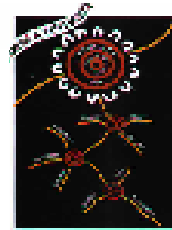




**Aboriginal Youth Mental Health
Partnership Project**



Evaluation Report

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Prepared for:

**Aboriginal Youth Mental Health Partnership Project
Advisory Group & Department of Human Services
Mental Health Unit & Aboriginal Services Division**

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Reflections

I give respect and many thanks to all the young people and their families who endowed CAMHS and myself with their trust, sharing their stories, and in doing so, taught us much. Also to the families who have not yet accessed our services, and remind us of the learning we still need to do, and the changes we still need to make.

Respect and thanks also to the Aboriginal health and youth workers, who also endowed us with their trust, offered their support and helped guide our work. Thanks also to the many community workers and members who also supported and participated in the project. I have learnt so much from my role in the AYMHP, and have been touched by my work in a way I have not previously experienced.

I have an enduring personal commitment to working with the Aboriginal community, and am proud of the Reconciliation award I received at the inaugural ACCHS Reconciliation awards, in acknowledgement of this. I have felt the privilege of trust, and the weight of responsibility that trust brings.

I have found it at times difficult to balance the range of activities I have participated in, in particular the competing demands of complex clinical work (which always took precedent) with other project activities. I thank all my colleagues who have supported me at work, and my friends and family who have also supported me.

I have also experienced the sometimes-incongruent ways of working, and challenges to old ways of thinking, which left me sometimes confused, but mostly enlightened.

It seems this year is seeing a swelling in the urgency of health reform in South Australia, in particular the Generational Health and Child Protection Reviews, with a particular focus on Aboriginal health, child and adolescent health and mental health.

Karen Darling

Project Worker

Aboriginal Youth Mental Health Partnership Project

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Members of the original and current Project Advisory Group

MAYT staff members past and present

CAMHS Western staff members past and present

Division Mental Health staff including past and present members of the Indigenous Services Working Group (ISWG)

Aboriginal Services Division

DHS Mental Health Unit

Department Family and Youth Services Staff

Adelaide Central Community Health Service, PACHS staff

Adelaide Central Community Health Service, Regional Aboriginal Health Unit Staff

Nunga IT Program staff and students

Tauondi College staff and students

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Nunkawarrin Yunti staff

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1. Executive Summary

The Aboriginal Youth Partnership Project is a collaborative project funded by the Department of Human Services to increase access for Aboriginal young people who were involved in, or at high risk of involvement in the juvenile justice system to appropriate mental health services and supports.

The collaborating agencies involved in the project include the Department of Family and Youth Services, Metropolitan Aboriginal Youth Team and the Women's & Children's Hospital Division of Mental Health, Western Regional Team (CAMHS) in conjunction with the Department of Human Services Mental Health Unit and Aboriginal Services Division.

The project was initially funded for three years and has been re-funded for a further three years commencing from the 30th June 2003, based on an initial report of the projects key learning presented to the Mental Health Unit in June 2002.

This evaluation report includes a summary of the key learning from the project and completes the evaluation of its first three years of operation.

During this period a number of linkages were established between the collaborating agencies and a range of Aboriginal and non-Aboriginal services in the metropolitan area resulting in a broad range of intersectoral strategies being adopted by the project which included; policy development, community development, capacity building, workforce development and training, clinical work, advocacy and consultation and liaison.

Consultation with key stakeholders during the evaluation indicates there is strong support for the work commenced by the project to be continued and built upon to ensure that its achievements to date are sustained into the future.

The evaluation further indicates that the projects objectives and associated outcomes have been successfully achieved in respect to increasing the capacity of MAYT staff to respond to young people referred to their service with serious mental health problems and for CAMHS services to become more accessible and culturally appropriate to Aboriginal young people and their families. A broader outcome has resulted in CAMHS services becoming more accessible to Aboriginal children, young people and their families referred by other Aboriginal services that have become connected to the project.

The report acknowledges the importance of working collaboratively with Aboriginal services and the community to establish a greater understanding of the needs of Aboriginal young people and their families, to build trust, share knowledge, resources and skills, and to develop greater accountability mechanisms to the community for the services provided.

Stakeholder feedback strongly recommended that the next phase of the project should focus on the employment of Aboriginal mental health workers in the project to work

within Aboriginal services and CAMHS and that there be a greater emphasis on a transfer of learning from the project to other CAMHS workers to ensure there is a wider involvement across the organisation in the delivery of mental health services to Aboriginal families.

In response to the feedback received from key stakeholders the projects advisory group recommends the project:

- employ an Aboriginal worker or trainee to work alongside the current project worker to facilitate an eventual transfer of responsibility for coordinating the project to an Aboriginal worker.
- continue to focus on developing services for Aboriginal young people who are at risk of entering the juvenile justice system including MAYT clients;
- expand its focus to Aboriginal young people who are at risk (socially and emotionally) due to the severity of their mental health problems;
- continue to build upon the linkages already established with Aboriginal services located within the Parks and Port Adelaide areas;
- establish a local operational management group from key stakeholders to oversee the planning and development of new objectives and strategies in conjunction with the current advisory group;
- explore opportunities for further collaboration between CAMHS and Aboriginal services within the Western Region that provide opportunities for reciprocal learning and workforce development through co work and training and development.

It was further recommended that:

- The project worker(s) relinquish their role in direct clinical work and concentrate on assisting other CAMHS workers to connect with the Aboriginal community and services already linked to the project.
- CAMHS develop a model of collaborative service delivery with Aboriginal services that is replicable within other CAMHS and that it develops mechanisms to utilise learning's from the project across the organisation.

2. Introduction

2.1 Background Information

The Aboriginal Youth Mental Health Partnership Project completed its first three-year funding period on 30th June 2003.

The Department for Human Services, Mental Health Unit has indicated that another three years funding is available from July 2003 for the development of a new project to build upon the achievements and key learning's of the work conducted with the Aboriginal Community and the key agencies involved.

In accordance with the requirements of the DHS Mental Health Unit it is necessary for the current project to be appropriately evaluated and a proposal provided that outlines the future directions the new project will take over the next three years.

