

Considering models of practice: challenges faced by the Bush Support Service in developing service delivery to support remote area Aboriginal workers in health

Mark Millard¹, Annmaree Wilson¹
¹CRANaplus

Mark Millard is a psychologist and community worker who has provided professional and peer supervision and support in a range of settings during his practice over the past 20 years. He has a special interest in supporting and supervising practice for workers in remote settings, and in providing supervision using a range of technologies that help span distance.

Mark's work as a practising psychologist has included both functioning as a clinician and conducting community work and research. He was one of the initial team to establish the successful Council of Remote Area Nurses 'Bush Crisis Line', and has also held positions with James Cook University, the Cairns Integrated Mental Health Service, Yarrabah Health Committee. Cross-cultural psychology and remote service provision is a special interest.

Mark has diverse life experience, which have included working in difficult and challenging settings. Among other interests, he was Associate Producer of a feature-length video documentary completed in Cairns a few years ago; has worked for the International Aid Agency Community Aid Abroad doing community work in Australia; and has done Community Development Work with people with Psychiatric Disability in Townsville and Cairns.

Abstract

The Bush Support Service is a twenty-four hour, 7 day per week telephone counselling service. It provides debriefing and support to remote area health workers and their families. The Bush Support Service has also provided educational packages focusing on managing stress. Recent developments have included on-line counselling service, case management model and to the provision of professional supervision. It was established in 1997 originally through funding from the Office of Aboriginal and Torres Strait Islander Health Service. It is now funded by the Commonwealth Department of Health and Ageing and is auspiced by CRANaplus. The Bush Support Service is staffed by seven highly trained and experienced psychologists and supported by two administrative staff.

A key understanding of the Bush Support Service is that both Indigenous and non-Indigenous health workers comprise a particular group of people living in remote areas who have particular mental health needs. In short, due to isolation remote area health workers chronically face high levels of occupational stress. These same workers also face increased chances of experiencing discreet traumatic events. Aboriginal Health Workers face even more challenges. For example, many Aboriginal Health Workers live and work in the same community and this can cause stress due to conflicting roles.

The Bush Support Service, coming from a position of Reconciliation and social justice, has recently commenced a process of critically reflecting on just how culturally sensitive and accessible the service is to all Aboriginal workers in health. The aim of this paper is to explore this process in its' early stages. Key learnings from consultations with Aboriginal workers, particularly Aboriginal Health workers will be highlighted and options for themes for on-going consultations will be explored. The paper will also explore psychotherapeutic ways of working on the BSS telephone line which does not exclude Indigenous callers.

Firstly I would like to acknowledge the traditional owners of the land where we are now and to acknowledge the relationship that these traditional owners hold to this land.

If you conceptualise an organisation on a continuum with "racist" on one end and culturally safe" on the other, the question of whether the Bush Support Services (BSS) is "culturally safe" is a question that needs to be asked and then asked again. It needs to be asked despite the fact that none of the psychologists employed by the service, including myself, would consider themselves in the slightest "culturally unsafe". Since its inception, BSS has used Indigenous consultants in a number of contexts and over the years we have attempted to recruit more Indigenous psychologists to the 1800 line. Indeed, all the BSS psychologists are very experienced with working with Indigenous clients and all "signed up" to work for the service for the opportunity to continue to do so.

However, assuming that a service is culturally because we want it to be so not only perpetuates a myth it denies that racism is a problem. Besides, as we know, statistics do not lie (!) and there are some statistics that as a team, the Bush Support Services psychologists need to address. The Bush Support Services is a psychological service that has been running for 13 years. In the twelve month period between 2009-2010 the percentage of callers to the Bush Support Services who identified as Indigenous was only 11%. Anecdotally, we know the Indigenous callers who do contact tend to be “regulars”, that is callers who have well used the service for a number of years.

Looking at these facts, if we do not ask the question of the cultural safety of the Bush Support Services we could use some other facts to remain unquestioning about the issue. Some authors suggest, for example, that generally Aboriginal people are less likely to access mental health services than non-Aboriginal people. Aboriginal people are more likely to see mental health issues as part of an individual’s personality (Westerman & Vicary 2000). Generally Aboriginal people access services at crisis point. Westerman & Vicary (2000) also talked of the greater stigma of mental illness in Aboriginal communities than the white because of the Indigenous belief that links mental illness with the idea of retribution for doing something wrong. All very good reasons for accounting for why Indigenous workers in health do not to contact BSS for assistance as do white health workers.

