

# PROTOCOLS FOR THE DELIVERY OF SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES IN INDIGENOUS COMMUNITIES:

## GUIDELINES FOR HEALTH WORKERS, CLINICIANS, CONSUMERS AND CARERS

Melissa Haswell, Ernest Hunter, Rachael Wargent, Brenda Hall, Ciaran O'Higgins and Roy West

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## **AUTHORS AND STEERING COMMITTEE**

This document was written by the following listed investigators and staff of the Australian Integrated Mental Health Initiative – Indigenous Stream in Far North Queensland with guidance from the Stream's Steering Committee. The names of those most closely involved are listed below.

### **Part One.**

- Chapters One and Three - Melissa Haswell-Elkins, Ciaran O'Higgins, Rachael Wargent and Ernest Hunter
- Chapter Two - Brenda Hall
- Chapter Four – Melissa Haswell-Elkins and Rachael Wargent

### **Part Two.**

- Introductory Sections - Ciaran O'Higgins and Melissa Haswell-Elkins
- Consumer and Carer Guide and Clinicians Guidelines – Ernest Hunter and Roy West undertook modifications from the original Guidelines commissioned and published by the Royal Australia New Zealand College of Psychiatrists (2004). The modifications reflect appropriate practice with Indigenous consumers in remote communities. Specific original authorship is detailed in each section.

The entire document was initially edited by Rose Ellis, Consultant.

### **Affiliations:**

Haswell, Wargent, Hall and O'Higgins were researchers from Australian Integrated Mental Health Initiative, Indigenous Stream in Far North Queensland of the Collaborative Research on Empowerment and Wellbeing (C.R.E.W.), North Queensland Health Equalities Promotion Unit, School of Medicine, University of Queensland. Hunter and West are Regional Psychiatrists (Cape York and the Torres Strait and Northern Peninsula Area and Bundaberg Mental Health Service).

The members of the AIMhi Steering Committee who guided the document development and production and the organisations they represent are:

- Trudi Sebasio, Yvonne Wilkinson, Anthony Weller – Northern Area Health Service, Qld Health
- Andrew Brownlie, Mercy Baird – Cairns Integrated Mental Health, Qld Health
- Janet Struber, Wendy Sexton, Karen Copland, Cleveland Fagan, Quentin Reilly – Aboriginal & Torres Strait Islander Primary Health Care Advisory Team, Qld Health
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## **FOREWORD**

### **Challenges for Indigenous Mental Health Services**

There is strong evidence to support the statement that mental health services generally provide significant benefit to people who are experiencing mental health problems and mental illnesses. Thus the range of tools and approaches available for providing help can be effective in preventing mental illness and in managing acute and chronic illness. They can also assist in overcoming social, emotional and physical consequences of mental illness and in hoping for, and achieving, recovery.

The above statement is a sweeping generalisation and does not mean to discount the many cases when people accessing mental health services feel unhelped, or even harmed, by that experience. However it serves as a reminder that there is room for hope to people (consumers and carers) who are suffering from problems they feel unable to cope with or an illness they cannot control on their own. The statement also offers hope to service providers dedicated to making a positive difference.

Having a mental illness, experiencing a loved one or family member living with mental illness, taking on the role of a professional carer, or being a mental health service provider, are all significantly challenging experiences. There are no absolutes in mental health, no objective laboratory tests, no cut-off points or magic words, no automatically correct ways of diagnosing or managing a person's illness. Every person receiving mental health care must be recognised as a unique individual with their own culture, history and strengths and a member of a family, social group and community. It is from consumers' own hopes and aspirations, supported by family and community, from which the motivation and desire to recover must come. Services need to be designed and delivered in a way that fosters this motivation, desire and connection.

### **Some questions**

When considering the content of these Protocols for supporting social and emotional wellbeing support and mental health services with Indigenous people, a number of questions were first asked. What is their purpose, given the complexity and individuality of wellbeing and mental health? How can they be helpful in successfully providing care that is so strongly determined by the consumer as an individual and family member? How can medical approaches to mental health be helpful across cultures as diverse as Aboriginal, Torres Strait Islander and European? As there are currently very few Indigenous Australian psychiatrists, psychologists and mental health nurses, how can non-Indigenous mental health professionals be assisted to understand the context in which Indigenous people live and make sense of their world? How can the involvement and professional development of a strong Indigenous mental health workforce to guide and achieve safer services be maximised? How can roles be defined to enable partnerships between Indigenous Health Workers and non-Indigenous clinicians that foster engagement and better outcomes with consumers and families? What lessons from mental health can be applied toward other areas of health?

Indigenous wellbeing support and mental health care remain areas where there is little evidence on which to base practice guidelines. A number of issues that have broad and profound influence on mental health have been explored in some depth. These include dimensions of history, social policy, alcohol and substance abuse, economic and social disadvantage, identity, adolescence and racism. Several authors have highlighted the mistakes and fallout that psychiatry as a profession has added to this equation over 200 years. It is a challenge and a privilege to assist Indigenous people to overcome a disempowering past and chaotic present and work toward a better future.

Despite the weight of history and harm Indigenous people have suffered, there is hope and optimism that things can improve. Advances in mainstream and Indigenous primary health care and empowerment/recovery interventions emphasise wellbeing and consumer-defined recovery as a goal worth aiming for. State and national mental health policies and plans now emphasise the essential importance of consumer, carer, family and community engagement and empowerment in mental health and Indigenous mental health focuses on building and appropriately supporting a confident and competent workforce. This document aims to help connect this potential to reality on the ground by providing background educational information, a guide to working with Indigenous consumers, practical how-to pathways of care in Primary Health Care settings to enable family and community engagement and modified evidence-based practice guidelines.

