



Industry Skills Council

Improving the Capacity of workers in Aboriginal and Torres Strait Islander Communities to Recognise and Respond to Mental Illness and Related Alcohol and Other Drug Issues

A project to develop and produce resources and support materials within a Vocational Education and Training Framework to improve the capacity of workers in Aboriginal and Torres Strait Islander communities to recognise and appropriately respond to Mental Health and related Alcohol & Other Drug issues.

Background Report – February 2007

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Executive Summary

This report is a background paper for the initial phase of the project which aims to develop resources, support materials and learning strategies to improve the capacity of workers in Aboriginal and Torres Strait Islander Communities to recognise and respond to Mental Illness and related Alcohol and Other Drug Issues. The project is conducted within the context of the Federal Governments 2006 Budget commitment of \$1.9 billion to improve services for people with a mental illness, their families and carers. The Indigenous specific measure of *'Improving the capacity of workers in Indigenous communities'* is a key focus of this commitment.

The Community Services and Health Industry Skills Council (ISC) is undertaking the project on behalf of the Department of Health and Ageing (DoHA), Office for Aboriginal and Torres Strait Islander Health (OATSIH), to develop a package of training resources and support materials including learning and teaching strategies intended to improve the capacity of Aboriginal and Torres Strait Islander health workers required to recognise and respond to mental illness and alcohol and other

drug issues. The development of training resources, learning materials and strategies will be based on the new national Aboriginal and Torres Strait Islander Health Worker competencies. In addition, the development of resources and materials will draw upon of best practice in Aboriginal and Torres Strait Islander learning environments and processes in terms of existing curriculum, programs and qualifications.

Competency based training is the nationally agreed system of training and assessment used in the Vocational Education and Training (VET) sector in Australia. Competency based training, as proposed in this project, utilises nationally agreed competency standards which define the requirements of competent performance in a specific work area, function, role or aspect of work required within the relevant industry or enterprise. Competency units identify the skills and knowledge required to perform a job role to the standard agreed by industry.

This project will develop resources and learning strategies, within a competency based framework for up-skilling

Aboriginal Health Workers, clinicians and counsellors to increase their capacity to assess, recognise and respond with appropriate linking and referral of clients presenting with mental health and drug and alcohol related issues.

In addition to the core functions of responding and referring clients presenting with mental health issues, the project will also research the relevance and importance of associated skills for health worker staff to be able to effectively respond to issues of grief and loss, stabilisation and referral, suicide and self harming, and drug and alcohol issues associated with mental illness.

The model for responding to clients with mental health and related drug and alcohol issues will be clearly defined within the community framework of social and emotional wellbeing rather than a clinical model of intervention.

The project aims to package appropriate Aboriginal Health Worker competencies into a five day training program followed by a two day refresher course after two years. The Importance of cultural

contexts, community approaches of social and emotional well being, a diversely spread workforce and state and territory priorities will be key considerations in the development of training materials and resources.

Focused, timely and appropriate consultation processes with Aboriginal and Torres Strait Islander people and communities are critical to achieving expected outcomes of the project. Therefore, the ISC will use a range of strategies to meaningfully engage with Aboriginal and Torres Strait Islander people, communities and key stakeholders including, the formation of a project Industry Reference Group (IRG), Indigenous Strategies Working Group and the OATSIH Expert Reference Group for the duration of the project.

Project Boundaries and Contexts

Project context

The Indigenous specific measure “*Improving the capacity of workers in Indigenous communities*” is part of the 2006-07 Australian Governments \$1.9 billion to improve services for people with mental illness and their families and carers. This represents the government’s commitment to the Council of Australian Governments (COAG) Mental Health Reform package as announced by the Prime Minister on 5 April 2006. The areas for which Australian Government is responsible are comprehensively addressed by increasing access to primary health care, increasing the mental health workforce, providing more respite places and providing treatment for people experiencing both mental health and drug and alcohol difficulties. These practical responses will provide families, schools and health professionals with more support in recognising and responding to mental health concerns and new assistance to people who are living with mental illness and their families. Many other elements of the package will also have benefits for Indigenous Australians.¹

The Australian government’s package to improve mental health services includes \$20.8 million over five financial years (2006-07 to 2010-11) to assist health workers in Indigenous communities to identify and respond earlier to signs of mental illness and related substance abuse.

The initiative will benefit Indigenous Australians and Aboriginal Health Services nationally. Indigenous Australians will benefit from increased access to trained professionals and better referral and treatment options. Aboriginal Health Services will benefit from:

- Training for 840 Aboriginal Health Workers, counsellor and clinical staff to recognise and respond to mental illness and related drug and alcohol issues;
- Training in mental health first aid for 350 transport and administration staff located in Aboriginal Health Services who respond to clients as first point of contact in services;

¹ Better Mental Health Services for Australia, Media Release, Prime Minister John Howard 5 April 2006
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- The creation of 25 scholarships for Indigenous students under the Puggy Hunter Memorial Scholarship Scheme, especially to undertake studies in the discipline of mental health; and
- The creation of ten additional mental health worker positions

The funding body

The Department of Health and Ageing (DOHA) provides services under the Australian Government's health and ageing portfolio with OATSIH being responsible for coordinating government initiatives to Aboriginal Community Controlled health and Substance use Services. The long term strategy of OATSIH is to improve access by Aboriginal and Torres Strait Islander peoples to effective primary health care and substance misuse services and population health programs.

The long-term strategy of OATSIH is to improve the access of Aboriginal and Torres Strait Islander peoples to comprehensive primary health care services. The aim is to provide coordinated clinical care, population health and health promotion activities to facilitate illness prevention, early intervention and effective disease management. Evidence from Australia and overseas shows that improved access to comprehensive primary health care can make a real and sustainable difference to health status in the longer term.

This strategy is firmly based on the principle of working in partnership with the Aboriginal community controlled health sector.

The Department is pursuing a three way approach

1. Aims to improve access to, and responsiveness of, the mainstream health system
2. Ensure complementary action through Aboriginal and Torres Strait Islander specific health and substance use services

3. Collaborate across governments and the health sector to improve service delivery and outcomes⁴

Included in this outcome are several major activities with the most relevant to this project being the commitment to *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002*'.

Project Aim

The ISC has been commissioned by DOHA, OATSIH to develop and produce resources and training support materials aimed at improving the capacity of workers in Aboriginal and Torres Strait Islander communities to recognise and respond appropriately to mental illness and related alcohol and other drug issues within a social and emotional wellbeing framework.

This will include the following four key activities:

1. Formation of a national Industry Reference Group and production of an agreed action plan identifying required mental health competency of the workforce and strategies to enhance the mental health competency of the workforce;
2. Production of a mapping report of existing training approaches and materials to the required mental health/ social and emotional wellbeing competency/ies and identify any gap training requirements;
3. Develop resources and recommend strategies to support training initiatives. This includes the development of a comprehensive five day accredited training program; and a two day refresher course to be delivered in two years time. The training program will cover the following skills within a social and emotional well being framework:
 - Provide information about social and emotional support
 - Assess and support a client's social and emotional well being
 - Work in Aboriginal and/or primary health context

⁴ Department of Health and Aging -www.health.gov.au
Community Services & Health Industry Skills Council www.cshisc.com.au Improving the Capacity of Workers in Aboriginal and Torres Strait Islander Communities to Recognise and Address Mental Illness and Related Alcohol and Other Drug Issues. Background Report. February 2007

4. Develop recognition assessment tools to assist in the identification of existing and new workers current competence and training needs.

Community Services and Health Industry Skills Council's (ISC) Role

The ISC is declared by the National and State Training Ministers and provides Vocational Education and Training (VET) leadership to these two industries, which between them cover 9.7% of the total Australian workforce. The ISC is recognised as the peak national body providing advice on the training and skills development needs of the community services and health (CS&H) workforce to governments and industry. The ISC role in skills recognition and development embraces the full range of community services and health sectors across Australia.

The work of the ISC over the past years has been to lead the strategic placement of vocational outcomes and skills recognition as a primary vehicle for building and retaining a sustainable workforce. The ISC work with industry partners to describe the vocational outcomes in community services and health has influenced not only vocational level workers but has also provided benchmarks for all workers in the industries.

The ISC is responsible for the development and review of the Community Services Training Package and the Health Training Package. Any nationally agreed and endorsed competency units and qualifications for this sector must go through ISC processes.

The overall strategic direction for the ISC is captured in its simple yet powerful vision statement:

Australia will have a community services and health workforce with sufficient competence such that, if developed and managed well, it will always respond appropriately to the needs of the Australian population so that their health and wellbeing is promoted ,maintained, and where necessary restored⁵

As the national advisory body, it is the ISC's role to:

⁵ CS&HISC Vision Statement, www.cshisc.com.au
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- Create relevant up to date training packages for community services and health workers throughout Australia
- Demonstrate the benefits of vocational education and training (VET), enabling a much stronger and robust community services and health sector to grow
- Advise government and industry on how to train, retain and replace skilled workers and address skills shortages
- Speak out on labour force trends
- Facilitate discussions between employers and Registered Training Organisations (RTO) so they may develop partnerships to address skills shortages and meet the skills development needs of the VET workers in our industries.

The ISC was launched in May 2004 – it was previously known as a national industry training advisory body (ITAB) for over 10 years. It is a public company limited by guarantee, with 12 board directors drawn from industry, union and employer bodies. Its government employer nominees are made by the Australian Health Ministers Advisory Committee (AHMAC) and Community Services Ministers Advisory Council (CSMAC). This ensures its work is directly linked to public and private employer needs of the Community Services and Health industries and to government policy directions that make demands of workers in the Community Services and Health industries.

Project Activities and Methodology

Communication and consultation

In undertaking this project there are a number of key considerations that will remain important in the project's development:

- Ensuring focused consultation with Aboriginal and Torres Strait Islander people;
- Ensuring sufficient time and appropriate processes to meet the needs of Aboriginal and/or Torres Strait Islander people and communities;
- Ensuring decision making about the final product rests with key stakeholders, including Indigenous Strategies Working Group and OATSIH Expert Reference Group (ERG);
- Providing linkages with other OATSIH projects;

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- Production of real career pathways for Aboriginal and Torres Strait Islander workers;
- A high quality product which will meet national quality standards for Training Packages;
- Ensuring work undertaken is complementary to the Aboriginal Health Worker competencies;
- Communicating effectively with Aboriginal and Torres Strait Islander communities about the project and expected outcomes;
- Engaging Aboriginal and Torres Strait Islander people to undertake development work where possible and appropriate;
- Including all relevant areas of Aboriginal and/or Torres Strait Islander Health work in the project; and
- Identifying and addressing different job role contexts in all states and territories and types of services (i.e. developing a national map defined by grouping of units into qualifications and different levels and articulated as 'model training programs').

Consultation with the project's Industry Reference Group, the Department's Indigenous Strategies Working Group and the OATSIH Expert Reference Group will be through a combination of face to face meetings and teleconference meetings. As with all ISC projects, consultation includes the development of high quality documentation to assist the reference group engage with project tasks. Appropriate tools will be developed to assist the data collection and analysis of industry feedback. These groups will provide advice on the development of the resources specified in the project aim.

Quality assurance

The ISC will ensure the resources developed are subject to meeting the Department of Education Science and Training (DEST) Quality Assurance process to ensure that all resources produced fully support their nominated training package. The resources will be reviewed by an expert consultant who will evaluate the resources against the five National Quality Council – N.Q.C quality principles (Appendix A) and provide advice on content, methodology, instructional design, the consultation process and trialing of the resources.

Methodology

The project methodology addresses the range of different types of health and community organisations, different job roles – their training and history as it impacts on workplace competence, and differences between employed and private practitioners. The project is using a functional analysis approach to determine the competence required of workers in the job roles whereby they are required to identify and respond to clients experiencing mental health issues and/or problems with alcohol and/or other drugs. A comparative analysis will be undertaken of any existing training resources and materials with the competencies which exist in the National Aboriginal Health Worker Primary Care Qualifications.

The qualitative approach will determine best suited competencies upon which to create training and associated support resources and material for local responses in individual community settings with a multi disciplinary approach that includes an Aboriginal health perspective. The training would adopt a “team care planning approach” enabling participants to be able to gain competence in assessment, recognising and responding appropriately to mental health and related alcohol and drug issues.

Phase 1: Convene Industry Reference Group

A Project Industry Reference Group (IRG) will be formed to provide advice and direction to the project to analyse, discuss and finalise the competency requirements to meet the policy directives for up-skilling of the 840 Aboriginal and/or Torres Strait Islander Health Workers, counsellors and clinical practitioners, including Aboriginal Community Controlled Health Services (ACCHS), Substance Use Services (SU Services) Link Up Services, Social and Emotional Well Being (SEWB) and Regional Centres (RC's).

