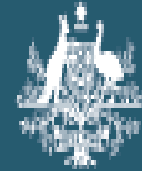


# MENTAL HEALTH



Australian Government

Department of Health and Ageing

## Medicare Health Checks for Aboriginal and Torres Strait Islander Australians

### Adult Health Check (15-54)

MBS item 710

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**Dr Ken FIELKE**

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**Clinical Director Country Mental Health**

## 1982 : RFDS : The “man with a mamu”



### ?? A case of Schizophrenia.

- Dangerous spirit which arrived in a cloud of dust (Mamu).
- Mamu bit and sucked out the “patients” blood causing him to go “cranky”
- Treatment : “Sickness” kneaded gently into a small “bundle” which was extracted with two hands (producing an object).
- Residual “sucked out” and spat out with vigilant search for a puff of dust as “it” hit the ground in the distance and was “banished”.

# CAUSATION OF “ILLNESS”

Traditionally the causation of illness could be divided into four broad categories (health workers):

- **Natural causes** (elderly and children)
- **Direct supernatural intervention** spirits  
(eg the spirits of the dead could inflict illness on those who did not observe the correct mourning rituals)
- **Indirect supernatural intervention** (sorcery)
  - can be preformed by any adult who acquired the necessary knowledge to inflict illness (boning/singing).
- **Environmental factors** (eg wind and moon)
  - North wind “carries little black stones” and could induce pain (“guts ache” and diarrhea).
  - A child exposed too frequently to the moon at night could “become sick with epilepsy and ‘take fits’”.

# REFLECTION

## 1982



- Aboriginal people often interpret health issues not in terms of complex signs and symptoms leading to a particular treatment, but rather in terms of **relationships** between people.
- Leave your ego at home!
- “Keep your eyes and ears open, your mouth shut initially out of respect for people and country, and your heart in the right place”.
- Can our health systems work together?

# NGANKARIS: “healer of the soul”

<b>Roles</b>	<b>Powers/capabilities</b>	<b>Healing techniques</b>
Spiritual leadership	Telepathy, mind reading	Emotional support
Social support	Divination	Physical contact
Determining causation of	X-ray vision	Touching
- serious illness	Clairvoyance	Massage
- injury	Control of weather	Extraction of objects by
- death	Walking on fire	- sucking
Conducting inquests	Wound healing	- rubbing
Applying counter sorcery	Commune with	- massage
Removal of evil	- spiritual beings	Smoking (after death/initiation)
Anticipate events	- dead	Counselling
Promotes atmosphere for healing	Project their spirit into the body of patient	Using objects with healing powers
	Replace patients blood with their own	Cleansing internal objects as patients sleep
	Travel faster than would appear humanly possible.	It was NOT to dispense bush medicines
	Appear/disappear at will	

# PSYCHIATRY

**Psyche** [Greek *psyche* life, spirit, soul]

- **iatry** [from the Greek *iatreia* art or action of healing, from *iatros* physician: medical treatment: healing]

**HEALER OF THE SOUL**



# THE ESSENCE OF MENTAL HEALTH.

There has been much argument about what constitutes “mental health”.

Ideally healthy humans have:

- An ability to **love and be loved**. Many studies have shown that without this cardinal asset, human beings, more than all other mammals fail to thrive.
- the **power to embrace change** and uncertainty without fear – and to face fear rationally and in a spirit of rational optimism
- A **gift of risk taking** free from endless “worst case scenario gazing”.
- Stores of **spontaneous “joy in living”**, and a wide range of emotional responses (including negative emotional responses, such as anger which may be important for motivation and a natural antidote for pain).
- Efficient **contact with reality**: not too little, not too much (“human kind cannot bear too much reality” – TS Elliott).
- A rich fantasy world, enabling **hope and creativity to flourish**.
- A degree of self-knowledge to encourage the human exercising of the skill of **repairing the self** and others following harm.
- The **strength to say, “I am wrong”**, and to learn from the experience.
- An **adequate feeling of security and status within society**.
- The **ability to satisfy the requirements of the group** combined with a freedom to choose whether to exercise this ability.
- **Freedom of self-expression** in whatever way she or he wants.
- The ability to risk enchantment and to **feel a sense of awe**.
- The ability to **gratify his/her own and others physical and sexual desires**.
- A **sense of humour** to compensate if the above are unavailable.

# **“SOCIAL AND EMOTIONAL WELL BEING”**

- have a happy family lifestyle.
- have physical needs met such as food, clothing and shelter
- have the self esteem to cope with our own lives, jobs and relationships
- motivating ourselves to achieve the goals we set ourselves and our family.
- also having the love, support and respect from our family, friends, community members and peer group.
- being able to respect each other's opinion, culture and differences.

