

Submission to the Royal Commission on Mental Health

About the Aborigines Advancement League Inc.

In 1932 William Cooper founded the Australian Aborigines League, the first Aboriginal organisation with all Aboriginal members. It led the way for the formation of the Victorian Aborigines Advancement League in 1957 by Aboriginal and non-Aboriginal people. Pastor Doug Nicholls was the first Field Officer; Stan Davey the Secretary; Gordon Bryant the President and Doris Blackburn in response to plight of the Aboriginal people in the Warburton Ranges.

In 1957 the AAL's initial objectives were to achieve citizenship rights for Aborigines throughout the Commonwealth, to work towards the integration of Aboriginal people with the rest of the community while fully recognising the unique contribution we were able to make, to attempt to co-ordinate the different Aboriginal welfare organisations operating in Victoria, and to establish a general policy of advancement for Aboriginal people. The shared leadership of the organisation over 60 years has proven the sustainability of the AAL.

Our vision at the AAL is to have a powerful Koorie community whose members have a strong cultural identity that enables them to access opportunities for their families that will contribute to strong growth and development. Our strategic goals include education and promotion of the history and vision of AALI. We strive to engage community through the provisions of high quality service delivery to engage community. The AAL places a high importance on the collaboration and partnerships with Aboriginal and non-Aboriginal organisations and agencies.

The Strategic Priorities at the League include cultural integrity and safety, innovation, high levels of compliance and ongoing monitoring and evaluation.

AAL PHILOSOPHY

Promote Aboriginal culture and cultural identity
Develop a sense of urban identity for the Aboriginal community
Promote enterprise and enable AAL to generate income
Provide a focus in the community for Aboriginal social and sporting activities; -
Provide employment opportunities for the Aboriginal community
Provide a centre for family growth and development
Provide advocacy and a referral service for Aboriginal clients.

The programs we provide are:

- Commonwealth Home Support Program- domestic assistance, maintenance, personal care, social support group and individual.
- Wunga-Support Co-ordination for Aboriginal people with a Disability, referral for services and resources to support the family, Advocacy, and Home visits.

- Family Support-Financial support, Home Visits, Material Aide, Case management, Referral to appropriate agencies.
- HACC/PYP-home Help, Social Support, Maintenance; Assessment and Advocacy.
- Gurwidj Neighbourhood House-programs for Aboriginal women.
- Victorian Aboriginal Funeral Service-assistance with funeral arrangements.
- Aboriginal Tenants at Risk-VCAT, financial assistance, referral.
- Indigital-recording studio, graphic design.
- Lady Gladys Nicholls Hostel-Aboriginal student accommodation

Our clients

We deal with some of the most vulnerable clients at the AAL on a daily basis. A large cohort are clients who suffer from mental health issues as well as community members who are not on the books who suffer from mental illness. These issues are caused by the many of the social justice determinants such trans-generational trauma, racism, chronic illness, lack of education, and poverty, homelessness and/or overcrowding of homes. There is currently a two year wait for public housing. We also have many Elders in our CHSP program who suffer from mental illness however we only have the capacity to provide domestic assistance and property maintenance and not to deal with the mental illness itself.

There are a number of problems we find when dealing with clients with mental health issues such as trying to access the CAT team, finding beds within the hospital system for clients as hospitals are overloaded and the waiting list for hospitals is too long and it can take up to 3 or 4 weeks to be admitted. Once clients are admitted to the Acute Psychiatric Unit (APU) then there is limited or no involvement with family members on the care plan of the person. This is problematic in our community because of the importance of family.

Staff are not qualified to deal with some of the more pronounced issues and this leaves a gap that we currently are unable to fill. The requirement for training to be provided to staff on mental health issues and how to deal with it is of significant importance.

Case Study One

We have had a young man who constantly comes to the AAL. He doesn't come for a service, but rather because he is homeless he comes to the organization to sleep during the day. He has substance abuse issues. His backstory sees him having a very difficult life, being put in the homes as a young boy and being separated from his family and community. He talks to himself constantly. We provide as much of a service to him as we can, giving him food and a place to sleep. However, we understand that his issues are many and varied and we do not have the facilities to provide the type of care that he needs.

We believe that we need a culturally safe mental health unit with qualified staff (approx. 3) who would undertake intake and assessments with clients and deal with referrals for them. We also want to be able to help the families of people with a mental illness because they have to

deal with the mental illness on a day to day basis and a lot of them are unable to cope. We believe that we would need to develop relationships with clients who suffer from mental health issues and their families so they feel like they have a culturally safe place where they can come and feel that they will be looked after by caring staff members. We would feel that there is a need to develop relationships with the GPs, Hospitals, Psychiatric Unit and the CAT team so that the access for clients to these services is easier and a much quicker process. At this stage if a patient requires psychiatric care or a psychologist then they need to go to their local GP (outside of the hospital system) who will assess whether they have a diagnosable mental illness. If they think they have a mental illness, they will refer them to a psychologist or an accredited mental health social worker for up to six free sessions. However, you need a mental health treatment plan from your GP to claim the free sessions through Medicare. As mentioned before, because the most vulnerable clients are in poverty, this is necessary.