The project was initially set up to target Aboriginal young people who were involved in, or at high risk of involvement in the juvenile justice system.

It was envisaged that the project worker would come from an Aboriginal background and be primarily based with the Metropolitan Aboriginal Youth Team (MAYT).

The rationale for development of the project recognised that a high prevalence of problems relating to mental health and emotional well-being existed amongst Aboriginal Australians. It was also identified that this level of need was not being matched by access to services, and that services were often delivered in a way that is not relevant to or appropriate for Aboriginal people.

Furthermore Aboriginal young people were extremely over-represented in juvenile justice. Aboriginal youth comprised 25% of all admissions to Youth Detention Centres in 1997/98, including 33.3% of admissions on remand. Trend data indicated that this over-representation was increasing. Available information also identified that these young people have complex and multiple needs, often including mental health problems. For example, psychological assessments of young people at the point of entry to Secure Care identified high levels of depression, self-harm, suicidal ideation and substance abuse.

South Australian research further indicated that the juvenile justice system is the single most significant point of entry to services for vulnerable Aboriginal young people ("*A different view: Aboriginal young people in contact with community services*", DHS 1998). However, services available through the juvenile justice doorway were often seen to be very limited in scope and unable to meet the needs with which young people present.

Consequently, a new direction in service delivery was recommended by a recent report, "*A Strategy for Services to Aboriginal young people across the metropolitan area*, (Aboriginal Services Division, July 1999) - namely, clustering an increased range of services behind the key points at which Aboriginal youth encounter or access the service

system, including juvenile justice. The Strategy also proposed a greater role for Aboriginal-specific services (such as MAYT), including building on their capacity to provide comprehensive services.

The project eventually commenced in the latter part of 1999 with the appointment of a non Aboriginal Project Worker after attempts to employ an Aboriginal Project Worker failed.

The project worker position was initially based within the Metropolitan Aboriginal Youth Team for a period of sixteen months but was then transferred to CAMHS Western Team in 2002 due to a number of previously unforeseen issues relating to internal politics that developed within MAYT during the initial phase of the project.

The overall impact of this shift in locations on the perceived outcomes of the project is commented on briefly later in the report. It is important to note that whilst this change resulted in some lost opportunities in building upon the collaborative relationships established in the initial stages of the project between MAYT and CAMHS staff, the project was able to maintain its focus and for other broader opportunities to be created.

2.2 Purpose of Evaluation

The primary purpose of this evaluation is to assess the overall effectiveness of the Aboriginal Youth Mental Health Partnership project in achieving its objectives and desired outcomes for clients and service development, and to identify key learning's from the projects development and implementation.

A secondary purpose is to seek feedback from key stakeholders to assist in the process of planning for the future and determining how best to spend the newly available funding in the most effective way.

An additional outcome of the evaluation however, includes some reflection on the involvement of the agencies participating in the project and their attempts to collaborate effectively in responding to the social and emotional wellbeing of Aboriginal young people.

2.3 Objectives and Desired Outcomes

The overall objectives of the project to be evaluated included:

1. to increase the capacity of MAYT to respond to clients with needs relating to mental health and emotional well-being,
2. to increase the level of access by Aboriginal young people and their families to mental health and related services,
3. specifically, to improve access to and appropriateness of CAMHS services for Aboriginal people,
4. identify unmet needs and emerging trends, and

5. to provide learning which can inform services developments in related areas.

The following client outcomes were sought from the project:

1. An increased number and proportion of Aboriginal people access the services of Northern CAMHS.
2. Increased numbers of effective referrals are made by MAYT to mental health and related services.
3. Increased numbers of Aboriginal young people receive long-term intervention targeted towards improving their emotional and social well-being.
4. There is a reduction in the recidivism rates, or in the severity of reoffending, of MAYT clients.
5. Reduced numbers of Aboriginal young people are admitted inappropriately to in-patient mental health services owing to better early intervention strategies.

The following service delivery outcomes were also sought:

1. A greater range of services is available to Aboriginal young people via the juvenile justice doorway.
2. Collaborative working relationships are established across key services in the metropolitan region, which improve service delivery to Aboriginal young people.
3. Changes are made to the provision of mainstream mental health services, which improve their relevance and appropriateness for Aboriginal people.
4. MAYT has a greater capacity and confidence to meet the needs of its clients, and specifically, staff have improved skills in assessment, case planning and intervention with regards to mental health and emotional well-being.
5. Unmet needs, trends and major issues are tracked and documented.
6. The learning's of the project are documented in order to inform related service development initiatives.

2.4 Evaluation Methodology

The methodology used for evaluating the project included:

1. Project worker evaluation of key objectives utilising qualitative and quantitative data collected during the course of the projects development and implementation.
2. Focus Group Interviews with Key Stakeholders from the Aboriginal Community including consumers, community members and representatives from key agencies involved in the project.

Focus groups were held at

- Metropolitan Aboriginal Youth Team

- Nunga Health Team - Port Adelaide Community Health Service
- 3. Telephone interviews were also conducted with individual stakeholders from Tauondi College, Nunga IT Program (ACCHS Regional Aboriginal Health Unit). Rosemary Wanganeen and other Aboriginal community members
- 4. Advisory Group meeting with key stakeholders December 12th 2002 to discuss the projects objectives and future directions.
- 5. Advisory Group Meeting on July 20 2003 to determine future directions for the new funding period.

Mr Ian Dobson, Acting Regional Director CAMHS Western Service who had no previous connection with the project, conducted the focus group and individual telephone interviews with key stakeholders.

3. Stakeholder Feedback

The information collected from the stakeholder focus groups and individual interviews has been combined as much as possible for the sake of expediency to avoid replication in reports from each group. Where issues or differences have arisen they have been noted and dealt with separately. Stakeholders were asked to provide feedback on their overall impressions of the project, what aspects of the project worked well, what didn't work so well, perceptions on how objectives were met where possible to comment upon, and views about future directions.

3.1 Overall impressions of the project

Key stakeholders were initially asked to give their overall impressions of the project based on their knowledge of the project activities and their direct involvement with those involved.

Generally, the majority of respondents gave the impression that the project has been an important initiative that needed to be continued and built upon.

