PART ONE: A FRAMEWORK FOR UNDERSTANDING AND SUPPORTING SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH WITH INDIGENOUS PEOPLES

Some Voices from Community:

“See the healthy mind is that you know, you have to be, your mind have to be clear within yourself, you know.”

“It’s the whole community, you’ve got to get them involved, if you don’t get them involved nothing will come out of it.”

“… to holistically heal someone you need a whole community approach, one organization or one individual cannot deal with clients in isolation, they need to be dealt with by all people that have impact or affect on their lives … that’s the only true way you can heal someone of any affliction.”

“To do true healing especially in this setting, like in this community, and it probably applies to any community, you need your whole community to heal this person you know, not just someone who’s been to university and comes out and prescribes drugs every fortnight. There’s got to be more.”

“Grief and loss is big … especially here in the communities there’s no-one you can really talk to about grief and loss because a lot of people in the community, because they’re suffering a lot of these mental health problems as well and that’s only because of the environment they’re in. It’s not because of who they are. Yeah it’s really hard to find someone that you can talk to and share stuff like that with

“I think they’re lonely of their loved ones you know, there is a lot of grief in our community and that’s where the loneliness come in. They you know they shut themselves away from other people you know and they just dwell on that missing, you know the, missing their ,you know, someone close and they withdraw from society, from family.”
CHAPTER ONE: OVERVIEW OF CONCEPTS AND CARE PROCESSES IN MENTAL HEALTH AND WELLBEING

Key Concepts and Questions

Mental health and wellbeing of Aboriginal and Torres Strait Islander people can only be understood within the context of the Aboriginal concept of health which has been defined as:

not just the physical wellbeing of an individual, but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life (NACCHO 1997).

This chapter provides a basic introduction to the thinking and words used in mental health and wellbeing. It provides some general guidance in understanding the way that Indigenous Australians view these concepts, and in applying this understanding while working with Indigenous communities as a mental health service provider and providing support to mental health consumers. The chapter also introduces the range of people that need to be involved in wellbeing support and Care Planning. We start with some common questions.

What do we mean by social and emotional wellbeing? Why is it important?

For a long time, Indigenous health policies have argued for a holistic perspective on health care that recognises broadly accepted Indigenous definition of health being: “health is life is health”. This definition suggests upfront that the client or consumer who is accessing a service would like to be viewed as a whole person whose physical and mental health status and outcomes of care are inseparable from the social, emotional, mental, physical and spiritual components of their life. There is also an important concept of meeting basic needs and maintaining balance across these aspects of life – with social and emotional wellbeing representing the outcome of that balance. When there is a loss of balance or an important basic need is not being met across those five components of life, illness results. The illness may be manifested in a physical, social, emotional, mental or spiritual manner – the outcome may be a chronic disease, conflict and violence, depression and loss of motivation, incapacity to achieve despite potential and thoughts or attempts of suicide.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Well Being (2004-2009) (page 9) identifies that:

In essence, issues of social and emotional well being cover a broad range of problems which can result from unresolved grief and loss issues, trauma and abuse, domestic violence, issues associated with the legislated removal of children, substance misuse, physical health problems, genetic and child developmental problems, gender identity issues, child removals, incarceration, family breakdown, cultural dislocation, racism and discrimination and social disadvantage. These factors can influence the way a person thinks, feels and responds to situations.
Regarding services, the Framework advises (page 8):

**From the well being perspective, the issues to be addressed include the broader social determinants of health, promotion and prevention programs, as well as early intervention in high-risk groups or during early warnings signs. Therefore, many solutions are outside of the health sector and include, for example, housing and community infrastructure, education, employment, recreation, welfare services, crime prevention and justice services, family and children's services, and building on community capacity. Important components within the health sector include comprehensive primary health care, community health, maternal and early childhood services, child development services, occupational health, screening programs, counselling and social support and family reunification programs.**

The challenge to health services is to integrate SEWB activities into all aspects of health care to aim for a service in which clients are viewed as a whole person whose physical and mental health status and outcomes of care are inseparable from the social, emotional, mental, physical and spiritual components of their life. A model of care that places Social and Emotional Wellbeing as a part of all initial assessments as an overarching component of health care regardless of the presenting complaint could avoid the usual pitfalls of non-integrated service delivery.