However, critical psychology offers Bush Support Services the opportunity to examine the imbalance between Indigenous and non-indigenous callers from a different perspective. Critical psychology provides an understanding of racism and colonisation. It provides the possibility of highlighting white privilege, hearing Indigenous voices and making a commitment to social action. By adopting a critical psychology model, the Bush Support Services could address the imbalance through a process of reflexivity. The purpose of the paper today is to share with you the very early stages of this process of reflexivity. The aim of the paper is to raise questions in 4 key areas. These are:

1. Listening and asking questions to and of our Indigenous target group
2. Critically examining the theoretical underpinnings of the work that we do at Bush Support Services
3. Challenging and rechallenging Bush Support Services’ psychologists cultural competence
4. Putting words into action: “Mentoring” Project

It is important at this point to define the term *critical psychology*. It is that body of literature that investigates the how mainstream psychology interacts with racism, neo-colonialism, capitalist exploitation and neo-liberal market ideologies. (Parker, 2005). It provides an ideal philosophical framework for a critical review of a service because it provides a window of opportunity for change through resistance. It challenges the very foundations of the mainstream psychology that are the bases of psychological services such as the Bush Support Services because it is an approach that confronts white-dominated research and practice.

Of course, Bush Support Services has attempted to address the imbalance between Indigenous and non-Indigenous callers. As noted above, BSS started out with the very best of culturally safe intentions. The original BSS steering group had a number of very active Indigenous consultants and a model of co-counselling was established. In more recent times BSS has engaged in targeted mail outs of promotional material and advertised for Indigenous psychologists. As we have already seen, these recent approaches have been only marginally effective. One of the possible reasons why it has recently failed to address the imbalance, more than likely, was that there has been an *assumption* that we at BSS know why Indigenous workers are not contacting. Perhaps these assumptions precluded us from engaging in what the original BSS steering committee did and what Atkinson (2007) calls Deep Listening, “Dadirri”. That is, listening with ears *and* heart. Deep Listening is a way of living and working together. Importantly it is a way of learning. Two key concepts in Deep Listening are community and reciprocity. Deep listening values the stories that are told. Deep Listening also involves listening and observing the self (Atkinson 2001).

Through talking to Indigenous workers in health both on the BSS 1800 line and informally at workshops and conferences, it became clear that the experience of working in health is both the same and different to white workers. While none of the information is new and has been documented in other places, (eg Abbott, Gordon & Davison, 2007) BSS needs to listen to these experiences with a view of incorporating into the service

provision. For example, Indigenous health workers reported that as with their white colleagues, they were required to perform a large variety of clinical skills. Their roles include health promotions, individual patient management, health promotions and cultural expert. But Indigenous workers also talked of other difficulties that are somewhat unique. They talked of the tensions that are created by living and working in the same community. Such stressors as living multiple roles as mentor, counsellor, money-lender, peace-maker and leader are chronic and unrelenting. Indigenous workers also talked of the on-going nature of these stressors and the sense of never really being able to take a holiday unless they left the community.

Another issue that has direct relevance to the Bush Support Services that has become clear in conversation with health workers is the impact of culturally unsafe communication. It is clear, for example, that non-Indigenous health worker colleagues can sometimes show a lack of understanding and empathy in regard to cultural obligations. I have had the opportunity on the BSS 1800 line one occasion to hear “both sides of the story” ie a white health worker’s story and also an Indigenous health worker’s story on the same (cultural) incident. The Indigenous worker was traumatised by the experience. I have no doubt that the white worker had no idea she was behaving in a way that was experienced as racist. Parker (2008 citing Morgan, 2006, p.203) highlights that “serious and unrecognised miscommunication is pervasive in non Aboriginal doctor/Aboriginal patient interactions particularly in remote communities”. Why should an Indigenous health worker think they would not encounter the same difficulty with a psychologist from the BSS?