“ We want the project to continue... there are so many mental health problems out there in the community driven by other things that we come across daily that need to be addressed...So much hasn't been addressed...we need to intervene at a much earlier age when issues are first identified...we can do something about it when we see the issues and have the resources available at hand...” (MAYT staff member)

“ The first three years of the project has had the effect of breaking down the barriers... you have to do the ground work...getting out there... being seen...talking to people... building up people's trust before expecting an increase in access to direct services...” (Nunga health team worker)

“ The project provided organisations with opportunities to come together... modeling a way of working in partnership together...working in the same way... utilising a community development approach...” (Nunga health team worker)

“The project worker has made positive inroads in building good relationships and networks with Aboriginal services...” (Nunga IT worker)

“ I found working alongside the project worker created some interesting and really creative ways of engaging communities...having that cross referral... just having a presence within the community I think has probably been a telling factor for the profiling of organisations and the particular workers from those organisations... which I think has been of great value in connecting with the Aboriginal community...” (Nunga Health Team Worker)

‘I have been involved in planning days with CAMHS since 2000 to assist in looking at how they can make culturally appropriate changes to their services...I’ve seen some good changes...more flexible...getting out into the community...’ (Nunga health worker)

“ Aboriginal people talk to each other about services they don’t have positive experiences with...don’t go to that person...I’ve never heard any Aboriginal clients or community members making negative comments about the project...” (Aboriginal counsellor)

“My daughter won’t talk to just anyone...you need to build up trust...feel comfortable and safe with the person...the [project] workers great...I don’t have any problems with CAMHS as a service...” (Mother of Aboriginal client)

A view was also expressed however, that the project’s objective to create more accessible and culturally appropriate mental health services for the Aboriginal community had only just begun. Respondents stated that important groundwork had been done in the first three years of the project but more work was required to build up further trust across the community, and to develop appropriate and responsive models of service delivery. A further view was expressed about the importance of having Aboriginal mental health workers who are trained in providing services to children, young people and their families working within Nunga Services.

“Breaking down barriers and building trust takes a long time... it involves a whole different way of working...working against history...learning about what works...developing partners to work with in the community...in the same way... being flexible and responsive...” (Nunga Health Team)

“The next stage of the project is vitally important. It takes time... need to bring in other workers from CAMHS... so they can see the value of working that way...broaden the relationships between the community and CAMHS...” (Nunga Health Team)

“ Non Aboriginal workers (CAMHS) don’t have enough culturally specific training to understand Aboriginal peoples fears of rejection...being judged...criticized...victimised because of their Aboriginality...they need to be trained in loss and grief...understand the history and what people have been taught about Aboriginal people...” (Aboriginal counsellor)

“ In our contact with CAMHS we have a sense that some workers don’t have a good understanding about Aboriginal issues...there are some exceptions but there isn’t enough cultural sensitivity or understanding about how to work with Aboriginal clients...dealing with racism and victimization...some people just didn’t seem interested when we talked to them...you have to do more than stick up a few posters of Aboriginal people or flags to become culturally sensitive...(MAYT worker)

“We want Indigenous mental health workers based in MAYT who can provide a direct service delivery role (clinical focus)...do individual and family work...develop programs...” (MAYT worker)

“ You shouldn’t under estimate the influence of an Aboriginal worker in the team... and the benefits that can come from this...” (Nunga Health Team)

“Trained Aboriginal workers should be part of the model with clearly defined roles...working along side other Aboriginal services and CAMHS...” (Aboriginal Counsellor)

“The Parks is becoming a real Centre for Aboriginal Youth...it is important for the project worker to take other CAMHS workers around and introduce them to the community...get to know them...a major role of the project worker is to raise awareness of Aboriginal mental health issues and the need to give this area a higher priority within CAMHS...CAMHS hasn’t done the hard yards yet.” (Nunga IT worker)

3.2 What Worked Well

There was a general perception amongst the respondents that the focus the project took in linking into and supporting existing Aboriginal services/programs where Aboriginal people were engaged had significant benefits in enabling the project worker to access the vast knowledge already available within Aboriginal services about what is happening in their community.

Building trust through networking, being responsive and flexible and becoming known and visible within the Aboriginal community were seen as important components of the project which created some successes and acceptance of the project and CAMHS services within the community.

The Nunga Health Team at PACHS believed that the connections and networking the project worker made with their service had a number of positive benefits and outcomes. The team members stated there was an openness shown by CAMHS initially to work differently, taking time to increase access by creating new ways of working, being seen in the community building trust... building upon what was already known within the community.

A number of examples were given to demonstrate this point:

3.2.1 Tauondi Health Days

“Having a presence in Tauondi health days has provided a strong connection within our community for both PACHS/ACCHS and CAMHS...”

Team members noted that involvement in the health days provided the project and CAMHS with the opportunity to create a higher profile with Aboriginal people and their

communities. Over time they believe this profile enabled Aboriginal people to find out more about CAMHS and build up their trust in the service.

“This Knowledge provided Aboriginal people with a choice about where they could go for services and know what it is about...”

The project workers involvement in the Health Day Reference Group was seen to introduce a wider perspective to the health days in raising the profile and importance of the social and emotional aspects of health.

They also stated that working alongside the Project worker on the Tauondi health days provided opportunities to work together in interesting and creative ways. The project worker introduced new ideas about engaging young people at the health days through the use of interactive activities and displays. Previously young people tended to avoid interacting with workers engaged in the health days usually leaving this contact to adult members of the community. The interactive activities had the effect of engaging young people more directly and made it possible to provide them with information about specific health issues.

3.2.2 Young Mothers Group

“Working with the local community facilitated opportunities to connect/link young people and children to CAMHS services through an informal setting...”

The project worker’s involvement in a young mothers group developed as a follow up from a Tauondi health day focusing on the physical, social and emotional aspects of parenting, was reported to have provided young mothers with the opportunity to discuss issues they had with their children and opened the way for a number of referrals to CAMHS that may not have been made in other circumstances.

3.2.3 PACHS Nunga Lunches

‘The community got to know Karen and trust her. They could talk to Karen about kids they were concerned about and find out how they could get a service...there has been a lot of positive feedback from the community regarding the services CAMHS provided...’