All service providers working in any sector should be mindful of the importance of social and emotional wellbeing to Indigenous people. They should also recognise that sustainable change can only be achieved by understanding and working from people’s collective strengths to assist them to address their challenges.

**What do we mean by mental health?**

Mental health is not simply the absence of mental illness but describes the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal development and use of mental abilities (cognitive, affective and relational) and achievement of individual and collective goals (Australian Health Ministers 1991). The World Health Organisation defines mental health as a state of emotional and social wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively or fruitfully and is able to make a contribution to his or her community (WHO 1999).

**What is the relationship between wellbeing, mental health and empowerment?**

Social and emotional well-being and mental health are obviously closely related and difficult to distinguish in concept and definition. In practice, when talking about mental health, the focus is often on the activities that mainly involve the health sector, and the language tends to be more biomedical and illness focused. The impact of this can be seen in the way that Indigenous people often describe ‘mental health’ as ‘mental illness’ rather than as a positive state of health. Therefore ‘social and emotional wellbeing’ is considered a preferred term for Indigenous people when referring to the broad range of issues that assist people to achieve better (mental and physical) health and more meaningful lives.

People who have participated in an Aboriginal intervention called the Family Wellbeing Program describe empowerment as a similarly holistic concept like social and emotional wellbeing. It can be thought of as a process which supports people to regain
balance in their lives and work towards the sustainable achievement of greater wellbeing. The components of empowerment that are fostered by the Family Wellbeing Program include enabling people to gain understanding of their basic needs, experiences and emotions, establish stability and control over their situations and build strength to make changes in their lives and communities. As people become empowered, they experience feelings of wellbeing, greater energy, motivation and balance and increased harmony with others. Studies have shown that these changes are sustainable, and even enhanced, through time.

**Indigenous people’s perception of mental health**

Emotional and social wellbeing issues and mental health problems have only recently been identified as priority issues by Aboriginal peoples and Torres Strait Islanders. Historically, mental health systems have not been attuned to the needs or perspectives of Aboriginal and Torres Strait Islander people (Swan, Mayers & Raphael 1994). Due to a failure to recognise and understand the Indigenous social and emotional and family and community, rather than individually-oriented, context of presenting problems, misdiagnosis and inappropriate treatment approaches in mainstream mental health services has been common. This, combined with alcohol and substance abuse and poor access, has sometimes resulted in highly visible consequences of extreme mental ill health by people in remote Indigenous communities. Stigma and fear, high rates of incarceration and lack of two way understanding about mental health have inhibited more effective community/service partnerships to develop and collectively improve Indigenous mental health outcomes.

The legacy of intergenerational trauma, loss of land and culture, profound grief and loss, forced collocation of people from traditionally separated groups into overcrowded houses and communities with poor services, Stolen Generation, unemployment and welfare-based economies, sudden introduction of access to alcohol and repeatedly failed government policy has clearly damaged the mental health and realised potential of Indigenous individuals, families and communities. An important factor to keep in mind when working in Indigenous mental health is that individualised mental health care, no matter how efficient, will always fall far short of its aims to improve mental health if it is not linked in with broader social and structural improvements in the strength of family and quality of life for the whole community.

As the dominant paradigms of western psychiatry and mainstream health care focusing solely on the individual doctor-patient relationship are shown to fall short of need, examples of more appropriate mental health care approaches for Indigenous people are emerging (Haswell-Elkins et al., 2005; Nagel, 2006, Norris et al., 2007). These latter approaches adopt the principles underlying and driving Aboriginal community-controlled services and thus have in built capacity to incorporate strengths, foster positive relationships and retain flexibility in addressing needs and Indigenous understandings. This philosophy of collaborative and consumer-oriented care is also growing within mainstream services across Australia. However, the evidence base demonstrating whether or not these approaches are more effective in achieving Indigenous mental health gains remains scanty. Building this evidence base is an urgent priority as huge disparities in mental health and wellbeing, along with physical health, of Indigenous Australians are increasingly identified.