Members of the project IRG are stakeholders working in the Aboriginal and Torres Strait Islander Health sector (Appendix B). The IRG will also include representatives

from OATSIH and the newly created Mental Health and Workforce Division of the DOHA. This strategy will ensure consistency of activity across the COAG Mental Health measure, *'Improving the capacity of Indigenous workers'* and compliment the activity undertaken around the development of Aboriginal Health Worker competencies in particular the community care stream (see appendix e)

The IRG will work with the project team to identify the competencies from the Aboriginal Health Worker and Torres Strait Islander Health Worker qualifications most relevant to the project work and provide recommendations for the resultant training and assessment resources. The IRG will also be tasked with the provision of advice to the ISC in the development of the accredited in service training program.

Phase 2: Research and analysis of existing courses, approaches and learning materials

Existing courses, programs, materials and learning approaches will be researched and assessed against relevant National Aboriginal Health Worker and Torres Strait Islander Health Worker competencies. The ISC has found this mapping essential as a guide to determining skills formations programs that are founded in the basic tenets of Vocational Education and Training including:

- uniformity of learning across Australia;
- wide industry acceptance of training based on a nationally agreed standard;
- implementation opportunities through the national system;
- assurance that the quality of training under regular scrutiny and enhanced via an established continuous improvement process; and
- support for a national approach to address workforce development and skills shortages.

The ISC has been informed by DOHA that the Department has commissioned ORYGEN Research Centre, University of Melbourne, to develop culturally appropriate adaptation to the Mental Health First Aid (MHFA) course. Outcomes of this work are expected by April

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2007. The Australian Government has committed to providing MHFA training to 350 transport and administration staff in Aboriginal health services that provide first point of contact in services. In addition, the Department will also consider training the 840 Aboriginal Health Workers, Clinicians and Counsellors in MHFA.

Phase 3: Identify and develop training resources and develop recommendations for training implementation

This activity will ensure that there is a full suite of learning materials available to the Health Workers participating in the up-skilling program. From the research and analysis exercise described above, the ISC will develop learning resources possibly around the following skills for Aboriginal Health Workers (further research will refine these topic areas if necessary):

- Provide information and about social and emotional support
- Assess and support a client's social and emotional well being
- Work in Aboriginal and/or primary health context
- Grief and loss
- Stabilisation and referral, suicide and self harming
- Drug and alcohol issues

(Skills are defined within a social and emotional well being framework)

These skills will be mapped to current curriculum and relevant national competencies. Learning resources will be used to deliver a comprehensive accredited training program delivered over five days, with a two day refresher course provided in two years time. The course will adopt a learner centered approach ensuring flexibility so that it may be delivered consecutively or over a specified period of time using blended learning solutions. The training may be provided by a Registered Training Organisation (RTO) and/or by employer organisations. This approach will be determined by further research and consultation phase of the project.

Training materials and resources will incorporate recommended units of competencies in a manner that:

- Enables holistic training delivery;

- Meets the requirements of the diversely spread workforce and particular state and territory priorities;
- Incorporates or references existing resources where they are relevant and copyright release is provided;
- Addresses key concepts underpinning the required work and in particular a community context of social and emotional wellbeing;
- Adopts a 'team care planning approach' enabling learners to gain competence in assessment, recognising and responding to mental health and drug and alcohol issues; and
- Supports assessment against all units of competency in a holistic manner and will be consistent with the Assessment Guidelines of the Community Services and Health Training Packages and the standards of the Australian Quality Training Framework. This ensures national recognition for all the resources developed within this project.

Depending on the results of the research and analysis exercise, learning resources and support material developed and provided may include:

- Information kit to assist a RTO to be specifically equipped to teach and assess Aboriginal and/or Torres Strait Islander people;
- A teacher/assessment guide containing teaching notes, assessment templates and references;
- Student/learner workbooks; and
- Any promotional materials for disseminating information and about the courses.

In addition to these resources the ISC will provide recommendations and a plan for the implementation of the training of the 840 existing staff within a five year time frame. The plan will address various delivery options including face to face and web based/electronic, which may entail a blended solution to meeting the desired training outcomes.

Phase 4: Development of a recognition assessment tool

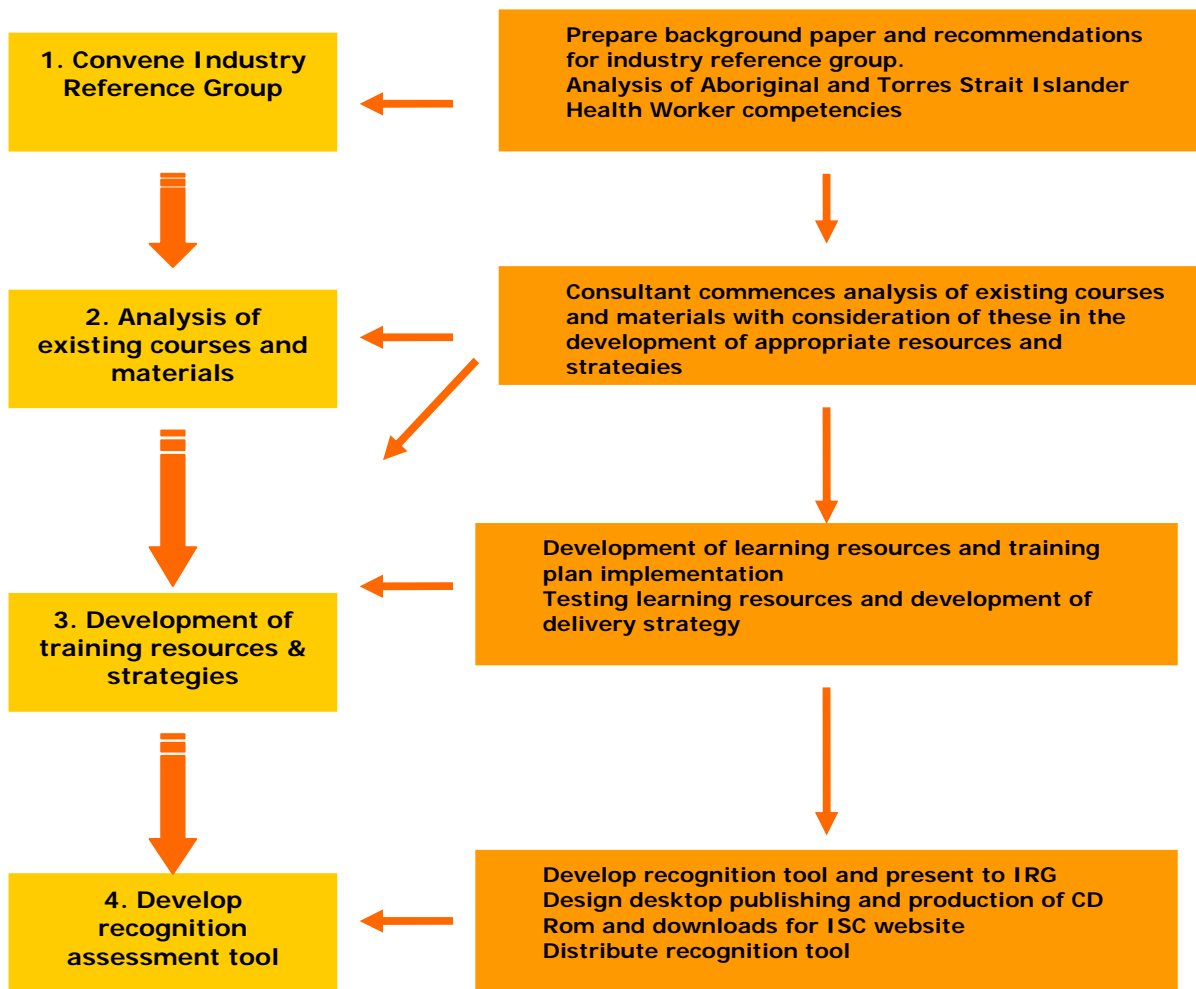
The skills and knowledge of workers can be validated using a well developed recognition assessment tool so gap learning needs can be identified and addressed through the specified training program.

Recognition is a process whereby evidence is collected and a judgment made by an assessor against the requirements of one or more units of competency from a relevant industry Training Package. Implementing and supporting the skills recognition Assessment process allows employers to identify relevant skill gaps with the Aboriginal and/or Torres Strait Islander Health workers in an approach that does not make learning a burdensome and repetitive experience for them.

In summary, the recognition is a process involves matching what learners already know and can do with the performance criteria of a stated qualification. If they can show that they have already attained the learning outcomes for one or more learning and assessment programs they will not have to undertake those learning and assessment programs. In this way recognition enables learners to focus on developing skills and knowledge in new areas, rather than relearning what they already know and can do.

From a workforce development perspective recognition is the vehicle by which workplaces can gain added value from any training system; from a quality perspective it ensures that a consistent benchmark aligned to the standard of work required is the basis of assessment. The ISC approach proposed in this report will ensure appropriate recognition assessment tools are developed and that trainers and assessors e.g. those coming from traditional professional approaches to education will be engaged in this process of recognising Aboriginal and/or Torres Strait Islander Health Workers.

Figure: 1 Project Activities and Methodology



Sector Profile

This section of the report provides an overview of the Aboriginal Health Worker and Torres Strait Islander Health Worker Sector workforce issues covered by the scope of this project. In particular Aboriginal Health Workers and Torres Strait Islander Health Workers working with targeted client groups of people experiencing problems with mental health and related alcohol and other drug concerns. Information on Aboriginal and/or Torres Strait Islander Health general service types and activities is presented as well as any identified specific mental health and/or drug and alcohol service activities or initiative as part of whole of government approach.

Aboriginal Health Worker and Torres Strait Islander Health Worker Workforce Issues and Data – Mental Health Focus.

The Council of Australian Governments (COAG), *National Action Plan on Mental Health 2006 – 2011*, identifies serious workforce shortages across all mental health professional groups. A major focus of the plan is to build the capacity of the mental health workforce to deliver services in both the public and private sector. One specific policy direction includes increasing the mental health workforce in rural, remote and Aboriginal and Torres Strait Islander Communities. Each State and Territory government will implement different actions as part of their individual plans. This reflects the differences in the range and scale of services that are already in place in each State or Territory. Some examples of the types of government actions relevant to this project include the importance placed on training front line workers to better respond to mental illness and improving workforce development including education, training support for new and more experienced staff.

Whilst each of the States and Territories outline activities for increasing the mental health workforce capacity, it is New South Wales, Northern Territory and South Australian governments that mention workforce capacity building strategies specific to Aboriginal and/or Torres Strait Islander Mental Health Workforce.

New South Wales outlines intention to:

- Place local Aboriginal mental health trainees in mainstream community mental health teams to address the high and complex needs of Aboriginal people, and for Aboriginal people to engage better with mental health services. This program is being expanded following a pilot in the Greater Western Area Health Service.⁷

The Northern Territory implementation plan on mental health includes:

- Increased services to rural and remote communities, including additional child and adolescent clinical positions and increased funding for Aboriginal Mental Health Worker Programs⁸

Finally, the South Australian Government indicated a commitment to:

- Enhance the Northern Assessment and Crisis interventions Teams emergency response for Aboriginal and Torres Strait Islander people and development of a peer support program for Aboriginal and Torres Strait Islander people run by Central Northern Adelaide Health Service. A substance abuse treatment centre and outreach programme will provide assessment, referral to hospital if medical support required for detoxification and residential rehabilitation programs for up to three months on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.⁹

Activities and initiatives to address mental health skills and service shortages across the general population coupled with specific strategies to improve the mental health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander people as outlined in the COAG National Plan for Mental Health is further supported and reflected in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional well Being 2004 – 2009.¹⁰

⁷ National Action Plan on Mental Health COAG July 2006

⁸ *ibid*, p38

⁹ *ibid*, p 31

¹⁰ National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional well Being, p.29,35

Two of the key strategic directions within the framework are to:

1. Strengthen Aboriginal Community Controlled Health Services
2. Improve access and responsiveness of mental health care

Peak Aboriginal Health Worker organisations such as , the National Aboriginal Community Controlled Health Organisation (NACCHO) also supports the need for skills development and recognition through its commitment to workforce priorities to improve the quality of health workforce to ensure culturally appropriate quality care and improved health outcomes for Aboriginal people.¹¹

Workforce data

Data referred to in this report are sourced from the Service Activity Reports (SAR) and the Drug and Alcohol Service Reports (DASR). The SAR is a national profile of Australian Government funded Aboriginal and Torres Strait Islander primary health care services and similarly the DASR collects information on the Australian Government funded Aboriginal and Torres Strait Islander substance use specific services. Both collections include service level data on workforce and activities relating to social and emotional well being and substance use.