By talking to Indigenous health workers it also became clear that they are affected by practical issues. For example, lack of access to telephones and computers, means that Indigenous workers are not always able to access BSS even if they wanted to. Although any worker who has worked remote will know of this difficulty, some Indigenous workers have talked of being denied access by other staff. Certainly, hearing of these sorts of difficulties opens the way for an advocacy role for Bush Support Services.

Another potential area of critical review for the Bush Support Services involves looking at the theoretical underpinnings of the BSS psychologists’ personal practice models. All 8 psychologists on the Bush Support Services line are nationally registered psychologists. That means they have completed mainstream education and supervised practice in psychology. All would be familiar with a variety of psychological interventions and would use evidence-based CBT approaches as one of the cornerstones of their work. All have worked extensively in remote areas and, as mentioned previously with Indigenous people.

There are two relevant codes of practise for psychologists working with Indigenous people. One is the Australian Psychological Society (APS) *Code of Ethics* (1997) which provides the framework for psychologists to work in an ethical and sensitive manner and within the bounds of their professional competence. The second relevant document is *The Guidelines for the Provisions of Psychological Services for and the Conduct of Psychological Research with Aboriginal People of Australia* (1997). Walker, McPhee & Osborne (2000) point out there is an understanding amongst psychologists that psychological training programs do not adequately prepare psychologists for working with Indigenous people.

Recently I was asked how the Bush Support Services’ psychologists dealt with Indigenous callers who presented with cultural/traditional issues with which the psychologist was not familiar. The BSS psychologists reply was that they adopted a client-as-expert, “not-knowing role”. Certainly this sort of flexibility opens the way for BSS to have more conversations as a team that supports a counselling philosophy that recognises that Indigenous callers, for example, may differ in respect of not only cultural background but values and lifestyle. Moreover, it also supports this type of flexible approach allows for people to belong to a number of different cultural groups at the one time. These cultural groups can be determined by race, sexual orientation, geography, income.

The above philosophical musings may on one level seem like splitting theoretical hairs. However, they do have practical consequences for the BSS team. Moreover, these practical considerations may have important long-term implications for just how accessible and appropriate BSS is for Indigenous health workers. The types of skills, on-going professional development activities and sorts of experiences that the BSS team as a whole needs to pursue changes when a flexible style of working is made explicit rather than remaining implicit.

When educating mainstream professionals about Indigenous life and health ... typically “old style” anthropological approach where in-service training and professional development curricula has been used, where Indigenous people are objectified. This has the effect of emphasising the “Otherness” of

the culturally alien, and may indeed reinforce entrenched feelings of fear and racism. (Gabb & McDermott, 2007)

The idea of the Bush Support Services challenging and rechallenging the team's level of cultural competence/safety is an exciting one. Competence in establishing therapeutic relationships when dealing with cultural diversity is an essential component of overall professional psychology competence. McConnochie, Egege & McDermott (2007) make a number of pertinent points in regard to cultural competence. Firstly they say that cultural competence is a *developmental* process rather than a one off event. They refer to cultural competence as a "journey" that an individual takes. The second point is that cultural competence is systemic. As they say:

In the second dimension we look at what the literature says about cultural competence and include topics like the nature and significance of culture and the specificity of that knowledge within a particular context. The context that we focus on is understanding Australian issues: culture, history, contemporary, the community and so on. We then go into the exploration of individual attitudes, individual values, societal attitudes, societal values, the whole framework of individual, institutional and cultural racism, critically examining the nature of the profession or the nature of the occupation; a whole raft of professionally specific content, generic skills in working in an Indigenous context; working with Indigenous communities; and very specific skills for working in Indigenous context.

Currently the Bush Support Services psychologists are subcontractors in private practice. This means that they organise and pay for their own supervision. Up until the present time informal supervision/ debriefing on BSS issues has been provided by the BSS senior psychologist. However, it is clear that if we were to adopt a team supervision approach, an ideal opportunity to look at the issue of cultural competence could be created.