The Project workers attendance at weekly Nunga lunches held at the Port Adelaide Community Health Service was stated to have had a further significant impact in building up the connections between CAMHS and the local community by enabling the community to inform the project worker about their concerns and for the project worker to be more accessible through having a more visible profile in the community.

3.2.4 Tauondi Youth Coordinator

‘The project worker was in a position to develop links with the new Tauondi Youth Coordinator to assist in establishing his role within the college.’

This position was a new position in Tauondi focusing on developing Life Skills Curriculum for young people attending the college. As sole workers it was beneficial for links to be made between the Project Worker and the Youth Coordinator to enable mutual support and learning.

3.2.5 MAYT

Prior to the project there was no collaborative relationship between CAMHS and MAYT, limited or no awareness of both services, and no exchange of referrals.

MAYT staff indicated that the project worked very well when the project worker was initially located in MAYT and their specific role was agreed to and understood by the participating agencies.

“Location within the service made it easy to connect and communicate with the project worker... to discuss specific clients or issues...to engage clients with services...”

Co location also appeared to facilitate the project workers access to Aboriginal clients and families through co work and joint engagement.

MAYT staff for example said they were able to offer support to the project worker in making initial contact with clients by accompanying her on home visits. They also perceived that it was easier for planning to occur around specific project objectives and for joint case plans to be developed for particular clients.

The placement of the project worker within the MAYT team facilitated many essential introductions to other key stakeholders, and opportunities for training and development.

Key learning and understanding about issues relating to Aboriginal social and emotional well being was also made easier through the daily personal contact the project worker had with MAYT workers and the community.

The project also brought about increased awareness of JJS and Aboriginal services for CAMHS staff.

3.2.6 Regional Aboriginal Health Unit – Nunga IT Program

The Nunga IT Program coordinator based at the Parks indicated that the AYMHP worker had connected to the program in a positive way visiting every week, accompanying clients linking them into the program, providing support and engaging young people by providing alternative things for them to do. Connecting on a regular weekly basis has provided a consistent presence for the project enabling the young people attending the program to get to know and trust the project worker.

This consistent presence also resulted in the project worker being in a position to act as a positive role model for the young people resulting in the Nunga IT Program becoming more accessible to young Aboriginal females who may not otherwise have connected as strongly to the program. The coordinator also commented positively on the project

worker's efforts in networking with Aboriginal services and her involvement in developing and coordinating the SEW Network.

3.3 What didn't work well

A perception was stated that CAMHS took a long time to set up the project in the initial phase resulting in a sense of frustration being expressed by some stakeholders as well as relief when the project eventually commenced.

Discussion with MAYT staff indicated they had initially felt the project was something that had been imposed on them without prior consultation or involvement in planning and development, resulting in a perceived lack of ownership or commitment to the project at times.

They stated that initially there had been quite a bit of confusion in the team about the project worker's role, which took some time to resolve and clarify, however once this was achieved things appeared to work more smoothly for a time. They felt during this initial confusion the project worker had been caught in the middle...resulting in considerable time being required to negotiate a direction forward.

"The team had its views on what it wanted ...and CAMHS had its views about what it wanted..."

There was a view expressed that an Aboriginal project worker would have resulted in the project within MAYT being more culturally appropriate and accessible to Aboriginal young people and the team. It was acknowledged however that an Aboriginal person with experience in mental health would probably not have been available at the time.

Other stakeholders also expressed the view that more Aboriginal workers with mental health training would have been good for the project.

MAYT staff also indicated that when the project worker was relocated to CAMHS Western Region half way through the project, the move resulted in the project worker becoming less accessible and more difficult to contact.

The move was also seen to coincide with the project broadening out to include activities with other networks beyond those connected to MAYT resulting in a shift in focus which created difficulties in following up on MAYT clients referred to CAMHS. This also coincided with a reduction in direct referrals from MAYT staff to the project worker although a number of young people receiving services from MAYT were referred through other sources without MAYT staff being aware that this had occurred.

MAYT staff attributed this change in the connectedness of the project worker to MAYT to a broadening out of the project worker's role and responsibilities across the region.

Other key stakeholders also perceived the project worker to be involved in a broad range of activities and believed this made the project very challenging given the huge demands

placed on the project worker's time in providing a range of services with limited resources e.g. direct clinical services, networking, community development, mental health promotion, linking clients to other services and resources, committee membership.

They also felt it was a huge challenge for the project worker to influence the predominantly mainstream clinically focused culture in CAMHS and expose CAMHS workers to different ways of working in partnership, utilising community development and health promotion approaches.

It was acknowledged that there had been some involvement by other CAMHS workers in the project, however this was seen to be somewhat sporadic. It was felt important that the next phase of the project include CAMHS workers more pro actively in any directions that the project took.

4. Evaluation of Objectives

4.1 To increase the capacity of MAYT to respond to clients with needs relating to mental health and emotional well-being.

Strategies:

- MAYT Staff questionnaires and discussions
- Location of position initially at MAYT
- Invitations for MAYT staff to CAMHS T&D sessions
- T&D offered to MAYT staff, mentors, carers
- Collaboration with FAYS MH contractors
- Clinical co-working CAMHS-MAYT staff
- Shared case planning, review
- Mentoring of students
- Resource collection at MAYT
- Circulation of information re issues and upcoming events
- MAYT access to CAMHS resource collection
- Regular case file audit

Discussion with MAYT staff during the evaluation process indicated that the project assisted in raising awareness of MAYT staff of mental health/illness and social and emotional well being, as well as local and state Mental Health services, subsequently, increased numbers of referrals have been made to other services.

They also reported an increase in their awareness of other agencies and an increase in understanding of referral processes for their clients to a range of mainstream and Aboriginal services.

These impressions are supported by referral data relating to MAYT clients collected at different points in time during the project which indicate many of their clients were referred on to, and received a service from other agencies such as CAMHS, DASC, Nunga IT, Community Health, Nunkuwarrin Yunti, Second Story, GP's, DETE Behaviour Support Services and Attendance Officers, Aboriginal counsellor, Side Street, Accommodation Services and DFAYS.

MAYT staff attributed this broadening of their capacity to respond to young people with mental health issues to training provided during the project and an increase in their confidence and experience in working with clients with complex issues.