30 June 2005

There were 3200 'full time equivalent' (FTE) staff at services that responded to SAR, approximately 3000 FTE positions were funded by the services. The remaining 200 FTE staff worked at the service but were employed by another organisation. From the SAR data collected June 2005 there were:

- 192 FTE social and emotional wellbeing staff (e.g. social workers, psychologist and counsellors) and
- 92 substance use workers,

¹¹ Delany-Thiele, D. Workforce Issues in Aboriginal Community Controlled health Services, National Rural Health Conference, 2004

(see Appendix C).

Aboriginal and Torres Strait Islander people held 61% of the FTE positions at SAR services and 73% of the FTE positions at DASR services, although most doctors, nurses, dentist and allied health professionals were non-Indigenous people.

In 2004-05, the Australian Government funded Aboriginal and Torres Strait Islander primary health care services provided an estimated 1.6 million episodes of care to clients. 89% (1.4 million) of these episodes were for Aboriginal and Torres Strait Islander clients.

In 2004-05, there were 121,000 client contacts with social and emotional wellbeing staff or psychiatrists within Australian Government funded Aboriginal and Torres Strait Islander primary health care services. This figure does not include contacts with other staff, such as doctors or Aboriginal and Torres Strait Islander health workers that are not designated as social and emotional wellbeing staff. It is therefore an under-estimate of access to culturally appropriate social and emotional wellbeing and mental health services within these services.

In 2004-05, approximately 75% of SAR services provided short-term counselling, 52% provided ongoing counselling, and 52% undertook mental health promotion. Of the DASR services reporting in 2004-05, 93% indicated that their substance use clients had experienced social and/or emotional wellbeing issues. Around 90% of these services addressed depression/hopelessness/despair and family/relationship issues, while 88% addressed family and community violence.

This data supports the proposal for this project to develop training materials and programs for workers needing to respond to mental health and alcohol and other drug issues with a view to holistic social and emotional well being approaches. DASR reports indicate SEWB issues directly related to substance use included 93% of services addressed depression/hopelessness/despair, anxiety/stress and family/relationship issues. This factor has important implications and considerations for the development of training materials and resources which are to skill workers to respond to issues of mental health and related drug and alcohol issues. It appears that from a Social and Emotional Well Being

¹³ Ways Forward Report , in CommunityMindEd, 2005

framework the issues are interrelated and reinforce the need for holistic assessment and response types.

The definition of health as stated in the *Ways Forward Report* (pp.1) outlines:¹³

Health does not just mean physical well being of the individual but refers to the social, emotional and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.

This definition provides the foundation for any future developments in the area of Aboriginal and Torres Strait Islander mental health. Principles of community development and Aboriginal community participation are central in achieving sustainable outcomes for Aboriginal and Torres Strait Islander mental health issues.

The Role of a Aboriginal and Torres Strait Islander Health Worker is diverse across states and territories. The consistency is in the approach to social and emotional well being and job roles are performed in community controlled health services within the framework of whole of community well being. Jobs are often classified into clinical and non clinical functions or in some instances qualified or unqualified positions. Many of the unqualified/non clinical positions perform first point of contact between the client and the health workforce, particularly in remote areas. Additional functions of multi tasking may include cultural liaison, health promotion, environmental health, community care; administration, management and control; and policy development and program planning.

Training and Education for Aboriginal and/or Torres Strait Islander Health Workers

It appears that workforce development and improving Aboriginal and/or Torres Strait Islander Health Workers access to training and education will contribute in real terms to improved health outcomes for Aboriginal and Torres Strait Islander people. This strategy is a shared key strategic direction adopted by a whole of government approach. This is particularly so for addressing the issue of mental health and related alcohol and other drug issues for Aboriginal and Torres Strait Islander communities as defined in the *National*

Strategic Framework for Aboriginal and/or Torres Strait Islander peoples Mental Health and Social and Emotional Wellbeing as outlined below:

*'Build(ing) a skilled and confident workforce able to provide mental health and social and emotional wellbeing services within Aboriginal Community Controlled Health Sector.'*¹⁴

This presents as the consistent strategic approach identified as required across several government and peak body initiatives and frameworks including:

- *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013*
- *The Council of Australian Governments (COAG), National Action Plan on Mental Health 2006 – 2011*
- *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional well Being 2004 – 2009.*
- *National Practice Standards for the Mental Health Workforce September 2002, (Standard 12)*
- *The Aboriginal and Torres Strait Islander Workforce National Strategic Framework, 2003*

It is not surprising then, that a number of both accredited and non accredited training options exist for Aboriginal and Torres Strait Islander Health Workers. Most courses have been designed to address specific job functions. There are a number of both accredited and non accredited and recognised qualifications, programs and courses throughout Australia. These courses and qualifications include vocational education and training as well as curriculum based higher education opportunities. For the purpose of this report a summary only of existing training opportunities for Aboriginal and/or Torres Strait Islander Health Workers in the area of mental health will be presented.

¹⁴ National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional well Being. P,29

Course and Training Providers

In this section of the report reference to courses and training providers includes both accredited and non accredited courses and material as well as reference to registered and non registered training organisations. The purpose of this section is to gain an understanding of existing courses and learning materials which may contribute to the development of training materials and resources.

A national review of Aboriginal and Torres Strait Islander Health Worker training identified more than fifty (50) courses offered across Australia to Aboriginal and Torres Strait Islander Health Workers. The number of courses and range of qualification levels varied across States, Territories, Training Providers and qualification levels and types. Thirteen of the 50 courses were offered at Bachelor level and the remainder offered across variations of the Certificates, Diploma and Advanced Diploma levels of the AQTF.

The review identified only a small number of qualifications specifically focused on Aboriginal mental health and drug and alcohol issues. However, several courses exist which address approaches and frameworks of Social and Emotional Wellbeing, which include skills for working with grief and loss, drug and alcohol issues, anxiety, trauma, family concerns and ensuring community concerns are considered. The following are a sample of the diversity of course offerings and approaches.

Aboriginal and Torres Strait Islander Bachelor of Health Sciences (Mental Health)

This bachelor degree is offered at the Charles Sturt University in the Djirruwang Mental Health Education and Training Unit. The program has restricted entry and is designed for Aboriginal and Torres Strait Islander people to gain knowledge skills and attitudes in the field of Mental Health. The entry criteria are:

- Must be Aboriginal and/or Torres Strait Islander;
- Demonstrate aptitude to undertake the course through previous relevant experience in the field of mental health or in Aboriginal and Torres Strait Islander communities or related services;

- Or have completed a bridging program.

Recognition of prior learning is given on a case by case basis.

The Djirruwang Program is the only one of its kind in Australia to offer clinical based Mental Health Course specifically designed for Aboriginal and Torres Strait Islander people. The course has its beginnings more than ten years ago as a pilot Aboriginal Mental Health Education Program in 1993. The Bachelor program offers exit points for students at Certificate and Diploma levels as well. This has proved vital for many Aboriginal and Torres Strait Islander people who often experience significant community and family commitments which impact on extended periods of study – yet desire a formal exit point for studies completed up to point of exit.

The Djirruwang program was the first educational program in Australia to utilise the *National Practice Standards for Mental Health Workforce* in the development of its Clinical Handbook and Course Competencies. The educational program is offered with on campus learning and combined clinical practice which increases with intensity and duration across the three year duration of the Degree. During the development of the program it was quickly identified that students would benefit greatly from a formalised Mentoring Program to gain support and learn from experienced practitioners in the field of Mental Health. Students participate in the program from across Australia and as at 2004 there had been 35 students graduate with a Diploma and 28 with a Degree.

The course content areas across the curriculum include generic skills in Mental Health, specific Aboriginal Mental Health and Well Being, Health Promotion, Healing, Working with Families, Gender, Aging, Forensic Mental Crisis Management Substance Abuse and Diagnosis Management. A comprehensive outline of the Course content is at Appendix D. The features of this educational program are that it has evolved over a long period of time, is supported by specific Aboriginal and Torres Strait Islander Education Program within a mainstream University and contains infrastructure supporting the learning environment for students in clinical based practice and attracts continued interest from OATSIH.

Mental Health First Aid Course

The MHFA training course was developed by Betty Kitchener and Professor Tony Jorm from the Centre for the Mental Health Research at the Australian National University in 2000. The intention was to help people to provide initial support for someone with a mental health problem. The central aim of the 12 hour course is to improve mental health literacy of members of the Australian community. Participants in MHFA courses represent a broad cross section of the general population and professional communities. As of March 2005, over 10,000 MHFA course had been conducted across Australia.

The specific content of the course provides participant's skills and knowledge designed to help a person better manage a potential or developing mental health problem in him/herself or family member, a friend or a work colleague. Like other first aid courses, it does not train people to diagnose or treat health problems. Specifically people in the course learn:

- How to recognise the symptoms of these mental illnesses;
- The possible causes or risk factors for these illnesses;
- The evidence based medical, psychological and alternative treatments available
- How to give appropriate initial help and support to a person suffering one of these illnesses; and
- How to take appropriate action if a crisis situation arises involving suicide behaviour, panic attack, stress reaction to trauma or threatening psychotic behaviour.

There is also a five day MHFA Instructor Training Course available. Applicants are required to complete a comprehensive application form.

The MHFA Program has been included in two [2] recommendations by the Senate Select Committee on Mental Health, April 2006. In brief these recommendations were to have 6% of the Australian population trained in MHFA, targeting those with the greatest probability of coming in contact with mental health issues. The second recommendation was to ensure that rural police and ambulance services are a high priority for MHFA training.

As previously mentioned in this report OATSIH has also commissioned the ORYGEN Research centre for Mental Health, to make cultural adaptations to the MHFA course to ensure an appropriate Aboriginal and or Torres Strait Islander version of the program is available. Research to date has indicated that the culturally appropriate version of the MHFA will be available by April 2007.

Other qualifications and courses

A number of both accredited and non accredited courses and qualifications in Social and Emotional Well being are offered by a range of Registered Training Organisations (RTO's) including some Aboriginal and Torres Strait Islander RTO's. For example the Victorian Association for Community Controlled Health Organisations is an RTO offering a state accredited Diploma of Social and Emotional Well being. Some Aboriginal Health services like the Nukunwarrin Yunti offer a Diploma of Narrative Therapy and the Kimberley Aboriginal Medical Services Council offers a Course in Counselling and Social and Emotional Well being. Each of these RTO's have contextualized the courses and qualifications to meet the specific needs of Aboriginal Health Workers.

This report does not intend to list all qualifications in existence; however, it is helpful to provide a sample of courses to indicate the diversity of qualifications and courses available to Aboriginal and/or Torres Strait Islander Health Workers

Certificate IV in Mental Health Work (non clinical) – Batchelor College

Mental Health Work (non clinical) is a qualification for support workers and case managers who work autonomously under the broad range guidance of others. The certificate is a qualification is a nationally recognised qualifications from the Community Services Training Package. CHC02. Learning approaches include institution case based programs; workplace based training as well as other flexible combinations of workplace and off the job training and assessment. The qualification aims to service several industry sectors as well as a wide range of jobs and roles involving counselling and liaison. The delivery of this qualification has been contextualised to meet the needs of Aboriginal and/or Torres Strait Islander learners.

Public Health Coursework – Menzies School of Health Research. Charles Darwin University (CDU)

The public health coursework program is accredited through the Charles Darwin University (CDU) and has particular emphasis on the support given to students. The program has evolved substantially since its inception and aims to provide education and training in public health that is broadly based, multi-disciplinary and inclusive. Menzies School of Health Research (MSHR) is a member of the Australian Network of Academic Public Health Institutions (ANAPHI), a national organisation of 19 universities and public health institutes delivering public health coursework programs.

The program is focused on Indigenous, remote and tropical public health and addresses the major public health challenges in Northern and Central Australia and neighbouring regions. These include poverty, poor environmental conditions, infectious disease, lifestyle related non-communicable disease and access to and acceptability of services (including education, health and basic infrastructure services). The majority of students are Territorians although the program attracts high quality public health practitioners from interstate and overseas. Many of the local students are employed by the NT Department of Health and Community Services with the program providing a significant professional development role for NT health service providers.

Certificate II in Family Wellbeing – Institute for Aboriginal Development

The Institute for Aboriginal Development (IAD) assists Aboriginal people with community development and cross cultural education between Aboriginal and Non Aboriginal people. IAD is an independent Aboriginal community controlled language resource centre and adult education center serving Aboriginal communities of Central Australia. The IAD currently offers the Certificate II in Family Wellbeing which is a state accredited course.

The Certificate enables participants through reference to their personal histories to develop skills required to utilise the principles and essence of Family Wellbeing in order to subsequently assist individuals and families to find positive solutions to their particular problems that they and their communities face. The Certificate includes introduction to coping strategies for community and personal problems and issues, reflecting on family

and community life in context and identifying positive strategies to deal with personal, family and community issues.