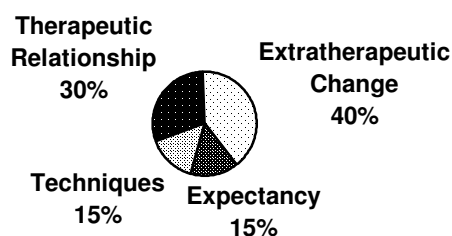
### **Ingredients of change**

Current writing in Indigenous health and in general psychiatry has challenged old ways of thinking about mental health care. The focus has moved from specific therapeutic approaches delivered in isolation towards broader concepts of the helping process. In this way, mental health care becomes an empowering and enabling experience that involves many people with different skills and contributions. This necessarily demands a close understanding of each person's context, not only in terms of the social environment, but also in terms of developmental and life-stage factors. These are very promising backdrops to responding to need in a way that strengthens consumer, carer and services as agents of change for the better.

This manual aims to translate these insights into practical and useful guidelines in a clinical context for mental health service providers, consumers, carers and communities. We adopt a model of the elements required for change from Lambert (1992) and emphasised in the book, *The Heart and Soul of Change: What Works in Therapy* by Hubble, Duncan and Miller (1999). This model was derived from a large body of research exploring the relative contributions of four components of psychotherapy which contribute to successful change.

According to Lambert, (1992) and supported by research from a range of sources, the largest determinant of positive change in mental health results from things happening in the person's life outside of the clinical setting. This is followed by the quality of the therapeutic relationship established between consumer and service provider, the degree of expectancy or hope for change and the specific application of therapeutic techniques as shown below.

### **Ingredients for Positive Change in Psychotherapy**



Clearly the specific ingredients within each component and the relative importance of each will vary a great deal for Indigenous people with a mental illness living in remote areas, compared to those who were involved in those research studies. These will also differ across disorders, with medication playing a varying role in positive change.

Nevertheless, the concept can assist health services to consider how all these key components of improvement can be systematically and comprehensively fostered. Few argue that mental health services that support positive life circumstances, better relationships and hope **as well as** alleviate symptoms can achieve better outcomes, **especially** in remote communities where supporting services are extremely limited. This manual attempts to provide a practical guide to how that can be achieved.

## **This Manual**

This manual provides a set of protocols for the delivery of social and emotional wellbeing and mental health services in Indigenous communities. This version of the document is oriented towards communities in Queensland. It is designed to be used by a range of health professionals including the clinician, the primary health care worker and the Aboriginal and Torres Strait Islander health worker. But just as importantly, it is also written for the consumer, their carer and family, natural carers and organisations within their community, because each individual and group has a role to play in achieving positive change. The contents are divided into **two parts**.

### **Part One**

This section provides an overview of mental health, the importance of a recovery orientation, appropriate assessment and management of mental health problems and how each of these aspects function in the context of remote Aboriginal communities.

- **Chapter One** discusses wellbeing, mental health and illness in an Indigenous context. It explains some of the terms and approaches used in mental health service delivery and the importance of “integrated care”: that is mental health care in a general health care setting. It introduces the members of the primary health care multidisciplinary team and explains their role in the continuing care and eventual recovery of the consumer within the community.
- **Chapter Two** provides a detailed guide to mental health assessment and treatment in remote Indigenous communities. It discusses the significance of rapport building, physical environment and consumer support and includes strategies for effective communication and interview techniques that recognise and respect cultural practices and belief systems. It also discusses the important role of families and carers in the delivery of mental health services.
- **Chapter Three** sets out five principles for directing the focus of service delivery onto partnership, recovery and empowerment. These principles (the five Cs) are: **Consumer and Carer Focus; Context of Community; Continuity of Care; Checking for Change** and **Considered Clinical Care**. General aspects of each component are described here and further detail is described under each specific disorder covered in **Part Two**.
- **Chapter Four** provides a blueprint for Pathways of Care in the Primary Health Care setting that aims to clarify roles, processes and tools to achieve optimum wellbeing and mental health outcomes. The Pathways and tools are designed to assist in:
  - identifying when people are experiencing a loss of wellbeing
  - providing appropriate social and emotional wellbeing support
  - providing tools to document decision-making and planning processes across wellbeing support, mental health and drug and alcohol services
  - delivering appropriate, continuous care across activities in the pathway
  - ensure that appropriate care is provided to anyone at risk of self harm.

## Part Two

In this section we look at the major specific types of mental disorder, namely:

- Depression (**Chapter Five**)
- Anxiety (**Chapter Six**)
- Self-harming Behaviours (**Chapter Seven**)
- Schizophrenia and Bipolar Disorder (**Chapter Eight**).

These illnesses and their management are discussed in the context of the “Five Cs”, set out in Part One. The guidelines in this section are intended as practical steps for health professionals to follow when working with Indigenous consumers, their families and carers. They guide the user through the delivery of effective mental health care in a multidisciplinary, remote community context. There are guidelines for primary health care workers, consumers and carers, as well as for clinicians. They are designed to maximise consumer and carer participation in the recovery process. This section also includes fact sheets and suggestions for further reading.

### Summary

What is captured in this manual aims to be a beginning, not an end, to the translation of evidence-based research in the mainstream into incrementally achievable best practice social and emotional wellbeing support and mental health service delivery in Indigenous Australian settings. Our goal is to stimulate the direction and intensity of reform, while underlining the necessity of consumer, carer and community empowerment in achieving change. Throughout the manual we have emphasised the extremely important role of Aboriginal and Torres Strait Islander health workers. As a profession, they are key members of the wellbeing and mental health promotion, prevention, early intervention and care pathway. The guidelines aim to support appropriately flexible, but well-informed and consistently applied pathways for Care Planning and management. We look forward to feedback from everyone providing and receiving care and making improvements in subsequent editions.

# **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.”*