There was insufficient data available to determine if there was a reduction in recidivism rates for MAYT clients or whether there has been an increase in referrals to the service as a direct result of the project.

In light of MAYT staff comments about difficulties in maintaining communication and contact with the project worker following the move to CAMHS Western Service, it would appear further opportunities for development of closer collaborative working

relationships and program strategies may have been missed due to the fact the project worker wasn't physically present and readily available within their service at times when spontaneous discussions and decision making processes were conducted.

Based on the data collected during the project and feedback from MAYT staff it appears this objective has been met to a significant degree, although there was insufficient data to draw upon to make conclusions in respect to areas such as recidivism and referrals of young people directly into MAYT.

4.2 To increase the levels of access by Aboriginal young people and their families to mental health and related services.

Strategies:

- Offer flexible referral and allocation pathways
- Offer priority service for MAYT/JJS clients
- Review of Policy documents
- Review of Strategic Planning documents
- Project worker undertook studies in Indigenous language and culture

Comparisons of statistical information on Aboriginal clients from Northern CAMHS database for the three year period immediately prior to the commencement of the project (01-07-97 to 30-06-00) and the three years in which the project operated (01-07-00 to 30-04-03) indicate that access to Northern CAMHS services by Aboriginal young people and their families has increased.

During the three years of the project there was an overall increase of 44.6% in the number of Aboriginal young people and their families receiving a service from CAMHS metropolitan services from the previous three-year period.

There was a corresponding increase of 117% in the number of Aboriginal young people receiving a service from CAMHS Country Services during the same period.

This represents an overall increase of 2.42%, from 2.7% to 4.12% in the number of Aboriginal (unique) clients as a proportion of the total number of (unique) clients receiving a service from CAMHS metropolitan and country services during this period.

Closer analysis of the data across individual CAMHS units indicates that the greatest concentrations of Aboriginal clients have occurred in sites where there has been a significant Aboriginal population and a more direct focus on provision of services to Aboriginal clients with dedicated resources.

In the metropolitan area where the AYMHP project was based CAMHS Western Region had the greatest concentration of Aboriginal clients (44.8%) on its caseload. This represents an overall increase of 57.9% in referrals from the previous three-year period compared to Northern Region (27.5%), an increase of 63.9% and Eastern Region (25%) with an increase of 30.4%

The remaining 5.3% of Aboriginal young people were seen by CAMHS statewide services located in the metropolitan area. E.g. ASEC, BIS, DPM.

In the Western Region 70% of the Aboriginal clients were allocated directly to the project worker with the remaining 30% allocated to other clinicians in the team.

In the Northern Country Region Pt Augusta had the greatest concentration of referrals of Aboriginal young people (37.5%) representing an increase of 62.8% compared to Pt Pirie (25%) an increase of 660% and Whyalla (11.8%) an increase of 63%.

A further 3.7% of Aboriginal young people referred from remote centres in the Far North were seen in outreach locations by CAMHS Outreach Worker based in Port Augusta.

The remaining 22% of Aboriginal young people receiving a service from CAMHS were evenly distributed across the five remaining country areas e.g. Pt Lincoln, Lower North, Mid North, Barossa and York Peninsula.

Clearly the overall increase in Aboriginal young people being seen by the Division of mental health cannot be attributed solely to the work being conducted by the AYMHPP in the Western Region. It has been established that the project workers links with MAYT has resulted in referrals being made to other CAMHS metropolitan units by MAYT staff and the project worker, however the number of referrals made is not known.

It is likely that the overall increase of referrals in the metropolitan area can be explained by the work conducted by key workers in each unit who have held carriage for ensuring that a focus is maintained on timely responses to referrals from Aboriginal families, through the workers membership in the Divisional Indigenous Services Working Group (ISWG) and it's development of the Division's policy on giving Aboriginal families a high priority in accessing it's services.

The project workers role within the Divisional ISWG and their influence in disseminating information and learning across the group should not be under estimated however as there has been a significant focus within the group on developing training sessions for CAMHS workers which has drawn heavily upon the project workers experience.

It is also important to note that the referral statistics quoted above are likely to be an under estimate of the actual referrals to the Division due to Aboriginal clients not identifying their cultural heritage when filling out demographic details on their first contact with the service.

The benefits derived from the placement of the project worker in CAMHS Western Region appear to have been the establishment of closer links and reciprocal working relationships with Aboriginal Services, resulting in the provision of broader community development and health promotion strategies that have given the service and mental health a higher profile with the Aboriginal community in the Region.

Additionally there has been a concentration of resources not available in other teams to work solely with a greater number of referrals of Aboriginal clients.

A further benefit has been the development of trust between the project, CAMHS Western Service and the Aboriginal community as well as a closer understanding of Aboriginal issues and needs within the CAMHS team which appears to have facilitated a greater number of referrals to the team through the connections and linkages made by the project worker with Aboriginal services.

Within Country Region CAMHS the Pt Augusta Service appears to have benefited similarly from the placement of an Aboriginal Suicide Prevention Worker within the service, enabling it to respond to a significant number of referrals from the Aboriginal population situated within its local area and the remote townships which connect to Port Augusta services.

Port Pirie has also seen a dramatic increase in referrals over the last three years, which may be explained by the development of a specific focus in that community on providing services to Aboriginal families by establishing trust and closer working relationships with the Aboriginal community.

In light of this information and other key learning from the project it is important to consider the benefits of establishing dedicated Aboriginal child and adolescent mental health resources, within Aboriginal or CAMHS services or Regional areas that have significant Aboriginal populations.

Further thought is required about how the needs of smaller Aboriginal populations might be met to ensure equity in access to CAMHS services across the state.

It has not been possible within the scope of this evaluation to comment on, or evaluate access for Aboriginal young people and families to other health or welfare services as a result of the project.

Whilst information gleaned from discussion with MAYT staff and the AYMHP worker indicate that regular referrals to other services are being made, there is no way of knowing if this represents an increase in accessibility for Aboriginal young people to other services within the Region or other parts of the metropolitan area.

With respect to the long-term engagement of individual Aboriginal clients within CAMHS further data is required to track the duration and outcomes of treatment episodes.