The mapping and development of any quality learning resources and materials will be considered in the context of cultural needs and appropriateness. Some of the historical issues that have been attached to provision of training for Aboriginal and Torres Strait Islander people have been a lack of coordinated training across states and territories, and financial disadvantage resulting in access and equity issues.¹⁵ Further understanding about the learning needs of Indigenous Australians has been gained throughout the development, implementation and review of the nationally recognised competency standards and qualifications for Aboriginal and/or Torres Strait Health Workers.

Aboriginal Health Worker and Torres Strait Islander Health Worker Primary Health Care Qualifications

Substantial progress has been achieved on a number of aspects relating to Aboriginal and Torres Strait Islander Health Worker training. In July 2002 the ISC commenced a project to develop new national qualifications for Aboriginal Health Workers and Torres Strait Islander Health Workers. At the time of writing this report the qualifications had been submitted for endorsement to the Department of Education Science and Training (DEST). The development of these qualifications is consistent with achieving Strategy 11 of the Australian Health Ministers Advisory Council's (AHMAC's) *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* which states:

'AHMAC endorse the development of an Aboriginal Health Worker vocational system which recognises the need to support comprehensive primary health care practice roles at various levels and distinguish these from other vocational streams currently encompassed by the term Aboriginal Health Worker. The objective is to ensure that Aboriginal Health Workers are equipped with the necessary skills to deliver effective quality services to Aboriginal and Torres Strait Islander peoples. This should be achieved by development of a national competency based training framework for Aboriginal Health Workers which would enable:

¹⁵ Curtin Indigenous Research Centre, Centre for Educational Research and evaluation Consortium, Jorjara & Associates Training re visions: a national review of Aboriginal and Torres Strait Islander health worker training.

- *Greater clarity of the scope of practice of Aboriginal Health Workers*
- *Greater clarity of the terms and conditions*¹⁶

The ISC worked alongside state and territory based working groups, to ensure the outcomes of the project meet local requirements and that all key stakeholders had been given an opportunity to participate. The new Aboriginal Health Worker and Torres Strait Islander Health Worker Competency Standards are a national product which meets the National Quality Training Council requirements. The ISC was responsible for overseeing, coordinating and reporting on the project.

The national qualifications for Aboriginal Health Worker and Torres Strait Islander Health Workers includes 2 qualification streams to better reflect the diverse work roles work undertaken in ACCHS's (see Appendix E) These streams include:

1. Aboriginal and/or Torres Strait Islander Primary Health Care (Practice); and
2. Aboriginal and/or Torres Strait Islander Primary Health (Community Care).

A total of 74 units of competency specific to Aboriginal and or Torres Strait Islander Health Worker job functions have been developed and/or modified for incorporation into the training package. There are also a number of imported units from the Community Services Training Package. The Aboriginal and/or Torres Strait Islander qualifications include a total of 8 qualifications across both streams ranging from Certificate II through to Advanced Diploma – with clearly articulated pathways between qualifications. This project is particularly interested in the community care competencies and qualifications as they pertain to first point of contact, recognising, assessing and responding to clients presenting with mental health and related drug and alcohol issues.

A desktop analyses of the individual competency units within the Aboriginal and/or Torres Strait Islander Health Worker qualifications have identified the following units that are considered appropriate for this project:

¹⁶ Strategy 11 AHMAC's Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.

	Unit code and title
1.	HLTAHW306A Provide information about social and emotional support This unit describes the competencies required to question and support clients requiring social / emotional support and provide information about available referral options
2.	HLTAHW402A Assess and support client's social and emotional well being This unit deals with the skills and knowledge required to assess clients in relation to their social and emotional well-being and provide appropriate support and referral as a member of a multi-disciplinary team working with Aboriginal and/or Torres Strait Islander communities
3.	HLTAHW301A Work-in Aboriginal and/or Torres Strait Islander Primary Health Care Context This unit deals with the skills and knowledge required to deliver primary health care services within the context of Aboriginal or Torres Strait Islander health.

A copy of each of these competencies is located at Appendix F

Preliminary analysis of the units outlined above align with the identified outcomes for this project. The importance of first point of contact assessment skills in Aboriginal and Torres Strait Islander Social and Emotional Well Being Health work has particular relevance to this project. Essentially the training resources will assist Aboriginal Health Workers to undertake a preliminary assessment and ensure more effective management of persons presenting with signs of mental health problems and related substance concerns. This will require knowledge and skills to enable workers to respond in a manner that will contribute to appropriate assessment, recognition and referral to create the link between the client and appropriate intervention services. In recognition of the issues confronting workers operating in a cross-cultural context of mental health practice working across the various levels of services systems (primary, secondary and tertiary), the training will also address a broader range of skills such as client advocacy and conflict resolution skills to assist workers to better manage systemic issues that create barriers to effective interventions with Aboriginal people. Maintaining personal well being and self care is a further area that this project will address given the stress associated with this area of work.

The intention of this project is to develop a training program and resource materials that support the worker to develop competence in the above units. The outcome of the training program is to have workers able to assess, respond and refer clients within a team care plan environment.. .

Recommendations

1	Industry Reference Group to work with the Project team to produce an agreed action plan identifying required mental health competency of the workforce
2.	Input is sought from the project IRG about preferred and/or previously identified units of competence to be mapped to mental health competence of the Aboriginal and/or Torres Strait Islander Health Workforce
3	Research and produce a mapping report of existing training approaches and materials required to meet mental health competence
4	<p>Develop resources and strategies to support training initiatives for a five day accredited in service training program with a two day follow up refresher courser in two years time. The agreed focus would include the following competencies for Aboriginal and/or Torres Strait Islander Health Workers:</p> <ol style="list-style-type: none"> 1. HLTAHW402A Assess and support client's social and emotional well being. This would be the focus of the five day training program 2. HLTAHW306A Provide information about social and emotional support. This unit may be used for recognition of existing workers skills prior to and/or part of the five day training program 3. HLTAHW301A Work in Aboriginal and/or Torres Strait Islander Primary Health care context. This unit may also be used in the development of resources and training materials as it complimented and secured the skills and knowledge contained in HLTAHW402A.
5	Develop a recognition tool to assist in the identification of existing and new workers current competence and training needs
6	The project outcome will be a multi disciplinary approach that includes an Aboriginal Health perspective and Social and Emotional Well Being. The training will adopt a "team care planning approach" enabling participants to gain competence in assessment, recognition and responding appropriately to mental health and drug and alcohol issues. Responding and referring appropriately are the key competencies of the training program.

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Appendix A National Quality Council Principles

Principle 1: Foundation

Training Package support materials must identify and support units of competency from endorsed Training Packages.

Principle 2: Scope

Training Package support materials must specify and be appropriate for their purpose, audience and coverage.

Principle 3: Structure and design

Training Package support materials must promote effective learning and assessment strategies and use easily accessible formats.

Principle 4: Flexible Delivery

Training Package support materials must provide for variations in learners' needs, preferences and starting points.

Principle 5: Access and Equity

Training Package support materials must be inclusive and actively challenge stereotypes.

Once the resources meet the DEST Quality Assurance requirements, these are 'noted' by the National Quality Council and will carry the 'noted tick' logo.

Appendix B: Industry Reference Group Members

Project Industry Reference Group			
Name	Position	Organisation	State
Pat Delaney	Acting Chief Executive Officer	Aboriginal Health and Medical Research Council (AH&MRC), NSW	NSW
Bridget Carrick	Executive Officer	Winnunga Nimmityjah Aboriginal Health Clinic & Health Service, ACT	ACT
Janine Engelhardt	Workforce Issues Project Officer	Aboriginal Health Council of South Australia (AHCSA), SA	SA
Michael McCabe	Executive Manager	Nunkuwarrin Yunti of South Australia Inc, SA	SA
Jenny Poelina	Co- ordinator	Central Australia Remote Health Development Services Ltd (CARHDS) Kimberley Aboriginal Medical Services Council Inc (KAMSC)	WA
Warren Locke	Principal Project Officer Indigenous Workforce Team Allied Health Advisory Unit	Queensland Health / QLD Working Group, QLD	QLD
Garth Morgan	Director	Queensland Aboriginal & Islander Health Council (QAIHC) / QLD Working Group, QLD	QLD
Linda Zerna	CEO	Central Australia Remote Health Development Services Ltd (CARHDS)	NT
Glenda Thorpe	Senior Course Coordinator	Victorian Aboriginal Community Controlled Health Organisation (VACCHO)	VIC
Wendy Casey	Principal Advisor, Aboriginal AOD Programs	Drug and Alcohol Office	WA
Wendy Downs	Acting Director Workforce Policy & Planning	Department of Health & Ageing - Office of Aboriginal and Torres Strait Islander Health (OATSIH)	National ACT
Kate Gilbert	Director, Social Health Section	Department of Health and Ageing - Office of Aboriginal and Torres Strait Islander Health (OATSIH)	National ACT

Appendix C Health Occupations 2003-2004 Aboriginal and/or Torres Strait Islander People

Staff

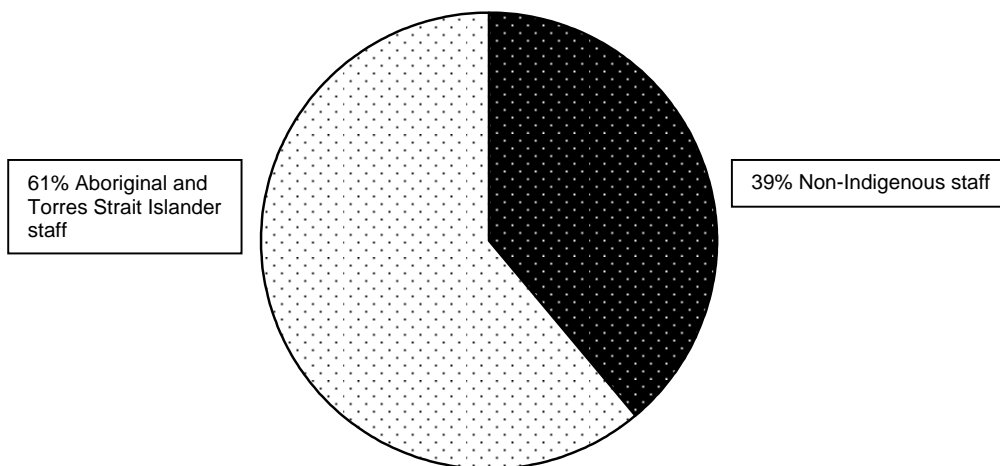
The 2004-2005 SAR asked Aboriginal and Torres Strait Islander primary health care services to record the number of 'full time equivalent' positions funded through all sources of funding as at 30 June 2005.

Respondent services had a total of 3200 'full time equivalent' staff. This included:

- 3000 'full time equivalent' positions funded by the services. These staff were paid wages/salaries or fees by the respondent service.
- 200 'full time equivalent' staff who worked at the services but were paid wages/salaries or fees by another organisation.

Most services (76%) had access to medical specialists/allied health professionals who were held by Aboriginal or Torres Strait Islander people. (Figure 2.7). Over half of the services (62%) had ten or more 'full time equivalent' positions paid by the service.

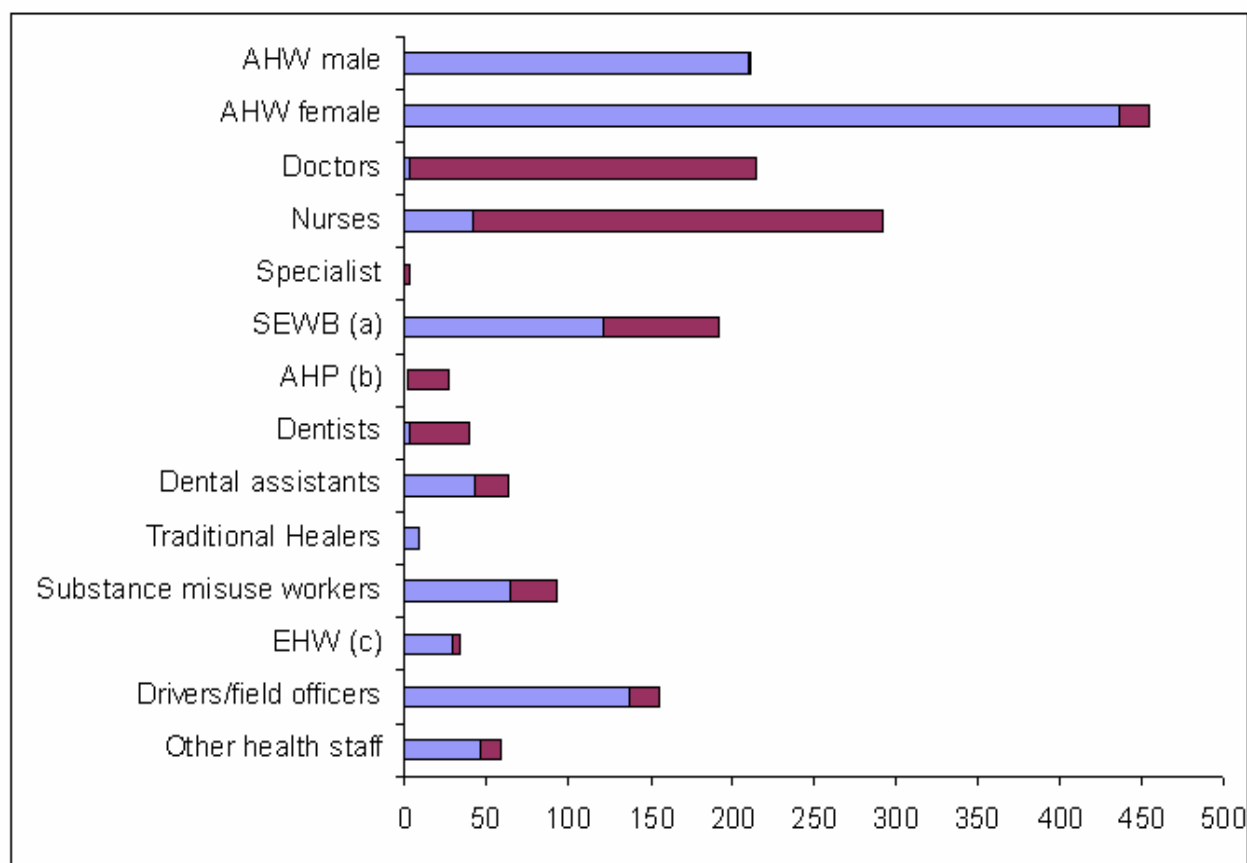
Figure 2.7: Indigenous status of staff employed by respondent Aboriginal and Torres Strait Islander primary health care services as at 30 June 2005 (n=141)