Mental illness for Aboriginal people

Mental illness has been found to be a health condition that involves changes in emotion, thinking or behaviour. Mental illness is associated with distress and/or problems functioning in social, work or family environments. Mental illness is estimated to contribute 15 per cent of the burden of disease for Aboriginal Australians. (Vos, Barker et al. 2007) For a number of Aboriginal Australians, mental illness is said to be linked to experiences of loss, trauma and grief and it is said that more than a quarter of Aboriginal Australians have some form of mental illness (Victorian Government Department of Human Services 2009). It was found that Aboriginal people and communities are more likely than the general population to face risk factors for poor mental health and barriers to emotional and social wellbeing. It is believed that by improving the social and emotional wellbeing and mental health of Aboriginal people, families and communities, there can be a significant contribution to reducing the incidence, severity and duration of mental illness and suicide. In the Balit Murrup Aboriginal Social and Emotional Wellbeing Framework it states that “social and emotional wellbeing is a source of resilience which can help protect against the worst impacts of stressful life events for Aboriginal people.” The AAL is seen to be the ‘mother’ organisation and as such a place that will promote the social and emotional wellbeing of Aboriginal people.

We see many of the different types of mental illness in the clients accessing our service. Many of them have anxiety disorders. They come in and you can see that they are edgy and nervous and worried. Some of our clients have mood disorders where they are either feeling down or low or some have very high moods. We have also had instances where it is obvious that a client is suffering from a psychotic disorders where they are experiencing changes in their thinking and emotions. Because of the high level of substance abuse in both mainstream and Aboriginal communities, there are many problems that the clients have.

CASE STUDY TWO

We recently had an issue with a client who came to one of our luncheons with a garbage bag. At the end of the day, when we were cleaning up, the client's bag went missing. The staff could see that he clearly had mental health issues because he started to go crazy looking for the bag (which we believe from the definitions of mental illness was a psychotic disorder). He went through the entire rubbish bin throwing out bags and rubbish just to find this bag. He threatened our staff when they told him to stop and they were unable to deal with him as they had no training in this area. The situation got serious immediately and we had no time to ring the CAT team because that would have taken too long. We did call his brother who came, but he was unable to talk him down. We did threaten to call the police but he didn't seem to be worried about that as he continued to yell at the staff and threaten them as well as his brother. It wasn't until he heard a police siren that he thought it was the police coming so he quickly left.

In a report done by the Department of Health and Human Services it found that Aboriginal Victorians report higher rates of psychological distress, and have higher rates of suicide and self-harm than the general population. This could be due to the fact that Aboriginal people and communities are facing constant social and economic inequity such as loss of identity and culture, high rates of unemployment, substance abuse, poor physical health and unresolved trauma. It has been found that improving mental health outcomes will have a great effect on reducing incarceration, substance abuse and unemployment for Aboriginal people. We believe there are factors that help Aboriginal people to deal with mental illness like connection to land, culture and spirituality, strong community involvement, passing on cultural practices and a sense of self belonging.

CASE STUDY THREE

We have a client who accesses our services in on a regular basis. She has been suffering from mental illness since is she was a young woman due to a trauma she suffered when she was young. As a result of this mental illness she is homeless, unemployed and has lost her children. She talks to herself as if she is talking to someone. She came in one day and was out of it and clearly suffering mentally. She said that someone had taken her phone and other belongings and she wanted the staff at the League to help her get them back. She continually asks staff members for money and smokes and becomes very agitated if they say no. Staff find it difficult to deal with her and feel that there should be some help for her.

Recommendations

1. To increase the number of Aboriginal and Torres Strait Island people in the mental health area.
2. To ensure that there is adequate training for staff to deal with clients who have mental health issues.
3. To have units in Aboriginal organisations that can provide adequate mental health services to Aboriginal and Torres Strait Islander clients.
4. To have better response times for people with mental health issues.
5. To provide more beds in hospitals for patients with mental health issues.
6. To establish rehabilitation units to cater for people with mental health issues.
7. To provide safety hubs for families of people with mental health issues.
8. To ensure that Aboriginal and Torres Strait Islander people have culturally safe places that deal with their mental health issues.
9. To provide education to the wider community about the impact of racism on Aboriginal and Torres Strait Islander people.
10. To implement the recommendations of the Balit Murrup Framework.
11. To have culturally safe spaces for people with mental health issues that have been picked up by the police as an in between place while they are waiting to be seen by the appropriate medical teams.