Preliminary data from CAMHS Western Service indicates that Aboriginal clients represent 40% of the top fifteen open client episodes in respect to service utilization currently being seen by the service, representing a total of 190 direct contact hours and 274 non direct contact hours. This represents an average contact time of 77 contact hours for each Aboriginal client and their family.

Adjustments are required however, to CAMHS database to ensure that broader data is readily accessible to more comprehensively track service utilization by Aboriginal clients across Northern CAMHS. It is also important to establish mechanisms that evaluate the effectiveness of clinical treatment outcomes in line with National outcome measures currently being implemented in South Australia.

This objective and related outcomes appear to have been significantly met in respect to there being an identifiable increase in the number of Aboriginal families receiving an ongoing service from CAMHS Western Service and other CAMHS metropolitan services.

4.3 Specifically, to improve access to and appropriateness of CAMHS services for Aboriginal people.

Strategies:

- Health promotion and marketing of CAMHS
- “Special projects”/community development approaches
- Collecting consumer feedback
- Collection of Indigenous resources
- Waiting and consulting room modifications
- Clinical services provided to MAYT and other outreach locations
- T&D program for CAMHS staff (clerical and clinical)
- “Meshing of models”-analysis of team work practices
- Implementation of the recommendations from the “Nunga Social and Emotional Wellbeing Consultation Project”, 1999, Arwen Pratt, conducted at WCAMHS
- CAMHS staff to seek out cultural consultancy and undertake cultural accountability processes
- Distribution and circulation of issues and events for staff information, e.g. ANTaR newsletter
- Contribution to accreditation processes

As part of an overall strategy to improve access to it’s services by Aboriginal people, a number of CAMHS staff have been involved in an Indigenous Services Working Group with representatives being drawn from each of the Units within the WCH Division of Mental Health. This group has successfully shaped Divisional policy in respect to providing Aboriginal people with a higher priority in accessing it’s services, as well as being a major support to the AYMHPP project worker.

The group has also been instrumental in arranging a number of training sessions for CAMHS staff in developing a broader understanding about issues facing the Aboriginal community, however this training has not been conducted in a systematic way and involvement of CAMHS staff in work with Aboriginal families has often been limited to one or two key interested workers within each region.

A number of key stakeholders have drawn attention to the need for CAMHS services to have a greater investment in culturally appropriate training if the service is to become more culturally sensitive and responsive to the needs of Aboriginal people.

A culturally appropriate CAMHS service would reflect increased levels of cultural awareness about Aboriginal issues in its workforce, a range of (culturally based) competencies in delivering clinical services to Aboriginal families and young people, and a greater level of cultural accountability to the Aboriginal community.

Within the AYMHPP project the project worker has found that by responding to a range of needs through a prompt and assertive approach, engagement with the client, their family, and other services is strengthened. This in turn facilitates positive outcomes.

Client advocacy and practical support was found to enhance the therapeutic relationship and help seeking behaviours.

The project worker has demonstrated the positive impact of increased client contact and relationship building, through working in partnership with Aboriginal services and Aboriginal health/youth workers.

Working in partnership and negotiating familiar environments to provide services from, facilitates safety and comfort for clients, while providing an opportunity for a range of needs to be met. This assists in overcoming barriers to access associated with the fear and stigma of attending a mainstream service. This also increases the visibility of CAMHS in the community and builds its connections with individuals and services, which in turn helps keep the service informed of events and issues (e.g. deaths), which impact on the community.

The development of non-clinic based sessions, further outreach services, and participation in activity-based programs, have been a repeated request throughout the project for CAMHS. Responding to these requests has demonstrated the essential element of community based rather than clinic based services, in Aboriginal controlled programs, to increase access.

This learning however has so far largely been limited to the project and the Western Regional team. A further step in the project is to transfer this learning more broadly across CAMHS.

4.4 Identify unmet needs and emerging trends

Strategies:

- Literature search
 - Reference material
 - Related projects
- Consumer and carer feedback
- Community feedback
- Key Stakeholder consultations
- MAYT case file audits re MH issues
- Consultation with MAYT staff
- Participation in range of community networks and forums
- Participation in state and national Email networks
- Collect Indigenous profile demographics to inform service development and provision
- Review of Recommendations identified in the “Nunga Social and Emotional Wellbeing Consultation Project”, 1999, Arwen Pratt

Feedback from stakeholders highlighted a number of key areas of concern in the community relating to violence and breakdown in relationships, child abuse, substance abuse, and poor school retention rates particularly for young Aboriginal girls who often

became pregnant, young people's experiences of homelessness, racism and issues around rejection of cultural identity.

Young Aboriginal males were seen to be at particular risk of entry into the juvenile justice system, suicide and self-harm, alcohol and substance abuse. They were also identified as being difficult to engage in services and experienced problems associated with an inability to articulate their feelings without significant levels of anger, hostility and violence towards families and community. A further major concern identified increasing levels of mental illness and mental health problems in the community and a lack of trained Aboriginal mental health workers to deal with these problems.

There is a need to:

- Further develop local partnerships, to provide culturally appropriate MH services to Aboriginal young people and their families accessing Aboriginal services. Linkages already exist between CAMHS and MAYT, Tauondi College, Adelaide Central Community Health Service programs particularly in the Port Adelaide Campus and, Nunga IT Program at the Parks. Opportunities exist to further develop these linkages through the establishment of collaborative programs and clinical mental health outreach services.

Further opportunities are also present in relation to developing closer partnerships with other Aboriginal Services such as Kura Yerlo, PACHS Youth drop-in, Nunkawarrin Yunti, Karpandi, Port Youth Theatre Workshop and the Regional Aboriginal Health Unit, to develop accessible mental health services, build up relationships and establish a more visible profile in the community at a local level.