**What is a mental health problem?**

A mental health problem interferes with a person’s cognitive, emotional or social abilities, but to a lesser extent than a mental disorder. Mental health problems are more common mental complaints and include the mental ill health temporarily experienced
as a reaction to life stresses. Mental health problems are less severe and of a shorter duration than mental disorders, but may develop into mental disorders. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration of the symptoms.

Stigma and discriminatory beliefs and attitudes are often held against people with mental disorders. These beliefs and attitudes may come from the way people around us talk and act and are constantly promoted by news headlines, stories and images in the media. Terms like “psycho”, “schizo” and “freak” are disrespectful, stereotypical terms commonly and inappropriately used to label persons with a mental illness. It is our job as clinicians, family and community members to ensure that we positively promote the appropriate words in mental health. Respecting people’s rights to privacy is paramount, and sharing in their thoughts and feelings is a privilege.

What are the major types of mental illness experienced by Indigenous Australians?

The major mental disorders experienced by Indigenous Australians are depression, anxiety, psychotic illness such as schizophrenia and comorbidity with alcohol and drug problems. Self-harming behaviour and suicide, while not mental disorders, are also of great concern.

What are the general factors that determine mental health?

1. The early environment is extremely important to the physical, social, emotional and mental health of a child and his/her development into a healthy adult. This includes:
   - even before birth - healthy gestation without exposure to alcohol;**
   - developmental environment provided by family and carers;
   - nurturing, love, acceptance, security so that trust can grow; and
   - stimulation, role models, identity.

   ** Unfortunately exposure to alcohol and other drugs before birth can profoundly affect the person’s potential for strong social, emotional and mental health and development. Damage due to alcohol exposure in utero is NOT reversible – that means it can’t be undone. However, a child’s potential can always be enhanced by providing an environment that recognises and fosters their strengths and capacity. **

2. Protective factors – Effectively promoting healthy pregnancies and parenting skills is a key to promoting mental health of both current and future generations. A healthy childhood sets the scene for developing resilience and a capacity to maintain balance throughout life in light of stresses and negative events.

   Some examples include:
   - having a good concept of self, hopes and dreams;
   - being involved in activities and relationships that support this;
   - being strengthened to meet needs in daily life;
   - having support to deal with difficult times; and
   - having strong connections and spirituality.

3. Risks to good mental health - When the following things are not in place, a person’s mental health may be at risk:
   - having a background of unmet needs;
   - undeveloped spirituality and connection;
lack of support network to provide security about oneself;
• lack of guidance in learning and understanding oneself;
• huge gaps between hopes/dreams and realities; and
• using drugs and alcohol to fill in the gaps.

4. Perpetuating factors - The risks to mental health mentioned above may be very difficult to overcome when the environment is not supportive in helping the person to deal with negative events. Perpetuating factors are things that keep problems from being solved and prevent the person from moving forward, such as:
• social disadvantage that keeps a person from feeling valued and belonging, and having something to contribute; and
• environmental disadvantage, lack of family strength, role models, pervasive use of drugs and alcohol, violence, abuse etc.

5. Precipitating factors – These are the often sudden events or conditions that trigger a mental health crisis when the ability to cope is overwhelmed and causing a mental health problem to become an illness or causing relapse in someone with an existing disorder. For example:
• death or loss of someone/something very important.

Thus there are many factors that promote or threaten mental health and many stages people may pass through in their mental health. This also means that there are many points along the way that people can be helped by family, services and general society to maintain good mental health. The diagram which shows the Spectrum of Mental Health Interventions below provides a picture and vocabulary of the ways that actions can be applied to assist in promoting, protecting and recovering good mental health at the individual, group and whole community and population level.

