and University in Egypt and East Africa and ongoing research activities in the United Arab Emirates. As a researcher with CSU, Rachel's activities focus on collaborative projects designed to improve the provision of health care in rural and regional areas of NSW.

Robin Scott
RobinS@oams.net.au Mobile: 0407 916 980

Robin's career as a nurse spans over thirty years and commenced in the Royal Australian Air Force working as a medic for five years. She then completed a Diploma of Applied Science (Nursing) at Charles Sturt University and more recently a Master of Clinical Science (Mental Health Nursing) at Southern Cross University. Robin has worked in acute and community based public mental health services in NSW and has also worked in adult and juvenile forensic settings in Australia and Canada. Over recent years, she has practiced as a private consultant in education and training and consulted to NSW Police (Mental Health Intervention Team), The NSW Institute of Psychiatry, and The Centre for Rural and Remote Mental Health. She has also presented regular workshops on the NSW Mental Health Act and Mental Health Emergency Care for rural and remote areas in the Hunter New England Local Health District and other remote areas in NSW. She has also worked as a Clinical Research Nurse at the University of Newcastle and as the Senior Clinical Nurse Consultant for Rural Critical Care Emergency and Outreach Mental Health in the northern region of Hunter New England Local Health District. In 2016 and 2017 she lectured and tutored Paramedic students in Emergency Mental Health with Charles Sturt University. Robin is an accredited MHFA Instructor in the Standard, Workplace and Nursing MHFA courses. Robin provides ½-1 day/week service in the SEWB service for Orange Aboriginal Medical Service undertaking triage, assessment and case management.

Sincerely,



Rachel Rossiter
Associate Professor of Nursing

Formal correspondence to non-member organisations

Wellington Aboriginal Corporation Health Service

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23 May 2018

The Chief Executive Officer
Wellington Aboriginal Corporation Health Service (WACHS)
P O Box 236
Wellington NSW 2820

Attention: Mr Darren Ah See

Dear Darren,

This letter is to introduce an Audit of Social and Emotional Wellbeing Services that we are currently undertaking in the PHN Western Region. The following is a brief description of this project.

Bila Muuji Aboriginal Health Service is currently undertaking a Primary Health Network - Western NSW funded project focused on Social and Emotional Well-being Services across the Far Western NSW Local Health district and the Western NSW Local Health District.

As a component of this larger project, we (i.e. researchers Associate Professor Rachel Rossiter and Robin Scott from Charles Sturt University) have been engaged to undertake an independent audit of Social and Emotional Well-Being Services focusing on services already in place, training needs, barriers to SEWB activity and the strengths and successes of our SEWB workforce across the Primary Health Network.

The information accessed in this audit process will enable planning for future workforce development and support advocacy for future funding for this important component of the services delivered by Aboriginal Health Services across the network.

We are eager to make sure that we include as many services as possible, rather than restrict the audit to Bila Muuji member organisations. This will enable us to present a more complete picture of the needs of each community across the Primary Health Network in the Western Region.

I would very much value the opportunity to talk with you about this audit and to explore the possibility that we might engage with WACHS as part of this process.

Charles Sturt University

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23 May 2018

The Manager
Peak Hill Aboriginal Medical Service
51 Caswell Street
Peak Hill NSW 2869

Attention: Christine Peakham

Dear Chris,

Thank-you so much for the opportunity to introduce myself briefly to you yesterday.

Here's a brief description of the Audit process that Robin and I are undertaking. We are eager to make sure that we include as many services as possible, rather than restrict the audit to Bila Muuji member organisations. This will enable us to present a more complete picture of the needs of each community that we access. I am particularly aware that smaller organisations are not always well represented and this provides an opportunity to enable your needs to be presented.

Bila Muuji Aboriginal Health Service is currently undertaking a Primary Health Network - Western NSW funded project focused on Social and Emotional Well-being Services across the Far Western NSW Local Health district and the Western NSW Local Health District.

As a component of this larger project, we (i.e. researchers Associate Professor Rachel Rossiter and Robin Scott from Charles Sturt University) have been engaged to undertake an audit of Social and Emotional Well-Being Services focusing on services already in place, training needs, barriers to SEWB activity and the strengths and successes of our SEWB workforce across the Primary Health Network.

The information accessed in this audit process will enable planning for future workforce development and support advocacy for future funding for this important component of the services delivered by Aboriginal Health Services across the network.

We would very much value the opportunity to visit with you and Board members from the Peak Hill community to hear directly about SEWB services and needs.