Health Staff

Figure 2.8 shows the total number of 'full time equivalent' positions for health staff employed by Aboriginal and Torres Strait Islander primary health care services divided according to whether they were Aboriginal and Torres Strait Islander or non- Indigenous. A total of 215 'full time equivalent' doctors were employed by respondent Aboriginal and Torres Strait Islander primary health care services. Most doctors, nurses, allied health professionals and dentists were non- Indigenous. Most traditional healers and environmental health workers, Aboriginal and Torres Strait Islander health workers (AHW), substance use workers and drivers/field officers were Aboriginal and Torres Strait Islander Australians.

Figure 2.8: Number of 'full time equivalent' health staff employed by respondent Aboriginal and Torres Strait Islander primary health care services as at 30 June 2005 by Indigenous status (n=141).



Total 'full time equivalent' positions

- Aboriginal and Torres Strait Islander staff ■ Non-Indigenous staff
 (a) ESWB – Emotional and social well being staff (including counsellors, social workers and psychologists)
 (b) AHP - Allied health professionals
 (c) EHW – Environmental health workers
 (d) Other health staff – includes eye health coordinator, hearing program coordinator, nutrition worker, antenatal support, family health worker, sobering up unit life skills support workers.

Appendix D: Aboriginal and Torres Strait Islander Bachelor of Health Sciences (Mental Health)

Charles Sturt University – Djirruwang Program.

Course Outline

HHS 100 Generic Skills in Aboriginal Mental Health

This subject offers students orientations and functional skills in academic work and professional practices with particular reference to professional development in the field of Aboriginal Mental Health. Using a topic format it begins with an overview of the course and its expectations followed by practical tools of studying at tertiary level and the utilisation of various resources therein. This subject demonstrates various ways of acquiring professional skills including inter-relationship of theory with practice, and life long learning.

HHS 103 Aboriginal Mental Health and Wellbeing 1

The Ways forward Report (1995) describes Aboriginal concept of health as holistic, encompassing mental health and physical, cultural, and spiritual health. The holistic concept does not merely refer to the 'whole body' but in fact is steeped in the harmonised inter-relating factors can be catagorised largely as spiritual, environmental, ideological, political, social, economical, mental and physical. This subject, therefore, generates an understanding that when the harmony of these inter-relations is disrupted, Aboriginal ill health will persist. It examines Aboriginal and Torres Strait Islanders culture and belief systems and the effects of colonisation and social upheaval on their mental health status. Traditional methods of healing are also examined.

HHS 110 Aboriginal Health Promotion

Holistic approaches to Aboriginal and Torres Strait Islander health care provision are seen as essential in order to ensure that there is appropriate recognition of care for mental health problems in primary care settings. To this end, this subject introduces to the notion of health promotion generally and mental health promotion in the Aboriginal and Torres Strait Islander communities specifically. This subject explores creative

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approaches to Aboriginal health promotion and community development in the context of self-determination. International perspectives on health promotion, as expressed in the WHO Ottawa Charter, are examined. Issues of empowerment, self-management, conflict resolution in communities and practical skills of developing community health programs are discussed.

HHS 101 Introduction to Mental Health Clinical Placement Subject (2Weeks)

This subject introduces students to the broad concepts of mental health and wellbeing. It explores issues in mental health in relation to the principles of care and examines the roles and functions of the mental health professionals. It describes terms and definitions, historical development and the different approaches and models for mental health care. It provides an overview of Aboriginal and Torres Strait Islander mental health. It discusses where the mental health care model has failed to provide adequate services and offers ways forward to more culturally appropriate methods of care for Aboriginal and Torres Strait Islanders in the future.

HHS 112 Healing our People (Counselling 1)

This subject will introduce you to the counselling process including some pertinent issues on becoming a counsellor. It will enable you to have a broad introduction and understanding of the counselling process, basic counselling skills, including the procedures of counselling. This subject will also explore pertinent issues like special cultural considerations in relation to Aboriginal and Torres Strait Islander People.

HHS 111 Healing our Spirit: Grief and Loss

Grief and loss have been identified as two of the major causes of mental, spiritual and physical illness within the Aboriginal and Torres Strait Islander communities. This subject firstly examines the causes and consequences of individual, family and community grief and loss. It then explores and discusses the healing process including decolonisation and the significance of healing for achieving self-determination and strength within the Aboriginal and Torres Strait Islander communities. It examines the issues of marginalisation of minority groups and the role that they play towards the feelings of grief, loss and community anger over that process.

HHS 106 Working with Families

This subject aims to enhance the students' knowledge and skills required to work with Aboriginal and Torres Strait Islander clients and their families in the management of mental disorders and promotion of emotional and social well being. This subject explores both the internal and external dynamics of families as systems. It describes diversity of families in relation to culture, family roles, communities and service provision. The causes of family breakdown are examined and ways to initiating a healing process are discussed. Furthermore, the subject discusses how to optimise available resources to families through primary care and general mental health care services, prevention initiatives, and development of intersectoral links and resources.

HHS 113 Substance Abuse: Assessment and Management Clinical Placement Subject (2Weeks)

This subject introduces the student to the issues of problematic drug use including those within Aboriginal and Torres Strait Islander communities. Health Care professionals will often be confronted with the complexities of caring for people who are affected by the use of substances. Substance use issues in Aboriginal and Torres Strait Islander communities are poorly understood and are often stigmatised in mainstream health thereby leading to less than satisfactory health outcomes for people. This subject will examine basic concepts and terminology in the alcohol and drug field, basic pharmacology of commonly used psychoactive drugs, substance use assessment instruments, guidelines for managing intoxication and withdrawal, early and brief interventions, drug diversion pharmacotherapies.

HHS 200 Aboriginal Mental Health and Wellbeing 2

Mental health is the capacity of the individual, the groups and the environment to interact with one another in ways which promote subjective well-being. The Ways Forward Report (1995) states that health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. The experiences of human trauma and loss must be recognised as contributing to the impairment of health and well-being suffered by Aboriginal and Torres Strait Islander people. Any service development must address these issues in terms of preventing and healing. Health care services, therefore, should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities. This subject addresses the causes, incidence of mental health problems in urban, rural and remote Aboriginal and Torres Strait Islander communities and models of care to address these.

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HHS 202 Gender and Mental Health

This subject explores Aboriginal beliefs about gender. While a separatist approach is not recommended, there are a number of issues of both men's and women's, Aboriginal and non-Aboriginal, mental health that are addressed in this subject. The subject begins with an examination of to what extent gender identity is about the sense of being male or female. It then explores the contravention of Aboriginal beliefs about gender. In Aboriginal and Torres Strait Islander societies, women's business and men's business are discrete and segregated modes of discourse and activity upheld by strict social rules. This subject then presents gender as a significant aspect of the way psychiatry identifies a mental illness, its cause, and appropriate cure, in both Aboriginal and non-Aboriginal populations.

HHS 206 Diagnosis and Management in Psychiatry 1

This subject builds on the broad concepts of mental health and illness outlined in subject 'HHS101 Introduction to Mental Health'. The subject 'Diagnosis and Management in Psychiatry I' introduces the major mental disorders and focuses on the causes, prevalence, clinical features, classification, treatment and care for people experiencing these disorders. Students will be introduced to the principles involved in providing culturally appropriate mental health models of care.

HHS 205 Crisis Management 1 Clinical Placement Subject (4 Weeks)

This subject describes the term 'crisis' and compares it with 'stress'. Types of crisis, factors that cause a crisis and crisis resolution are discussed. Crisis situations from an Aboriginal and Torres Strait Islander perspective are explored. The principles involved in the management of crisis situations are described and practiced. The role of the multidisciplinary team and the role of the mental health worker in the management of crises are described.

HHS 211 Ageing and Aboriginal Mental Health

The need to consider the ageing and wellbeing of the Indigenous population raises some issues that are relatively new to many Aboriginal and Torres Strait Islander communities. Community Services & Health Industry Skills Council www.cshisc.com.au Improving the Capacity of Workers in Aboriginal and Torres Strait Islander Communities to Recognise and Address Mental Illness and Related Alcohol and Other Drug Issues. Background Report. February 2007

This is mainly due to the fact that many Indigenous people do not live as long as their counter parts within the wider Australian community.

This subject assists students in identifying these issues and will help students develop ways to assist the ageing and to work toward their wellbeing. The subject will examine many of the underlying issues of ill health in old age and the effects of ill health on the mental health and wellbeing in the wider Aboriginal communities.

HHS 212 Forensic Mental Health

This subject will introduce you to forensic mental health care. It will enable you to have a broad understanding of the forensic services within Australia including mental health care, types of patients, mental illness and disorders. This subject will also explore pertinent issues like 'death in custody', and risk assessment in relation to Aboriginal & Torres Strait Islander clients. Hope you will find the readings interesting, thought provoking and challenging.

HHS 213 Crisis Management 2

Crisis theory and the management of crisis can be diverse and complex. This subject expands upon the subject content covered in Crisis Management 1. Students will find the content as compared to Crisis Management 1, more specifically related to different situations. The subject is interesting and dynamic as the content relates to students' own personal and professional experiences, and in turn gives them insight into the theory and practice in a crisis situation.

HHS 221 Diagnosis and Management in Psychiatry 2 Clinical Placement Subject (4 Weeks)

This subject expands on Diagnosis and Management in Psychiatry 1. It provides students with the theoretical knowledge and the practical skills to assess, formulate a diagnosis, develop treatment plans and provide care for people experiencing a range of mental disorders. Students will be encouraged to explore culturally appropriate models of mental health assessment, diagnosis and care within existing legislative requirements and industry standards in mental health.

HHS 301 Research in Mental Health (year long)*

This subject equips students with grounding in basic research methodology and practice. The subject integrates action research theories and practices methods and is designed to prepare students to conduct action research projects within Aboriginal and Torres Strait Islander communities and mental health settings.

HHS 303 Healing our People (Counselling 2)

Subject Author: Jane Havelka

This subject expands on the earlier subject Healing Our People (Counselling 1). It identifies three major different counselling theories, modalities and various intervention strategies. The focus is upon self-awareness, practice and analysis of strengths and weakness of each modality, in relation to the appropriateness to Aboriginal and Torres Strait Islander clients and other cultures. Students will be encouraged to discuss and explore the important legal and ethical issues in counselling within their cultural context. Biopsychosocial and spiritual assessment/interventions will be discussed.

HHS 309 Sexual Assault

This subject builds on student's knowledge and insight into sexual assault generally. It discusses how it impacts on Aboriginal and Torres Strait Islander survivors of sexual assault. This subject will highlight the links between mental health issues with child sexual assault. It will cover the prevalence, effects and impact on survivors of adult and child sexual assault. Students will develop skills and knowledge to work more effectively with survivors of sexual assault in a culturally appropriate way.

HHS 304 Mental Health and Substance Abuse (Dual Diagnosis) Clinical Placement Subject (4 Weeks)

This subject introduces the student to the twin issues of problematic drug use and co-existing mental disorders in Aboriginal and Torres Strait Islander communities. Health Care professionals will often be confronted with the complexities of caring for people who are affected by the abuse of substances and also those who show evidence of co-existing mental disorders. Often one of these issues masks the other and in some instances the control of one issue may accentuate or bring to the forefront the other issue. This subject examines basic concepts and terminology in both the Mental Health and Alcohol and Drug field and the pharmacology of commonly used psychoactive drugs, substance use assessment instruments, and guidelines for managing intoxication and withdrawal. It also examines early and brief interventions and drug diversion pharmacotherapies.