Summary of the types of factors that influence mental health

Early Environment
- Healthy pregnancy without alcohol, tobacco or drugs
- Secure developmental environment provided by family
- Nurturing, love, acceptance, stimulation, role models

Protective Factors
- Good concept of one’s self
- Involvement in positive activities & relationships
- Strength and ability to meet needs in life
- Support to deal with difficult times
- Strong connections
- Spirituality

Risks to good mental health
- Unmet needs
- Undeveloped spirituality, Lack or loss of connection
- Lack of support network to provide security
- Lack of guidance in learning and understanding
- Huge gaps between hopes/dreams and realities
- Using drugs and/or alcohol to fill the gaps

Perpetuating Factors
- Social disadvantage, lack of access to resources
- A lack of feeling valued, feeling worthless
- Shame, not confident in abilities
- Lack of family strength and role models
- Violence, abuse, use of drugs and/or alcohol

Precipitating Factors
- Death of a loved one
- Chaos or crisis in the community
- Loss of job, reputation or something very important
- Diagnosis of a serious illness
- Feelings of anger, despair, jealousy or rejection
- Neglecting necessary medication

Many chronic diseases considered to have mainly a physical basis (eg heart disease, diabetes, kidney diseases) may also be strongly linked to mental health problems (eg stress, grief and loss, absence of hope for things to get better, unable to feel motivated, loss of control over life).
The diagram above demonstrates some of the key features of the inter-relationships between emotional wellbeing, mental health and physical health. While even painful emotions such as sadness, anger and anxiousness are appropriate and helpful at times, an excess of these negative emotions triggered by unmet needs can lead to mental and physical illness. These connections form the rationale for a wellbeing focus in health care.

In a similar way, normal physical processes, especially in adolescence, and physical illnesses can also affect emotional state. People sometimes show symptoms that look like mental health problems but are actually caused by a physical illness. Sometimes these are the early signs of a physical illness that has not yet been detected. It is therefore important to test for possible physical problems when someone is presenting with difficulty in controlling their emotions.
As in physical illnesses, some mental health problems are acute (possibly severe, but appear and then go away completely) while others are chronic. That means they may be ongoing for many years constantly, or the person may become better but then become ill again (relapse) through a set of circumstance or the person may be in a continual pattern moving from wellness to sickness and back. Consumers can be supported by health staff, family and friends to recognise the signs and circumstances that trigger the return, or relapse, of their illness. They can often take steps to avoid these situations or seek help quickly when they experience these signs. This awareness and action form the basis of relapse prevention.

It is important to remember that these are just general patterns and in reality every consumer’s experience is unique.

**Can people with mental illness hope for recovery?**

Although we might have a feeling that a chronic disease cannot be cured, we are learning from consumers that recovery is possible. Consumers who have recovered began to describe their own definitions and journey of recovery (Harding et al 1987; Leff 1988, Tooth et al, 2003, Ellis 2003). These stories highlight both positive encouragement but often negative influence of procedures and attitudes (which mainly promoted hopelessness for them) of mental health professionals. The stories explicitly identified the role of hope and strength in motivating consumers to achieve a fulfilling life, despite huge challenges and constraints.

Recovery for many consumers may not mean that medication or other therapy is not needed or that symptoms and episodes have disappeared, but it does mean that the person has taken control of their illness and reclaimed their life. People with mental illness can set and achieve goals and this process is often very important to their recovery. Carers and family members, health care providers and support services can also play a vital role in focusing on the health and strengths of the person and support and promote hope and encouragement for change. Research has shown that hope and expectancy for change is an important part of achieving improvement.

Andresen, Oades and Caputi (2003) examined fifty accounts of consumer recovery from schizophrenia and attempted to identify shared understanding of recovery and common processes and stages experienced by the consumers. They suggested that recovery begins with finding hope and proceeds to re-establishing identity, finding meaning in life and taking responsibility for recovery. Andresen et al found that recovery from the consumers’ perspective involved psychological recovery, referring to “the establishment of a fulfilling, meaningful life and a positive sense of identity founded on hopefulness and self-determination”.