Aekins (2006) considers that culturally safe practice involves reconfiguration of power in the professional-client encounter. A culturally safe model of supervision, then would be one in which the power dynamics of the three parties involved: supervisor, psychologist and client is explored with the intention that the client's cultural identity is privileged. The client plays an "active" role in the process by being the "expert". How this can be achieved by a service, such as BSS, where most client contact is by telephone is a challenge. Certainly, in supervision the client's story can be privileged. Perhaps supervision could include an indigenous representative who could "speak for" the client. However, BSS chooses to tackle this issue both the supervisor and the psychologist undergo what Gabb & McDermott (2007) refer to as a "potentially challenging, process of reflection, on their own cultural identity and its impact on their praxis".

Team Supervision provides the ideal opportunity for the Bush Support Services team to gather anecdotal information about culturally safe encounters with Indigenous callers. These sessions could allow BSS psychologists to discuss both positive and negative interactions, to document them and to learn. We are a nationwide service and not all of us can have working knowledge of all the local Indigenous communities, available services, nor key Indigenous people in those communities to contact. A collective knowledge may provide opportunities for ways forward. Knowledge has always been shared informally between BSS team members but the suggestion here is to share this information formally, regularly and document it so that it can be shared further. As well, there needs to be indigenous mentoring in this process.

So far we have seen that by adopting a reflexive approach we have seen that there are number of things we can do differently: (deep) listening and a different way of doing supervision.

One of the ideas that the Bush Support Services will put words into action in 2011 is through what we are calling at the moment a Mentoring Project. Dudgeon, Grogan, Collard & Pickett (1993, p.5) set the scene for such a project:

The reality of life and lifestyle in Australia for all of us, Aboriginal and non-Aboriginal, is a variously shared one; it is an interaction of ways of the way of life where each affects the other. So it is realistic that counselling skills should reflect and encompass this in all its diversity. By marrying the two approaches, by developing counselling skills at the same time from the two different directions, and into the culturally shared space between, ways of working can be developed that are sensitive to, respect, and are culturally affirmative for wherever the person is or wishes to be positioned. (In this way), ways that that are culturally dis-confirming can be avoided.

The Mentoring Project involves Bush Support Services psychologists having one-to-one contact with trainee Aboriginal Health Workers from a remote area health service. Fundamentally, the project is being designed to be a two-way encounter. From the Aboriginal Health worker's perspective hopefully the interaction will provide the opportunity for access to psychologists that have areas of expertise and who can provide appropriate debriefing and if requested personal counselling. This will occur in an environment that will be increasingly safe and not anonymous. More to the point of this paper, however, it is a conscious and planned engagement that is designed to offer the opportunity for the BSS psychologists to *learn from* the Indigenous Health Workers and to critically reflect on all aspects of the work that we do. So the mentoring is mutual. The health workers provide expertise on cultural understandings and the psychologists on psychological matters.

By engaging in this project, the intention is not just to provide a service and to leave it at that. The purpose is for the Bush Support Services team to share new learnings through the encounters with the Aboriginal Health workers, not only within the team but throughout the profession. As noted above, the plan is to share with each other information about what strategies/ approaches are experienced as being helpful, which are not and to come to understandings about these outcomes. Through reflecting on the sessions that we have with the Aboriginal Health Workers in a reflective way, the task for the BSS psychologists will be as the Aboriginal Community Management and Development Programme (1999a,p.87) indicates "challenging, reviewing, reconstructing and reinventing ideas and concepts; and understanding how other people's might apply to individual situations. As well, as Walker, McPhee & Osborne (2000, p. 312) point out overarching purpose of the critically reflective activity for Bush Support Services is to analyse and understand "the broader cultural, social, political and economic environment".

Clearly one of the desired outcomes for Bush Support Services is to expand the definition of "best practice" to encompass positive social justice outcomes for the indigenous people with whom we work and in general. Bush Support Services is going to have to find an approach to critical practice that works best within the context of the work that we do. Certainly the fact that most of our work in the mentoring project will be done on the telephone will flavour the way that we go about the process. As the ACMDP (1999a p.90) notes there is no specific guide to engaging in reflective practice. However, there are definitely some specific techniques outlines by Walker, McPhee & Osborne (2000, pp. 319-320) which will be worthwhile considering and modifying to the BSS context. These are:

- Questioning-asking questions about the factors in an issue that seem important in order to create new knowledge
- Analysing-underlying assumptions and exploring assumptions. This area of critical reflection is about meaning-making
- Defining the issue—in terms of both the BSS psychologists own practice and the Indigenous Health Workers
- Seeing the other's perspective—involves not only reading, but acknowledging that others will have more info.
- Mapping-helps to reveal how key ideas "fit together"
- Reflecting with the BSS team—critical reflection through dialogue. Hopefully will happen formally through sharing understandings, experiences, knowledge in general and also more specifically such as codes of conduct,
- Recording activities/ observations-each member of the BSS team keeping a journal in which observations, questions relating to specific differences psychologist self and discipline and Indigenous workers in terms of cultural values and beliefs
- Hopefully at the 2012 conference we will be able to share new learnings form the critical reflective practice discussed above.

So Bush Support Services is at a cross roads. We could choose to just do more mail outs. Or we could engage in a diverse range of reflexive strategies and learnings. These strategies hopefully will shine a torch on power

relations and create a greater understanding the political, social and cultural context in which our Indigenous client group live and work. Moreover, it will create a greater understanding of our own political, social and cultural context. As Parker (2005, p35) noted “Reflexivity should not be self-indulgent and reductive exercise that psychologises phenomena and psychologises your own part in producing them. Instead, the reflexive work is part of action, and in action research much of that reflexive work is undertaken alongside and in collaboration with co-researchers”.

References

- Aboriginal Community Management and Development Programme. (1999a), ACMDP, (Block 4, Sessions 11 & 12, Second Year Workbook), Centre for Aboriginal Studies, Perth.
- Abbott, P. Gordon, E. & Davison, (2007) J. Expanding roles of Aboriginal health workers in the primary care setting: Seeking recognition. *Contemporary Nurse*. 26: 66-73.
- Aekins, V. (2006). Northland Polytechnic/ Tai Tokerau Wananga. *Nursing Journal*, 10, 13-17, p.16
- Atkinson, J. (2001), ‘Privileging Indigenous research methodologies’, Paper presented at the National Indigenous Researchers Forum, University of Melbourne.
- Atkinson, R. (2007). The life story interview as a bridge in narrative inquiry. In D.J. Clandinin (Ed.) *Handbook of narrative inquiry: Mapping a methodology*, (pp. 224–245), Thousand Oaks, California: Sage Publications
- Australian Psychological Society. (1996). *Guidelines for the provision of psychological services of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people*. Melbourne: Author.
- Australian Psychological Society. (1996). *Code of ethics*. Melbourne: Australian Psychological Society.
- Dudgeon, P., Grogan, G., Collard, S. & Pickett, H. (1993). *Counselling our way*. Paper presented at the National Aboriginal Mental Health Conference. Sydney, NSW November.
- Gabb, D. & McDermott, D. (2007). *What do Indigenous experiences and perspectives mean for transcultural mental health? Towards a new model of transcultural teaching for health professionals*. Paper presented at Psychology & Indigenous Australians: Teaching, Practice & Theory, University of South Australia July.
- McConnochie, K. Egege, D. & McDermott, D. (2007). Paper presented at Psychology & Indigenous Australians: Teaching, Practice & Theory, University of South Australia July.
- Morgan, S. (2006). Orientation for general practice in remote Aboriginal communities: A program for registrars in the Northern Territory. *Australian Journal of Rural Health*, 14, 202-208
- Parker, I. (2005). *Qualitative psychology: Introducing radical psychology*. Maidenhead, UK: Open University Press.
- Ridley, C.R. (1989). Racism in counselling as adverse behavioural process. In P.B. Pedersen, J.G. Draguns, W.J. Lonner, & J.E. Trimble (Eds.) *Counselling across cultures (3rd ed.)* (pp.177-204). Honolulu: University of Hawaii Press.
- Westerman, T., & Vicary, D. (2000). Aboriginal youth suicide. In P. Dudgeon, D. Garvey & H. Pickett (Eds.), *Working with Indigenous Australians: A handbook for psychologists* (pp.471-79). Perth: Gunada Press
- Walker, R., McPhee, R. & Osborne, R. (2000). Critical reflections for professional development. In P. Dudgeon, D. Garvey & H. Pickett (Eds.), *Working with Indigenous Australians: A handbook for psychologists* (pp.311-323). Perth: Gunada Press