HHS 307 Child and Adolescent Mental Health

This subject enables the student to acquire skills in addressing the mental health needs of Aboriginal and Torres Strait Islander children and adolescents. It will give a broad view of the theories associated with developmental stages of children and adolescents. It will examine issues associated with working with young people and their families and explore the term “mental health” in relation to socioeconomic, psychological and spiritual factors. It will discuss issues such as mandatory reporting, DSM IV and ICD 10, intergenerational trauma, youth suicide, intervention and assessment. It will present a broad set of issues associated with racism, identity and culture.

HHS 308 Family Violence

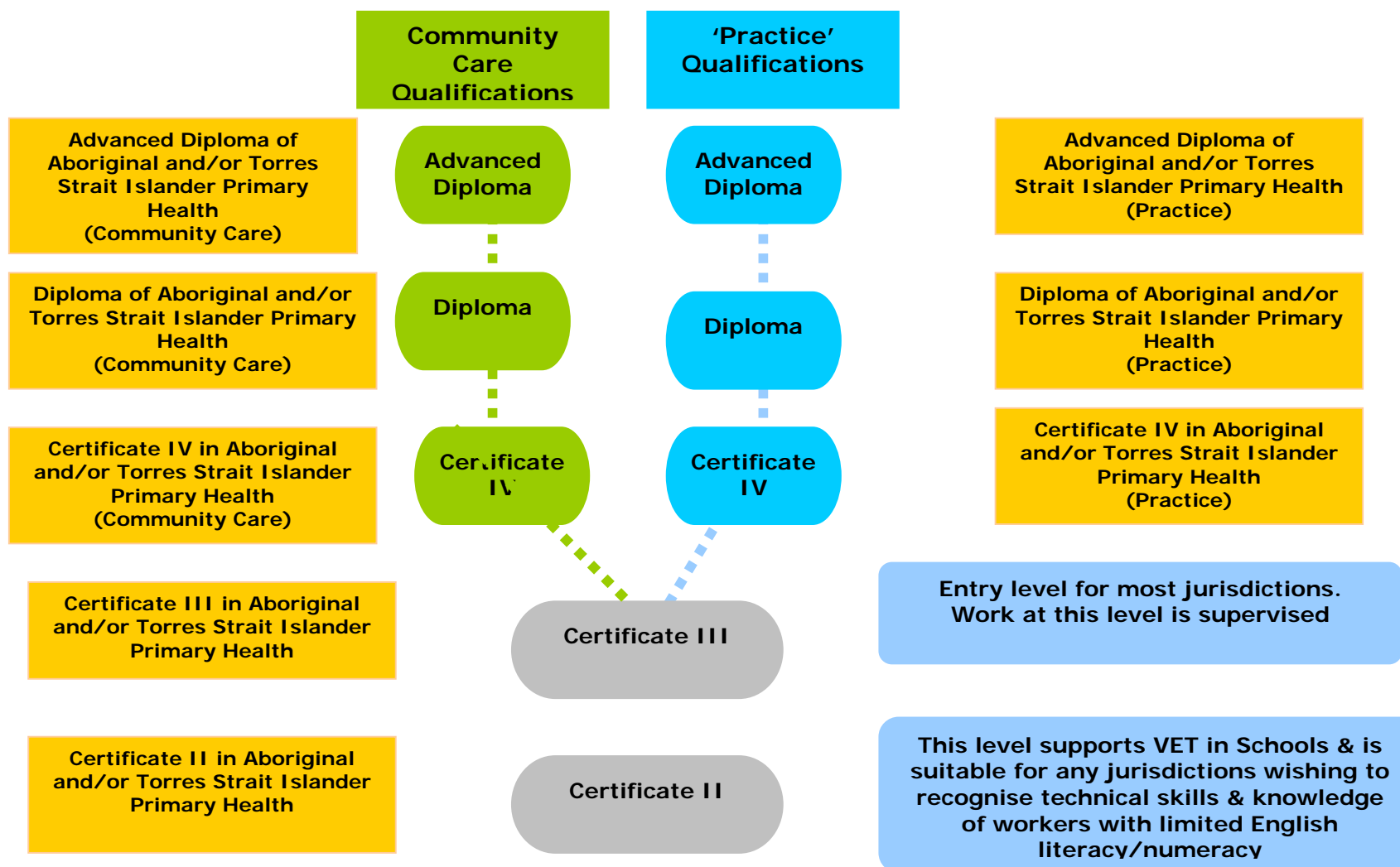
This subject builds on the student's knowledge of family violence and how it impacts on Aboriginal and Torres Strait Islander communities. The subject will cover the prevalence, effects of family violence on children and how it may link with mental health issues. Students will acquire skills and knowledge to work more effectively with issues relating to family violence in a culturally appropriate way.

HHS 310 Professional Issues in Aboriginal Mental Health Clinical Placement Subject (4 Weeks)

This subject explores current issues in the field of Indigenous Mental Health and its future development including the role of the professional body, competency development, and evidence based practice, employment trend, and practices in regional and rural areas. It examines issues underpinning and influencing the dynamic relationships that exist between and within professional groups in the field of mainstream mental health and indigenous mental health from a global, national and local perspective. It also identifies the professional issues mental health workers are confronted with each day, namely stress and burnout, being a member of the multi-disciplinary team and making use of professional and personal resources.

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Appendix E: Aboriginal Health Worker and Torres Strait Islander Health Worker Primary Health Care Qualifications



Appendix F: Aboriginal and or Torres Strait Islander Health Worker

Competencies

HLTAHW301A	Work in Aboriginal and/or Torres Strait Islander Primary Health care context
Unit Descriptor	This unit deals with the skills and knowledge required to deliver primary health care services within the context of Aboriginal or Torres Strait Islander health
Employability Skills	<p>The required outcomes described in this unit of competency contain applicable facets of Employability Skills</p> <p>The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements</p>
Application	<p>This unit is basic to the delivery of any aspect of health services or health support services to members of Aboriginal or Torres Strait Islander communities</p> <p>The unit applies to those working individually (e.g. in isolated practice) and as part of a team (e.g. in a clinic or hospital), whether the services are delivered through visits to the community, in Aboriginal or Torres Strait Islander community clinics or in mainstream health services</p>
ELEMENT	PERFORMANCE CRITERIA
Elements define the essential outcomes of a unit of competency.	The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in <i>italics</i> are elaborated in the Range Statement.
1. Work in the context of Aboriginal health and history	<p>1.1 Take into account the national/local history of Aboriginal and Torres Strait Islander people as a factor in health work</p> <p>1.2 Consider the impact of social, political, spiritual, economic and environmental factors on the health of Aboriginal and/or Torres Strait Islander people</p> <p>1.3 Reflect in work practice Aboriginal and/or Torres Strait Islander community-control and current strategies, programs and models that address Aboriginal and/or Torres Strait Islander Primary Health Care issues</p>

ELEMENT

Elements define the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

2. Apply Primary Health Care principles

- 2.1 Ensure Primary Health Care principles underpin service delivery
- 2.2 Deliver services that support Aboriginal and/or Torres Strait Islander people and communities to be self-determining and empowered
- 2.3 Demonstrate commitment to achieving access and equity in health services for Aboriginal and/or Torres Strait Islander people
- 2.4 Establish and maintain networks with health care agencies and associated services (eg. housing agencies) to support Aboriginal and/or Torres Strait Islander health care

3. Work in a culturally safe manner

- 3.1 Deliver health services safely in line with organisation policies, regulatory requirements and community protocols
- 3.2 Consider and respect local community values, beliefs and gender roles when providing health care to Aboriginal and/or Torres Strait Islander people
- 3.3 Apply cultural safety protocols in the implementation of government policies, research and data collection and the delivery of services to Aboriginal and/or Torres Strait Islander people
- 3.4 Identify cultural factors that produce stress and have a potential to impact own work practices and report to organisation as appropriate to support service delivery and personal well-being

4. Apply Aboriginal and/or Torres Strait Islander health policies and resources

- 4.1 Identify relevant aspects of Aboriginal and/or Torres Strait Islander health strategies, policies, bodies and resources
- 4.2 Apply policies and resources in line with identified need of Aboriginal and/or Torres Strait Islander people and communities
- 4.3 Identify barriers to access and equity in relation to Aboriginal and/or Torres Strait Islander health
- 4.4 Take available opportunities to advocate on behalf of Aboriginal and/or Torres Strait Islander people and/or communities
- 4.5 Maintain confidentiality of client information

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

- Aboriginal and/or Torres Strait Islander health, including:
 - Relevant definitions of 'health' (such as those of the World Health Organisation, NACCHO)
 - Aboriginal and/or Torres Strait Islander community perceptions of major health issues affecting them and underlying causes
 - Perceptions of non-Aboriginal and/or Torres Strait Islander people relating to major Aboriginal and/or Torres Strait Islander health issues and underlying causes
 - Key health statistics (national, state and/or local) for Aboriginal and/or Torres Strait Islander people compared to those of non-Aboriginal and/or Torres Strait Islander population (such as expectation of life at birth, infant mortality rate, age standardised mortality ratios for selected health conditions)
- Aboriginal and/or Torres Strait Islander history, including:
 - History, social structures, beliefs and values of traditional and contemporary Aboriginal and/or Torres Strait Islander communities in Australia
 - Effects of colonisation as experienced by Aboriginal and/or Torres Strait Islander people
 - Historical dilemmas faced by Aboriginal and/or Torres Strait Islander people (acknowledge or deny Aboriginality)
 - Impacts of government policies and legislation and their impact on Aboriginal and/or Torres Strait Islander communities, families and individuals
- Social, cultural & environmental determinants and strategies to address Aboriginal and/or Torres Strait Islander health status, including:
 - Traditional Aboriginal and/or Torres Strait Islander cultural practices and lifestyle and their impact on Aboriginal and/or Torres Strait Islander health
 - Importance of land, tradition and cultural practice to Aboriginal and/or Torres Strait Islander health
 - Impact of socio-economic factors on health
 - Social and political factors that perpetuate disadvantage
 - Importance of personal achievement, education & supportive family / social networks
 - Strategies Aboriginal and/or Torres Strait Islander families may employ to maintain strong culture & supportive social networks & maximise educational, employment & social opportunities for their children
 - Impact of environmental factors on health
- Barriers to improving environmental determinants of ill-health

continued ...

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge (contd):

- Lifestyle and behavioral determinants Aboriginal and/or Torres Strait Islander health and strategies to address them, including:
 - Nutrition, physical activity, rest & sleep in relation to holistic health
 - Known behaviours that pose a significant risk to Aboriginal and/or Torres Strait Islander people
 - Aboriginal and/or Torres Strait Islander lifestyle practices and the effects on health
 - Education and promotion of healthy lifestyle practices
 - Principles of well-being applied to work and study practices
- Primary health care model, including:
 - WHO Primary Health Care model and Ottawa Charter principles
 - Comparison of Primary Health Care model and conventional Western 'medical' model
 - Development of Aboriginal and/or Torres Strait Islander health services in Australia
 - Community control in relation to health service delivery to Aboriginal and/or Torres Strait Islander people
 - Issues in implementation of health services at local, state/territory and national levels
- Relevant aspects of health care system, including:
 - Access to Medicare benefits
 - Pharmaceutical benefits
 - Related social benefits

Essential skills:

Ability to:

- Take into account social, political and environmental factors that influence the health of Aboriginal and/or Torres Strait Islander clients
- Conduct an accurate and effective holistic assessment of the health of Aboriginal and/or Torres Strait Islander clients, including:
 - taking and recording relevant details of client's history, including body language
 - observation and assessment of client's health, using appropriate tests and instrumentation
 - using a structured approach to assessment
- Communicate effectively and establish a relationship of trust with clients
- Initiate appropriate actions in response to assessment and in accordance with organisation procedures and protocols for commonly presented health conditions
- Engage the client in self-management principles and practices
- Make appropriate referrals, providing accurate and relevant details to clients and referral agencies
- Reflect on and improve own level and application of skills and knowledge to achieve desirable outcomes and maintain own capabilities

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Cultural Respect

This competency standard supports the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples

It recognises that the improvement of the health status of Aboriginal and Torres Strait Islander people must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance

Its application must be culturally sensitive and supportive of traditional healing and health, knowledge and practices

Community Control

Community participation and control in decision-making is essential to all aspects of health work, and the role of the health worker is to support the community and/or key decision-makers in this process

Aboriginal and/or Torres Strait Islander community control is:

- the guiding principle and model for the delivery of holistic primary health care services to Aboriginal and Torres Strait Islander people
- a sector of the Australian health industry with its own history
- a practice which underpins Aboriginal community strengthening and survival
- a statement of self-determination

Supervision

Supervision must be conducted in accordance with prevailing State/Territory and organisation legislative and regulatory requirements

References to supervision may include either direct or indirect supervision of work by more experienced workers, supervisors, managers or other health professionals

A person at this level should **only** be required to make decisions about clients within the organisation's standard treatment protocols and associated guidelines

RANGE STATEMENT

Legislative Requirements

Federal, State or Territory legislation may impact on workers' practices and responsibilities. Implementation of the competency standards should reflect the legislative framework in which a health worker operates. It is recognised that this may sometimes reduce the application of the Range of Variables in practice. However, assessment in the workplace or through simulation should address all essential skills and knowledge across the Range of Variables

Aboriginal and/or Torres Strait Islander Health Workers may be required to operate in situations that do not constitute "usual practice" due to lack of resources, remote locations and community needs. As a result, they may need to possess more competencies than described by "usual practice circumstances"

Under all circumstances, the employer must enable the worker to function within the prevailing legislative framework

The history of Aboriginal and/or Torres Strait Islander people includes:

- Aboriginal and/or Torres Strait Islander customs and lifestyle before European colonisation
- Aboriginal and/or Torres Strait Islander experience of colonisation and invasion
- Post-colonial legacy of social and economic disadvantage
- Survival and maintenance of culture, kinship and connection with the land
- Evolution and scope of the role of the Aboriginal Health Worker up to the contemporary context

Cultural safety refers to:

- Maintaining the traditional and contemporary protection of Aboriginal and/or Torres Strait Islander communities':
 - Intellectual property
 - Human rights
 - Resources
 - Ownership of materials
- Community and self-protection of Aboriginal and/or Torres Strait Islander Health Workers.