- Employ Aboriginal staff in clinical and cultural advisory/link roles, to provide direct services, provide guidance to non-Aboriginal workers and facilitate feedback loops between CAMHS and the Aboriginal community, as well as assisting staff and service development activities.
- Expand WCH Division of Mental Health service development, including a greater involvement of ISWG team representative in the transfer of key learning from the project into other CAMHS units and to ensure implementation and monitoring of identified strategies across the MH Division. (e.g. to have appropriate non clinical time allocated in order to develop local community relationships and facilitate training to CAMHS workers and local Aboriginal services)
- Develop responsive coordinated interagency approaches to address identified needs of particular target groups who have been historically difficult to engage in mental health services e.g. homeless and transient young people, young people experiencing problems with substance abuse, young people involved in Juvenile justice system, young people who have experienced significant trauma related to break down in family relationships and young people who aren't attending school.
- Develop information on CAMHS and mental health for Aboriginal people,

including generic and local information, to distribute widely across services. (E.g. similar to Carers' Association packages)

4.5 To provide learning which can inform service developments in related areas.

Strategies

- Participation by the AYMHPP worker and other CAMHS staff in community networks and forums.
- Participation by the AYMHPP worker in team and divisional service development activities.
- Ongoing reporting and documentation of the project activities to the project advisory group and other key stakeholders.
- Comprehensive project evaluation report on the project achievements and key learning.
- Action Learning principles be applied to the project activities to inform ongoing development within CAMHS Western service and MAYT.
- Reflective practice strategies to inform learning amongst project staff and other staff connected to the project e.g CAMHS Western AFG.
- Participation of project worker in Nunga IT Evaluation and other Regional service developments including workforce training and capacity building.

See section below on Key Learning

5. Key Learning

5.1 Barriers and facilitators to access and engagement

It is important to recognize that Aboriginal people's previous and current experience of racism can make it very difficult for them to feel safe when accessing mainstream services due to significant fears they have about the possibility of being subjected to further instances of racism or victimization. There is a general reluctance to use mainstream mental health services because of the stigma associated with mental illness and a perception that non-Aboriginal workers may be prejudiced or have little cultural understanding or interest in working with Aboriginal families.

Many Aboriginal young people and families have a preference for an environment that provides safety and comfort such as a local Aboriginal service or program they are familiar with.

There is also generally a preference for an Aboriginal worker or advocate within the service who is known within the community or, where these are not available, a non-Aboriginal worker who is known and trusted by other Aboriginal community members and workers who are willing to encourage contact. Information about services or workers who can be trusted is generally passed on by word of mouth through local family and community networks.

Aboriginal workers generally have a reluctance to refer Aboriginal clients to mainstream services in the absence of a personal relationship with workers within that service.

It is important therefore for mainstream services to enable their workers to spend time getting to know the Aboriginal community and agencies so that collaborative and trusting linkages can be established. These relationships can take time to establish and require a long-term commitment from management and workers to maintain.

This will involve workers spending time linking into a range of existing Aboriginal run programs incorporating community development/capacity building approaches e.g. Nunga lunches and health days, school holiday programs or other projects where Aboriginal young people congregate in order to build up a greater profile and become known and trusted in the community.

Flexible service responses are also required from mainstream services to ensure services can be provided in a culturally appropriate manner. There is a need for a broad range of service options to be available. There is often for example, a preference for a drop-in or open door style services, rather than appointment driven, within a clinic-based service.

This requires flexible arrangements to be in place within a service to enable workers to be available to respond to Aboriginal clients who walk-in with out an appointment.

Alternatively services may need to be outreached to a local Aboriginal agency or other location such as schools or home visit. Opportunities for engagement can be quickly lost if the service is not able to respond immediately in a flexibly way. There is a need to provide assertive follow up in response to referrals particularly in crisis and emergency situations to ensure service responses are effective in engaging young people and their families in ongoing assessment and counseling.

It is preferable to maintain some continuity in workers involved in the initial assessment and those who provide follow up care to ensure some continuity occurs and that the family have a familiar contact.

There will be some Aboriginal people who do not wish to access Aboriginal run services because of issues related to kinship and concerns about confidentiality and feelings of shame about their particular circumstances. Culturally appropriate and respectful models of counseling are required to maintain their involvement in a mainstream service.

Many Aboriginal young people may be fairly transient moving between family groups or foster placements resulting in interruptions in continuity of care or the need to refer on to other services closer at hand. Some Aboriginal young people are frequently incarcerated within juvenile detention centers requiring considerable liaison between health, welfare and justice systems to ensure that opportunities for care aren't missed when young people are released into the community.

There is a need to ensure that services communicate effectively at these points of entry or release from detention to ensure appropriate follow up can be implemented.

At times the complexity and intensity of Aboriginal people's experiences of abuse and feelings of victimization and racism can result in them normalizing their problems as everyday events to the extent that they don't initially seek any help until their mental health problems reach a crisis point and become more difficult to manage. Additionally upon accessing a mainstream service some families will have difficulty in describing the full extent of their problems and hold back information until some sense of trust is established.

It is important to provide opportunities for personal stories to emerge over time and recognize the need to respond in a respectful and appropriate way that acknowledges the historical context of the family's journey.

It is also important to understand family structure and kinship and find ways to work with the young person and their extended family networks who may have assumed care of the young person without any formal guardianship arrangements being in place.

5.2 Effective collaboration

In order to respond effectively to the mental health needs of the Aboriginal community a range of models and service options are required within Aboriginal run health and welfare services and mainstream mental health services.

To achieve this service mix, a commitment is required from both areas to work in partnership together to develop effective models of practice, which recognise the unique capacities (knowledge, skills, and experience) each sector can contribute in building culturally appropriate mental health services within the community.

Feedback from stakeholders indicates that more trained Aboriginal workers are required in Aboriginal run services to respond to the mental health needs of the community. At the same time it is acknowledged that mainstream mental health services such as CAMHS need to reorient themselves toward the provision of flexible, responsive and culturally appropriate models of practice in order to meet the needs of Aboriginal people who wish to continue to access their services.

The experiences of the AYMHP project suggest that considerable progress has been achieved during the first three years of the project in developing effective linkages between services in the Western Region, which has resulted in increased access by Aboriginal young people to mainstream services such as CAMHS and an increased capacity within MAYT to respond to the mental health needs of its client group.

Further work is required however; to identify the most effective way for the knowledge, skills and experience each sector holds to be transferred between agencies willing to participate in developing collaborative partnerships around the project and their respective services.

This would involve a detailed exploration of options available for service development within each sector which canvas ideas around interagency service agreements on co work, reciprocal mentorship and outreach services, co location, intersectoral training and development, joint allocation of resources to specific projects and employment pathways for Aboriginal health, welfare, youth workers interested in developing expertise in mental health service delivery.