While “recovery” is only beginning to be explored in the context of Australian Indigenous mental health discussions, a group (roopu) of Maori consumers from New Zealand have described their perspectives on Whanau Ora, which is something akin to the process of recovery and pathways to wellness, in a report called “Tuituia”. Recovery is described as a self-determining, self-defining daily process that requires a diversity of approaches towards regaining a life worth living. It differs from the above non-Indigenous perspectives in that the Maori journey focuses on inclusiveness, collectiveness and interdependence as opposed to the autonomy and individual strength felt by some recovered non-Indigenous consumers. “Being Maori” is intricately tied to the health and wellbeing of Maori people as a whole and so recovery involves the reclaiming of that cultural identity and strength.
It is clear from the many stories that recovery is a different journey for each person and is much more than just alleviating symptoms or the absence of relapse. As such recovery cannot be achieved through medical interventions alone. However, recovered consumers often identify the role of medications, ongoing management of illness and hospitals as tools they control to assist in their recovery process (Deegan 1997). Tooth et al (2003) remind clinicians and researchers to be mindful of consumers’ voices and perspectives on recovery so that progress continues on a consumer-oriented track and is not “hijacked” into something else by professionals.

**Approaches and Processes of Care for Mental Health Consumers**

**How can processes of care promote better outcomes and recovery?**

**The Spectrum of Care**

In order to be effective, mental health services have to focus on the needs of consumers in Indigenous communities with mental health issues and provide services to meet these needs. Some organisational structures can cause considerable confusion and frustration for consumers with mental health disorders. Ideally consumers should be able to move easily between different service levels and service providers, according to their mental health needs. In order to address this, it is essential that services be designed on a needs-led rather than a service-led basis. This means adapting services to Indigenous communities’ needs and not the other way round. In order to overcome difficulties with divided services, it is necessary to integrate mental health care into general health services. Integrated care helps to reduce the stigma associated with seeking help from a stand-alone mental health service. In Indigenous communities, with shortages of mental health services, delivery of services through general health care is the most viable option for increasing access to mental health care. An integrated service encourages early identification and treatment of disorders and thus reduces disability. Other benefits include possibilities for providing care in the community and enabling community involvement in care.

It can be seen from the diagram below that a whole range of organisations is important to the promotion and improvement of mental health. It is very important for health professionals to recognise that good health care includes consideration of the available supports and services that:

- Promote consumers’ strengths (for example by playing a linking role to sports and recreation activities, arts and crafts opportunities and employment opportunities); and
- Help the consumers and families meet their needs (e.g. playing an advocacy role with Council for more appropriate housing if needed or assisting with connections to other services).

While fostering linkages to promote consumers’ strengths is a key part of promoting recovery, it is important to ensure that the consumer and carer play central roles in setting their own goals, meeting their own needs and promoting their own sense of self-reliance and capacity. Moving accounts written by consumers and carers that share their experiences in recovery can be accessed on the Internet. This can be a source of strength for consumers who feel that things will never get better for them.
Multidisciplinary Team
The complexity of mental health requires a range of skills, knowledge, access and experience and is best approached with a multidisciplinary team. A multidisciplinary team is an identifiable group of health personnel comprising a mix of professionals responsible for the treatment and care of people with a mental illness. Ideally this team is comprised of psychiatrists, psychiatry registrars, social workers, health workers, occupational therapists, psychologists, clinical nurse consultants and registered nurses. Where these positions play a pivotal role in provision of mental health services, access to these services is dictated by the availability of such resources to a remote community and the frequency they attend.