RANGE STATEMENT

Cultural factors that may produce stress include:

- Community and/or own expectations that may involve, for example:
 - extended work hours
 - functions outside health work role
 - unrealistic accountability/responsibility for resolving community problems
 - family pressures
- Multiple accountabilities to employer, family, personal and community
- Motor vehicle accidents

Social, political, economic and environmental factors that impact on Aboriginal and/or Torres Strait Islander health include:

- Health outcomes
- Stolen generations
- Colonisation and invasion
- Land rights and native title
- Dispossession
- Acts of government including assimilation policies
- Racism and discrimination
- Media
- Employment
- Poverty
- Mortality/morbidity
- Police-community relations
- Housing
- Education
- Substance misuse
- Acculturation and
- Political leverage

RANGE STATEMENT

Diseases and injuries responsible for high levels of death or disability in Aboriginal and/or Torres Strait Islander populations include:

- Coronary heart disease
- Respiratory infection
- Diabetes
- Kidney disease
- Suicide/self-harm, family violence/homicide and accidents
- Substance misuse (alcohol & other drugs)
- Failure to thrive (infants)
- Pregnancy and lactation problems
- Cardiovascular disease
- Cancers
- Sexually transmitted diseases
- Mental health problems
- Oral diseases

Agencies associated with health care services may include:

- Community controlled health providers
- Women's/men's centres
- Government health services
- Welfare agencies
- Emergency services
- Police
- Education and training organisations
- Non-government and private enterprise
- Community Government Councils
- Elected community organisations
- Homeland/outstation service providers
- Churches

Aboriginal and/or Torres Strait Islander health bodies, strategies, policies and resources may include:

- National, state/territory and regional Aboriginal and/or Torres Strait Islander health strategies, policies, joint planning bodies
- The National Aboriginal and Torres Strait Islander Health Council
- The National Aboriginal Community Controlled Health Organisation (NACCHO) and its state/territory affiliates
- Resources available nationally, locally and at the state/territory level
- National Aboriginal Health Strategy (1989)
- ABS publications

RANGE STATEMENT

Barriers to access and equity in relation to Aboriginal and/or Torres Strait Islander health may include:

- Racism, including community and institutionalised racism
- Discrimination
- Socio-economic status
- Access to essential services and infrastructure
- Lack of co-ordination of government at all levels
- Inadequate resources/funding
- Lack of community control and ownership
- Lack of political leverage
- Language barriers
- Disease focus of mainstream health care delivery
- Differences in concept of ill health
- Geographic access to Primary Health Care and specialist health services
- Cultural barriers, such as family and kinship barriers
- Language / literacy

Organisation policies and regulatory requirements may include:

- Privacy and confidentiality guidelines
- Treatment manuals
- OH&S guidelines
- Infection control guidelines

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects of assessment: Evidence should demonstrate the individual's ability to:

- Work consistently in a culturally safe manner with and on behalf of Aboriginal and/or Torres Strait Islander clients in line with identified community needs and workplace requirements
- Apply the principles of Primary Health Care in the delivery of health care services
- Work with an understanding of the impact of historical, social, political, spiritual and environmental factors on the health of Aboriginal and/or Torres Strait Islander people

Conditions of assessment: This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself

or:

- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care

It is critical that in assessing this unit, consideration is given to the sensitive nature of some aspects of the unit, particularly as they apply to Aboriginal and/or Torres Strait Islander history and culture and to the culture of the person or group being assessed.

Assessment methods should be sensitive to emotional reactions of individuals being assessed, and it is highly recommended that access be made available as required to support, such as counselling in social and emotional well-being.

Context of assessment: Competence should be demonstrated working individually, under supervision or as part of a primary health care team in a clinical care environment, with Aboriginal and/or Torres Strait Islander clients. Where applicable, assessment should replicate workplace conditions as far as possible.

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Interdependence of units:

This unit may be assessed independently or in conjunction with other units with associated workplace application

HLTAHW306A**Provide information about social and emotional support****Unit Descriptor**

This unit describes the competencies required to question and support clients requiring social / emotional support and provide information about available referral options

Employability Skills

The required outcomes described in this unit of competency contain applicable facets of Employability Skills

The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements

Application

This unit is intended to address skills and knowledge required by those working, under direction, at a Certificate III level with isolated Aboriginal or Torres Strait Islander communities

It provides basic skills and knowledge in social and emotional support required by those involved in face-to-face delivery of primary health care services

Direction may be provided by close supervision or established guidelines that limit discretion

Successful completion of this unit equips Aboriginal and/or Torres Strait Islander Health Workers to provide support related to social and emotional wellbeing and does not infer that they are qualified counsellors

ELEMENT

Elements define the essential outcomes of a unit of competency.

1. Identify social/ emotional needs of clients

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

- 1.1 Obtain and record relevant history according to organisation guidelines
- 1.2 Use basic questioning to investigate and identify needs of individuals and/or community
- 1.3 Record findings according to organisation guidelines
- 1.4 Maintain individual and community confidentiality

ELEMENT

Elements define the essential outcomes of a unit of competency.

2. Provide information about available social/ emotional support services

3. Support clients under stress

4. Refer clients for social/ emotional support

5. Follow up clients after counselling

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

- 2.1 Provide accurate information about counselling and referral targeted to identified individual and community needs
- 2.2 Adapt delivery of information as required to facilitate understanding and address identified needs
- 2.3 Obtain further information as required to address identified needs
- 2.4 Support clients in taking a self-care approach to health in line with individual needs and organisation and community requirements

- 3.1 Assist client to feel as comfortable as possible
- 3.2 Invite client to discuss worries and feelings
- 3.3 Use basic listening and observation skills appropriately
- 3.4 Suggest stress reducing activities, as appropriate
- 3.5 Provide immediate support to clients in crisis, in consultation with the health team and supervisor and in line with organisation procedures
- 3.6 Offer immediate help to bereaved family members after sudden death

- 4.1 Refer individuals and/or groups to providers of social and emotional support services in line with identified individual and community needs
- 4.2 Consult other health professionals to clarify required care and support services
- 4.3 Address legislative and confidentiality requirements in the referral process
- 4.4 Keep records according to organisation guidelines

- 5.1 Consult individual and/or community about effectiveness of counselling and associated support provided
- 5.2 Provide feedback in line with individual, community and organisation requirements

ELEMENT

Elements define the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

6. Apply self-care strategies

- 6.1 Acknowledge limits of own personal ability, authority and role
- 6.2 Seek debriefing as required
- 6.3 Use ongoing self-care and stress management practices to manage work-related stress

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

- Basic knowledge of distinctions between counselling, social/emotional and mental health support and how their components relate to Aboriginal and/or Torres Strait Islander communities
- Understanding of self-management principles, tools and models, particularly for the management of chronic conditions
- Available counselling, social/emotional support services
- Relevant existing program policy
- Organisation policies on counselling
- Basic information on human psychology and mental health care
- Culture and spirituality issues
- Impacts of transgenerational trauma on individuals, families and communities:
 - Identity
 - Loss of land
 - Culture
 - Language and
 - Ceremony
- Legislative and confidentiality requirements
- Community views on counselling needs
- Identifying and referring grief, dying and bereavement issues, such as:
 - Aboriginal / Torres Strait Islander views on grief, dying and bereavement as contrasted with views in the non-Aboriginal community
 - Stages of grief
 - Methods of coping with grief, dying and bereavement
 - Ways in which Aboriginal / Torres Strait Islander families may be assisted (eg in making funeral arrangements)

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential skills:

Ability to:

- Communicate effectively and establish a relationship of trust with clients, including basic skills in:
 - Questioning and supporting clients
 - Negotiation and creating a care partnership
 - Conflict resolution
 - Providing feedback
 - Empathetic listening
 - Effective use of appropriate tools to support the above activities
- Undertake referral within organisation guidelines
- Keep records in line with organisation guidelines

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Cultural Respect

This competency standard supports the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples

It recognises that the improvement of the health status of Aboriginal and Torres Strait Islander people must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance

Its application must be culturally sensitive and supportive of traditional healing and health, knowledge and practices

Community Control

Community participation and control in decision-making is essential to all aspects of health work, and the role of the health worker is to support the community in this process

Supervision

Supervision must be conducted in accordance with prevailing State/Territory and organisation legislative and regulatory requirements

References to supervision may include either direct or indirect supervision of work by more experienced workers, supervisors, managers or other health

RANGE STATEMENT

professionals

A person at this level should **only** be required to make decisions about clients within the organisation's standard treatment protocols and associated guidelines

Legislative Requirements

Federal, State or Territory legislation may impact on workers' practices and responsibilities. Implementation of the competency standards should reflect the legislative framework in which a health worker operates. It is recognised that this may sometimes reduce the application of the Range of Variables in practice. However, assessment in the workplace or through simulation should address all essential skills and knowledge across the Range of Variables

Aboriginal and/or Torres Strait Islander Health Workers may be required to operate in situations that do not constitute "usual practice" due to lack of resources, remote locations and community needs. As a result, they may need to possess more competencies than described by "usual practice circumstances"

Under all circumstances, the employer must enable the worker to function within the prevailing legislative framework

Social and emotional support may relate to issues involving:

- Grief
- Marriage
- Rape
- Domestic violence
- Child abuse and sexual assault
- Substance misuse
- Incest
- Suicide / self harm
- Trans-generational trauma (including unrecognised and unacknowledged grief)
- Stolen Generations issues

Records may include:

- Written, verbal, illustrations and audio/visual within the workplace requirements

Advice may be sought from:

- Senior health workers
- Nurses. Doctors
- Educators
- Other counsellors

RANGE STATEMENT

- Key members of the community
- SEWB workers
- Regional centre staff
- Link ups

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects of assessment: Evidence should demonstrate the individual's ability to consistently work under supervision to:

- Identify specific social / emotional support needs of Aboriginal and/or Torres Strait Islander clients
- Communicate effectively about available support options
- Manage own work-related stress

Conditions of assessment: This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture
Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself

or:

- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care

Context of assessment: Competence should be demonstrated working individually, under supervision or as part of a primary health care team working with Aboriginal and/or Torres Strait Islander clients
Assessment should replicate workplace conditions as far as possible

Interdependence of units: This unit may be assessed independently or in conjunction with other units with associated workplace application

HLTAHW402A**Assess and support client's social and emotional well-being****Unit Descriptor**

This unit deals with the skills and knowledge required to assess clients in relation to their social and emotional well-being and provide appropriate support and referral as a member of a multi-disciplinary team working with Aboriginal and/or Torres Strait Islander communities

Employability Skills

The required outcomes described in this unit of competency contain applicable facets of Employability Skills

The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements

Application

This unit may be applied by those working individually (e.g. in isolated practice) or as part of a team (e.g. in a clinic or hospital)

Successful completion of this unit equips Aboriginal and/or Torres Strait Islander Health Workers to provide support related to social and emotional wellbeing and does not infer that they are qualified counsellors

It is imperative that cultural issues, including gender and kinship issues, are respected in the delivery, assessment and application of this competency unit

ELEMENT

Elements define the essential outcomes of a unit of competency.