It will be important from the outset to build in mechanisms to ensure accountability to the Aboriginal community that include consultation and involvement in the planning and development of the next phase of the project.

At an organisational level the WCH Division of Mental Health in consultation with the Aboriginal Services Division and Mental Health Unit needs to decide what direction it should be taking broadly in relation to service development for Aboriginal families and young people across both metropolitan and country areas.

Current trends in other mainstream services have focused on the employment of Aboriginal workers being based within their service to address the needs of Aboriginal people referred to the service. This approach has usually involved the employment of workers in sole positions who can often become isolated and marginalized within the service. For a number of years in CAMHS there has been a belief that it should also employ Aboriginal mental health workers within its services and a sole position has been

in place in Port Augusta for several years collocated with the Port Augusta Aboriginal Health Service.

Whilst this approach has been a positive step within the Port Augusta service, it may not be an appropriate approach for the service as a whole particularly in view of the current employment criteria for entry into CAMHS and its emphasis on (essential) tertiary qualifications in nursing, social work, psychology, speech pathology and Occupational therapy which currently act as a barrier for Aboriginal people wishing to enter the workforce in direct service delivery roles.

It may be more appropriate for CAMHS as an organisation to focus more on assisting Aboriginal run services to build up their capacity to provide mental health services through the development of collaborative partnerships described above, although employment pathways for Aboriginal workers with tertiary qualifications should also be encouraged.

An alternative model could focus on a combination of approaches that includes employment of a number of Aboriginal workers within an Aboriginal Mental Health Services Team that works across geographical locations, interacting collaboratively with the Division's mainstream services and other Aboriginal Services.

At a minimum the Division needs to decide on how the key learning from the project can be disseminated effectively across the organisation and what resources should be allocated towards service development in the absence of any further Aboriginal workers being employed within the organisation in the short to medium term.

6. Future Directions

6.1 National and State Priorities

A number of recent and established national and state reports make a range of important recommendations relating to improvements in the health of indigenous Australians and the development of appropriate mental health services within Aboriginal run programs and services.

Any future development of the Aboriginal Youth Mental Health Partnership Project should therefore be made in light of the priorities and recommendations for service development contained in these reports.

A detailed literature review is required to document the full extent and nature of the priority directions and recommendations noted in these reports to provide some guidance and direction to the ongoing development of the project. The current project worker could carry out this task as a priority to assist in the planning of the next phase of the project.

6.2 Stakeholder Views on Future Directions

A number of themes have been proposed regarding the future development of the project.

One view has been to maintain a continued focus on MAYT clients; further increasing the capacity of MAYT to respond to the mental health issues they are presented with.

MAYT staff also indicated that they want the project to continue with a focus on employment of Aboriginal mental health worker(s) located within their service providing a range of clinical and non-clinical services.

During stakeholder interviews however, a further view was expressed that service development within the project should have a regional focus as opposed to services being targeted to one single location or area within the Region. Additionally services should include a range of approaches including health promotion and prevention, early intervention, clinical, and workforce development.

A consistent view however across all of the stakeholders has emphasised the need for trained Aboriginal mental health workers to be located or employed within existing Aboriginal services working in collaboration with specialist mental health services.

In addition to this, a view was also expressed that CAMHS workers needed to become more involved in the project to build up their profile with the Aboriginal community, develop trust and models of working alongside Aboriginal workers in other organisations to ensure that services are sustainable and that knowledge and skills are transferred.

Themes from the project steering committee meeting with local key stakeholders in December 2002 included:

- Demand for specific clinical services vs. orientation of services
- Community service links to other significant CAMHS/DFAYS interface positions including:
 - Secure Care Link Nurse (CAMHS)
 - Proposed Substance Abuse Workers (DFAYS)
 - Community Residential Care Project (CAMHS)
 - MAYT relocation to the PARKS, collocation with Western CAMHS Outreach workers
- Development of other community partners, in particular;
 - Port Adelaide Community Health Young Nungas Health Program
 - Tauondi College, Youth Program and Health Days
 - Nunga IT Program
- Dual worker model, e.g CAMHS worker alongside Indigenous Advisor or trainee
- Training and Development needs
- Building and sustaining networks
- Health promotion and community development approaches

Key learning would suggest that it is important to consider a range of collaborative models which allow for flexible local responses, while maintaining national standards, addressing national and state priorities, and achieving cultural accountability.

Flexible collaborative clinical services should provide choice for young people and their families, with provisions for a preference for intervention with Aboriginal or non-Aboriginal workers, co-working arrangements, and location of service.

Given the linkages and activities currently developed by the project it would seem that a partial regional focus has already been developed in respect to networking, health promotion and community development activities which have been predominantly focused in the Port Adelaide and Parks areas. Clinical services have also been provided across these areas in a variety of locations.

Key stakeholders expressed the view that the project worker was a key element in the project and had done an excellent job in setting the groundwork in place for the project to progress to the next stage. They expressed a view that it would be important for the project worker to be involved in the transition to the next stage of the project and beyond so that her knowledge and experience is not lost to the project or the region.

6.3 Steering Committee Recommendations

At its last meeting in July the steering committee made the following recommendations for initial directions for the next phase of the project based on information provided in this evaluation report.

It was recommended that:

- The project should:

- employ an Aboriginal worker or trainee to work alongside the current project worker to facilitate an eventual transfer of responsibility for coordinating the project to an Aboriginal worker.
- continue to focus on developing services for Aboriginal young people who are at risk of entering the juvenile justice system including MAYT clients;
- expand its focus to Aboriginal young people who are at risk (socially and emotionally) due to the severity of their mental health problems;
- continue to build upon the linkages already established with Aboriginal services located within the Parks and Port Adelaide areas;
- establish a local operational management group to oversee the development of new objectives and strategies in conjunction with the current advisory group;
- explore opportunities for further collaboration between CAMHS and Aboriginal services within the Western Region.

It was further recommended that:

- The project worker(s) relinquish their clinical focus and concentrate on assisting other CAMHS workers to connect with the Aboriginal community and services already linked to the project.
- CAMHS develop a model of collaborative service delivery with Aboriginal services that is replicable across the service and that it utilises learning from the project across the organisation.