We would like to hear about the barriers, difficulties and issues that have been experienced in your area related to delivering Social and Emotional Wellbeing services. Likewise, we would love to hear about programs that you are delivering and your successes in this area of community health and wellbeing.

I am happy to respond to any questions or concerns about this process. Robin and I will come and meet with whoever is available to talk with us at a time that is convenient for your diaries.

Charles Sturt University

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31 May 2018

The Acting Manager
Condobolin Aboriginal Health Service
99 Bathurst Street
Condobolin NSW 2877

Dear Kathy,

Following up on our conversations and our arrangements for my colleague, robin Scott and I to visit Condobolin Aboriginal Health Service and meet with you and your team. The following provides a brief overview of the Audit of Social and Emotional Wellbeing Services that we are currently undertaking in the PHN Western Region. The following is a brief description of this project.

Bila Muuji Aboriginal Health Service is currently undertaking a Primary Health Network - Western NSW funded project focused on Social and Emotional Well-being Services across the Far Western NSW Local Health district and the Western NSW Local Health District.

As a component of this larger project, we (i.e. Associate Professor Rachel Rossiter and Robin Scott from Charles Sturt University) have been engaged to undertake an independent audit of Social and Emotional Well-Being Services focusing on services already in place, training needs, barriers to SEWB activity and the strengths and successes of our SEWB workforce across the Primary Health Network.

The information accessed in this audit process will enable planning for future workforce development and support advocacy for future funding for this important component of the services delivered by Aboriginal Health Services across the network.

We are eager to make sure that we include as many services as possible, rather than restrict the audit to Bila Muuji member organisations. Thus, my phone call to you. This will enable us to present a more complete picture of the needs of each community across the Primary Health Network in the Western Region.

I would very much value the opportunity that you are giving us to include Condobolin AHS in this audit, but even more to be able to talk with you and the Aboriginal Health Workers about both the challenges and successes that are part of your work in the Social and Emotional Well-being space.

Skills/training audit of Social and Emotional Well-Being (SEWB) services across the Bila Muuji Footprint

AUDIT TOOL		
AMS/ACCHO		
Location		
Date		
Interviewer		
People accessed to provide information		
A:	**Dedicated SEWB positions**	
	Allocated FTE	
	Filled vs vacant FTE (including part-time)	

AUDIT TOOL		
	Staff qualification (i.e. most relevant qualification)	
	Additional information	
B:	**SEWB related positions**	
	Allocated FTE	
	Position Titles	
	Filled vs vacant FTE (including part time)	
	Staff qualification (i.e. most relevant qualification)	

AUDIT TOOL		
	Additional information	
C:	**Perceived Needs**	
	SEWB Training Needs	
	SEWB Qualifications	
	SEWB FTE	
	Additional information	
D:	**Challenges related to SEWB workforce and activity**	
	Barriers	
	Difficulties	

AUDIT TOOL		
	Issues	
E:	**Highlights related to SEWB workforce and activity**	
	Successes	
	Strengths	
	Additional Information	

SEWB Domains - Tool

Domain	Description	Examples of risk factors	Examples of protective factors	Programs/services run by
Connection to Body	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life.	• Chronic and communicable diseases • Poor diet • Smoking	• Access to good healthy food • Exercise • Access to culturally safe, culturally competent and effective health services and professionals	•
Connection to Mind and Emotions	Mental health - ability to manage thoughts and feelings.	• Developmental/ cognitive impairments and disability • Racism • Mental illness • Unemployment • Trauma including childhood trauma	• Education • Agency: assertiveness, confidence and control over life • Strong identity	•
Connection to Family and Kinship	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.	• Absence of family members • Family violence • Child neglect and abuse • Children in out-of-home care	• Loving, stable accepting and supportive family • Adequate income • Culturally appropriate family- focused programs and services	•

Connection to Community	Community can take many forms. A connection to community provides opportunities for individuals and families to connect with each other, support each other and work together.	• Family feuding • Lateral violence • Lack of local services • Isolation • Disengagement from community • Lack of opportunities for employment in community settings	• Support networks • Community controlled services • Self-governance	•
Connection to Culture	A connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.	• Elders passing on without full opportunities to transmit culture • Services that are not culturally safe • Languages under threat •	• Contemporary expressions of culture • Attending national and local cultural events • Cultural institutions • Cultural education • Cultural involvement and participation	•
Connection to Country	Connection to country helps underpin identity and a sense of belonging.	• Restrictions on access to country	• Time spent on country	•
Connection to Spirituality and Ancestors	Spirituality provides a sense of purpose and meaning.	• No connection to the spiritual dimension of life	• Opportunities to attend cultural events and ceremonies • Contemporary expressions of spirituality	•

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