1. Obtain client history**PERFORMANCE CRITERIA**

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

- 1.1 Seek to establish a relationship of trust with the client and their family, including active promotion of and strict adherence to confidentiality
- 1.2 Obtain a socio-emotional history from the client and/or their family, using available information from verbal, written and non-verbal sources
- 1.3 Seek information about relevant critical incidents with due sensitivity and respect for the physical, emotional and cultural safety and security of those affected
- 1.4 Seek additional related information through consultation with significant others
- 1.5 Consult relevant allied professionals and available documentation in relation to the health of the client

ELEMENT

Elements define the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

- | | |
|------------------------------|---|
| 1.6 | Initiate health assessment in line with organisation policies and procedures |
| 1.7 | Identify, assess and record self-management issues for clients with chronic conditions |
|
 | |
| 2. Assess client well-being | |
| 2.1 | Observe client closely and make notes relating to any signs of emotional disturbance |
| 2.2 | Recognise basic signs and symptoms of mental disturbance and significant underlying emotional reactions to loss, grief and trauma, explore using an appropriate interviewing technique and record details |
| 2.3 | Recognise issues that may relate to transgenerational trauma and grief for the individual, family and community |
| 2.4 | Identify and record disturbances in behaviour that may suggest a psychiatric disability |
| 2.5 | Invite client and their family to discuss issues of concern in a supportive and confidential context |
| 2.6 | Identify relevant issues related to social and emotional well-being |
| 2.7 | Promptly discuss with experienced staff identified indicators of depression or suicide risk, and refer client in line with organisation protocols |
| 2.8 | Provide client and their family with clear information on assessment findings and consult them about appropriate support options |
| 2.9 | Identify issues requiring mandatory notification and report to supervisor and/or an appropriate authority |
| 2.10 | Identify client's self-management capacity and barriers |
|
 | |
| 3. Provide support to client | |
| 3.1 | Deliver support services with reference to any existing health care plan and in line with organisation procedures |
| 3.2 | Provide relevant information to support the client and their family and enable them to make informed decisions about their own social and emotional well-being |
| 3.3 | Support client and family/ies to identify key self-management needs and goals and to determine appropriate self-care strategies |
| 3.4 | Suggest and explain appropriate stress reduction |

ELEMENT

Elements define the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

- techniques and activities as required.
- 3.5 Refer client and/or their family/ies as required, in line with community, organisation and regulatory requirements
 - 3.6 Refer serious or potentially serious issues to senior health staff for advice
 - 3.7 Provide or initiate support and assistance as required to address issues of safety and well-being of family and/or other victims
 - 3.8 Maintain current, complete, accurate and relevant records for each client interaction

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

Organisation policies and procedures relating to client confidentiality

Basic knowledge of human behaviour theories, including significant life events and developmental stages

Key elements of history taking in the context of social and emotional health and their significance

Significant presenting problems and appropriate avenues of further assessment or action

Underpinning knowledge of common presenting problems which lead to a suspicion that the client may experience social and or emotional distress or mental health problems

Correct procedures and protocols used in the assessment and management of common client presentations

Protocols to effectively assess, respond to and/or refer clients with presenting problems:

Common signs/indicators of:

mental or psychiatric illness

depression

AOD misuse

suicide risk

child abuse/sexual assault

Advanced communication techniques to develop trust and elicit sensitive information

Appropriate stress reducing techniques / activities

Available social/ emotional, AOD and mental health services, available services and referral criteria and processes

Awareness of culturally secure SEWB assessment tools for Aboriginal and Torres Strait Islander peoples

Underpinning knowledge of strategies to manage situations of where client are distress or actively demonstrate mental health symptoms

Principles of crisis intervention

Limits of own ability and authority

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential skills:

Ability to:

Communicate effectively with client (and significant others) in a culturally safe manner

Maintain client confidentiality whilst obtaining necessary information

Elicit relevant information effectively

Take and record accurate, sufficiently comprehensive and relevant client health history

Explain assessment methods and procedures to client

Observe, note and recognise unusual physical, behavioral and body language indicators

Conduct a social / emotional health assessment

Conduct a mental health assessment

Distinguish between effects of transgenerational trauma and grief and psychiatric illnesses

Report and/or record assessment findings in line with organisation requirements

Create supportive atmosphere

Manage difficult behaviour / avoid confrontation

Explain/demonstrate/instruct client to use appropriate stress reducing techniques / activities

Organise and participate in debriefing sessions following critical incidents or stressful interactions

Differentiate between situations that require urgent or non-urgent action and or referral

Make timely and appropriate referrals, providing accurate and relevant details to clients and referral agencies

RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Cultural Respect

This competency standard supports the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples

It recognises that the improvement of the health status of Aboriginal and Torres Strait Islander people must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance

Its application must be culturally sensitive and supportive of traditional healing and health, knowledge and practices

Community Control

Community participation and control in decision-making is essential to all aspects of health work, and the role of the health worker is to support the community in this process

Supervision

Supervision must be conducted in accordance with prevailing State/Territory and organisation legislative and regulatory requirements

References to supervision may include either direct or indirect supervision of work by more experienced workers, supervisors, managers or other health professionals

A person at this level should only be required to make decisions about clients within the organisation's standard treatment protocols and associated guidelines

RANGE STATEMENT

Legislative Requirements

Federal, State or Territory legislation may impact on workers' practices and responsibilities. Implementation of the competency standards should reflect the legislative framework in which a health worker operates. It is recognised that this may sometimes reduce the application of the Range of Variables in practice. However, assessment in the workplace or through simulation should address all essential skills and knowledge across the Range of Variables. Aboriginal and/or Torres Strait Islander Health Workers may be required to operate in situations that do not constitute "usual practice" due to lack of resources, remote locations and community needs. As a result, they may need to possess more competencies than described by "usual practice circumstances". Under all circumstances, the employer must enable the worker to function within the prevailing legislative framework.

A 'socio-emotional' history may include:

Client's personal situation, including:
living conditions (including physical, social, environmental, political, spiritual/cultural, mental aspects)
any health, legal, family and/or lifestyle issues
financial & employment status
relationships and family of origin
critical events/ incidents
AOD use, smoking
hallucination, paranoia, delusional thinking
Nature and history of any presenting problem(s) (character, severity and duration of symptoms)
Client concerns and beliefs regarding their problems
Past medical history
Medicines being taken
Allergies
Diet history to determine food and drink intake

Critical incidents may include:

Loss, grief, trauma and bereavement
Unfinished business (dislocation, identity)
All forms of abuse
Funerals/burials
Crisis

Related health care providers may include:

Personnel internal to the service provider
External health care providers
Other service providers

RANGE STATEMENT

Consultation with significant others may include:	Members of the client's family Carer(s) Community representatives Other health professionals Representatives from other organisations working with the community, the client and/or their family
Available documentation may include:	Medical records Reports from referral, allied professionals and/or specialists
Signs of emotional disturbance may include:	Physical indicators of stress, distress or depression Unusual behaviour Body language Signs of incoherent thinking
Issues of concern may include:	Issues, situation or 'worries' of concern to the client or significant others Uncomfortable, stressful or uncontrollable moods and/or feelings Violent, threatening or otherwise unacceptable behaviour
Serious or potentially serious issues for referral may include:	Suicide risk Symptoms of chronic depression Acutely disturbed clients
Referral services may include:	Counselling AOD misuse support Mental health support Child abuse/sexual assault
Issues requiring mandatory notification may include:	Protection of children and others identified to be at risk Issues defined by jurisdictional legislation and/or regulatory requirements Issues specifically identified by the community or organisation policies

EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects of assessment: Evidence should demonstrate the individual's ability to work independently and consistently in delivering primary health care services to Aboriginal and/or Torres Strait Islander clients, including:

- Assessment of the client's socio-emotional health status, issues and needs
- Initiating appropriate support services and information for the client and their family
- Maintenance of client records and upholding client confidentiality

Conditions of assessment: This unit includes skills and knowledge specific to Aboriginal and/or Torres Strait Islander culture. Assessment must therefore be undertaken by a workplace assessor who has expertise in the unit of competency or who has the current qualification being assessed and who is:

- Aboriginal or Torres Strait Islander him/herself
- or:
- accompanied and advised by an Aboriginal or Torres Strait Islander person who is a recognised member of the community with experience in primary health care

Context of assessment: Competence should be demonstrated working individually, under supervision or as part of a primary health care team working with Aboriginal and/or Torres Strait Islander clients. Assessment should replicate workplace conditions as far as possible.

Interdependence of units: This unit may be assessed independently or in conjunction with other units with associated workplace application.

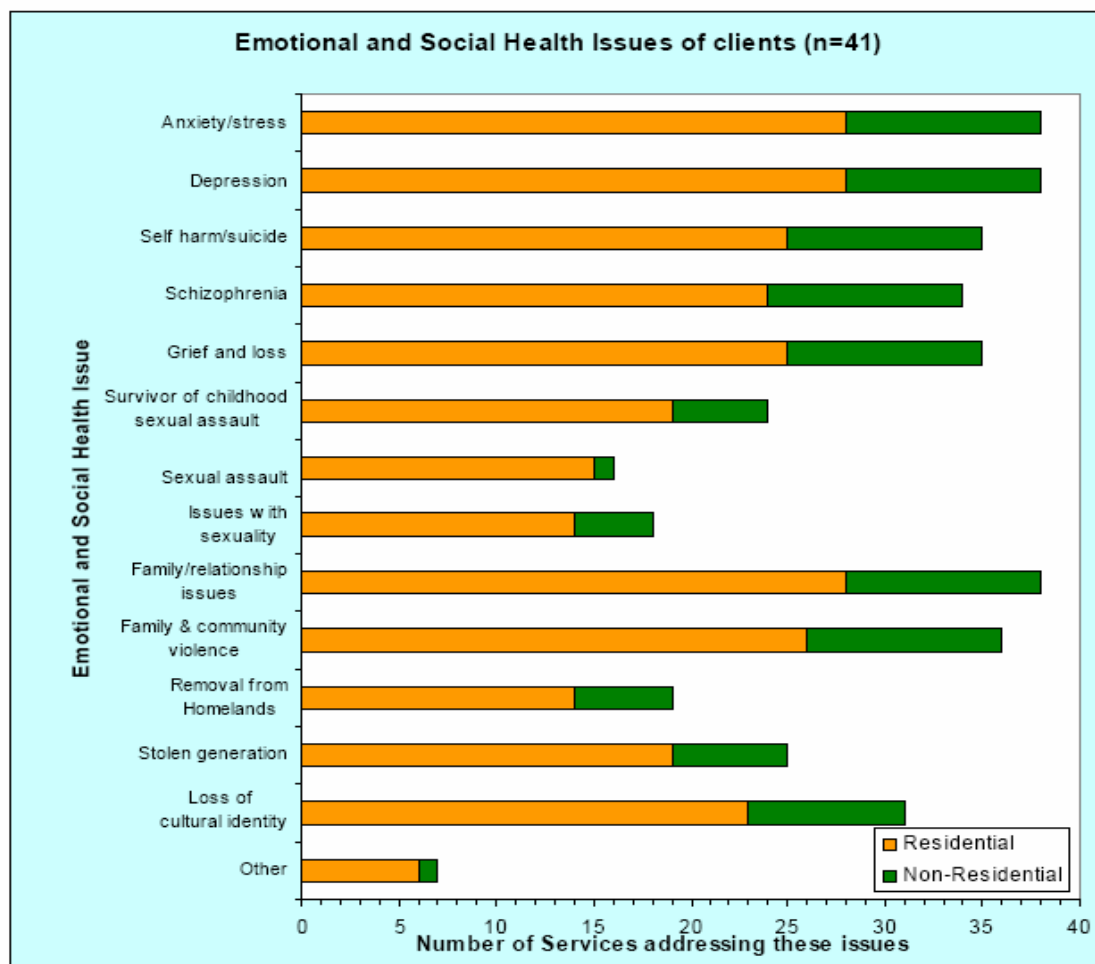
Appendix G Health Related Activities of Social and Emotional Well Being

HEALTH RELATED ACTIVITIES

Emotional and Social Well Being

Of 41 DASR Services reporting in 2003-04, 39 (95%) indicated that their substance use clients had experienced emotional and/or social health issues during 2003-04. Thirty-eight (93%) DASR Services addressed depression/hopelessness/despair, anxiety/stress and family/relationship issues. Thirty-six (88%) DASR Services also addressed family and community violence (see **Figure 33**).

Figure 33: DASR Service Substance Use Clients Types of Emotional and/or Social Health Issues



'Other' includes: Prison release and custody issues, a variety of disorders that are categorised in the DSM IV(TR) Mental Health disorders e.g. B.P.D/Bipolar/eating disorder, Native title was a big issue, lack of family guidance and role modelling, trans-generational loss and trauma and complicated grief, confusion, social and emotional isolation, unemployment, and paranoia.