The structure of the Primary Health Centre’s multidisciplinary team in remote Aboriginal communities differs greatly and is vitally important to the success of mental health services in providing holistic care to consumers and their carers. These primary health centre teams vary from place to place and are usually comprised of:

- Director of Nursing (DON) and other Clinical Nurses
- Indigenous Mental Health and Indigenous Primary Health Care Workers
- Health Workers with skills in dealing with alcohol, tobacco and other drugs
- Administration Staff and Support staff (drivers, domestic staff)
- Non resident members providing specialist outreach (medical officer, dentist, nutritionist, allied health staff, diabetic/sexual health/mental health nurses).
Mental health services rely on the multidisciplinary team in these community settings to monitor and follow-up on mental health issues on a regular basis. The resident team members are a valuable resource for the visiting mental health clinician and provide local information, expertise and community links. They play a crucial role in the ongoing assessment, monitoring and case management of consumers and are seen as the primary care givers in many situations.

**Prevention activities of the team**
The prevention of mental health problems and mental disorders depends on identifying and modifying the needs of mental health and mental illness. Effective prevention requires an understanding of the risk and protective factors for mental health, identification of the groups and individuals who can potentially benefit from interventions, and the development, dissemination and implementation of effective interventions.

**Early intervention**
Mental illnesses detected early are much easier to manage than those left until late. A person left alone to deal with mental illness is a person at risk. A series of Screening Questions for Social and Emotional Wellbeing has been added to the Adult Health Check (see Chapter 4) because early detection and intervention are important in mental health. This enables the person to be supported earlier. The questions will be evaluated for their usefulness in increasing access of people who benefit from mental health services at an earlier time.

**Treatment and management**
Many people with mental illness still wait years for a diagnosis. This is especially true for Indigenous people living in remote areas. Late diagnosis often means years of uncertainty, confusion, high risk of self-harm, family disruption and people not knowing what is wrong and what to do. It can lead to feelings of anger, guilt and hopelessness. Good clinical care aims to address issues that are most important to the consumer and family.

Mental health care is delivered through a similar Care Planning process. The consumer and family/carers must be deeply involved in this process. Self-care and family care are vital to the health and wellbeing of the consumer and carers. Thus the goals of the Care Plan must reflect the consumer’s own goals and the capacity of the carer to provide ongoing assistance.

Unlike chronic physical disease, there are few laboratory tests that are helpful in diagnosis. However tests may be useful in ruling out physical cause of the illness, in making sure there are not harmful side effects occurring and in keeping the physical health of the person on track. Adult health checks and health promotion are very important for people with mental illness to have good health and wellbeing. Medications and therapies should be set by the clinician only as a means to support the consumer and carers to achieve their goals, and not an end in themselves.

Care Planning is a complex and dynamic process that involves a group of people:

- The consumer, the carer and the family;
- Mental health workers and nurses, generalist primary health care worker;
- Specialist psychiatrist/psychologist, primary care nurses; and
- ATODs workers and nurses if there is a drug or alcohol problem.
Other services may also be appropriate:
- Council, life promotion officers, etc;
- Traditional healers if available and needed;
- Disability services, perhaps HACC; and
- Priest, Father, or Spiritual Leader.

Implementing a well-developed Care Plan effectively needs good management skills, excellent communication pathways with consumer and carer and other service providers and the ability to look ahead and set a framework of responses to ensure:
- ongoing supportive mental and physical health promotion;
- early alerts if a person is not doing well to prevent relapses;
- crisis management where required; and
- ways to monitor effectiveness through outcomes measurement.

This process must happen despite the added difficulties of barriers and stigma attached to mental illness, the lack of a trained Indigenous mental health worker in most places, staff turnover, time and workload excesses and pervasive social disadvantage (for example lack of employment opportunities, poor housing, poor access to services, etc).

Inclusion of mental health into the *Chronic Disease Strategy* (CDS) is vital to improvements in the way things currently happen. The CDS provides a range of useful tools for putting into operation the spectrum of prevention in your community, management pathways that work across services, and training programs for implementing action at all levels of primary health care.

These guidelines have been developed to support you, the primary health care provider, to play the best role you can in the pathway that aims for prevention, early detection, optimal Care Planning and recovery support for Indigenous people with mental illness.