# OUTREACH CLINICS

■ OAK VALLEY

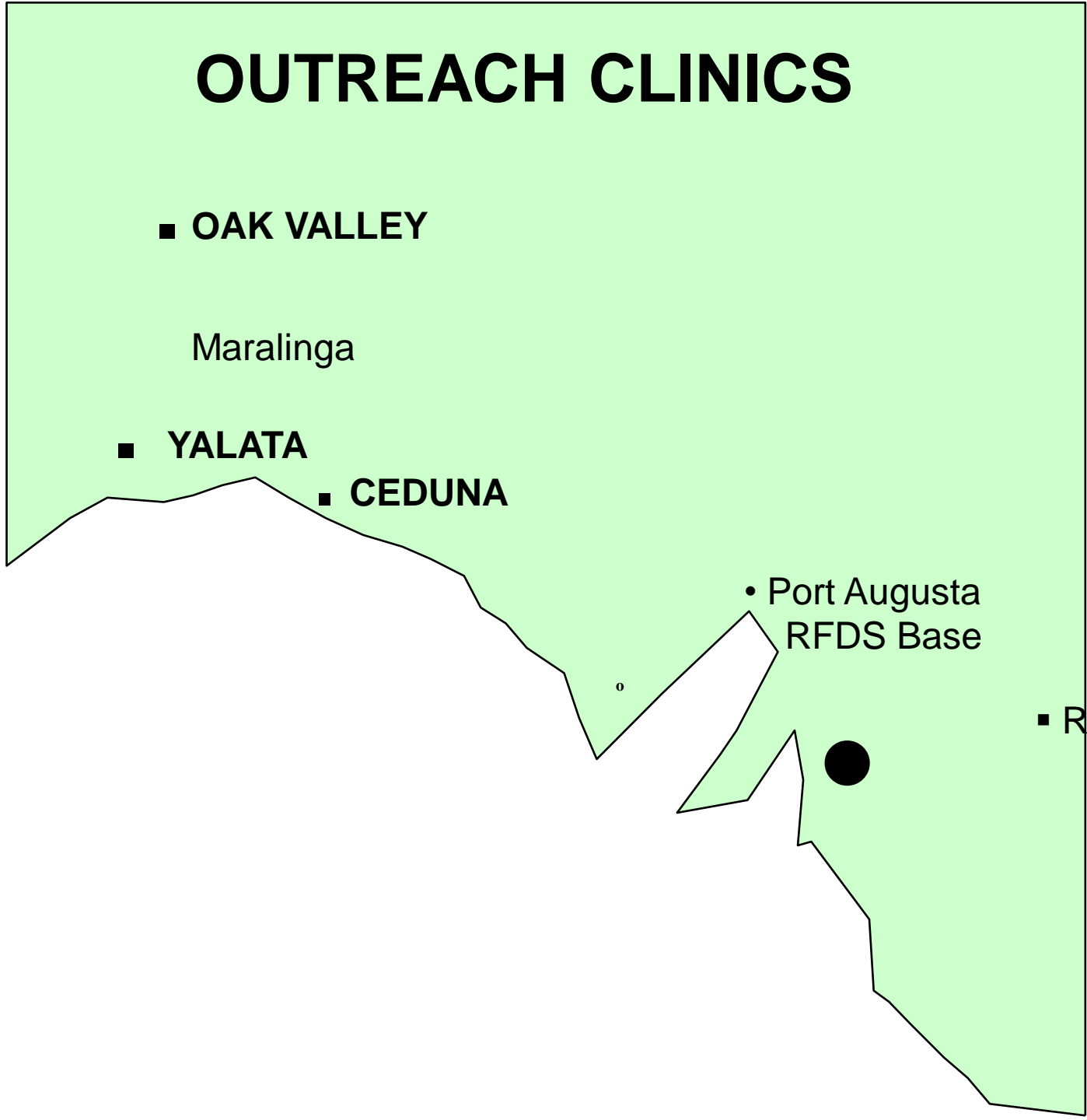
Maralinga

■ YALATA

■ CEDUNA

• Port Augusta  
RFDS Base

■ Riverland





# **SIT ALONGSIDE THE PERSON attempt to share their world view.**

- **Never assume** that I know the answers.
- Always ask about the **patient's perspective.**
- Be prepared to say **“I don't know!”**  
Easy as “trained professionals” to think we “know it all”.

# **CEDUNA CLINIC CONSULTS**

## **first 12 months**

	<b>Aboriginal</b>	<b>Non aboriginal</b>	<b>Total</b>
Medicare Consults	31	53	84
Pts Seen	18	30	48
Pts seen once	9	18	27
% seen once	50%	60%	56%

**ie 35% aboriginal background**

# REFERRAL patterns in CEDUNA

- Very few children (behavioral problems tolerated)
- People with behaviors which are disruptive to the community more likely to be referred than those which withdrawal (e.g. depression).
- Often late ( family has a duty of care, stigma)
- Psychotic disorders (western medicine can help)
- Anxiety in the context of complex trauma histories
- Uncommonly substance use and drug use (shame)
- Co morbidity, loss and grief

# REFLECTIONS



Visit one community, you visit one community

Many different cultures and communities. What works in one area may be totally insensitive and inappropriate elsewhere.

The novice may be more culturally safe than the experienced worker who may think they understand.

Cultural factors are not always central to a “case”, once cultural issues are addressed, there is still often no easy solution.

# REFLECTIONS



## DISORDERS ARE UNIVERSAL

Some problems respond to western interventions, but management plans need to be tailored to the individual and the community in which they live.

Extremely high levels of PTSD, depression, alcohol and drug abuse, suicide and a host of other psychosocial problems.

How applicable are my skills eg medication, psychotherapy (CBT/narrative therapy) etc and even if they are the answer - we will never have the resources/manpower to manage all of the affected individuals in some of these communities.



# COLLECTIVE TRAUMA

Prof Lowitja O'Donoghue describes the collective trauma:

*“Aboriginal culture has been subjected to the most profound shocks and changes. It is a history of brutality and bloodshed. The assault on Aboriginal people includes massacres, diseases, dispossession and dispersal from the land... I cannot overstate the **traumatic consequences** of policy and the **destruction of Aboriginal and community life** that resulted.”*

# COLLECTIVE TRAUMA

is a reaction to the shock of being separated from a stable community such that the bonds that link people together and give them a sense of safety and security are broken.

It implies things have to be woven together properly for strength, what a shame our fabric was torn to shreds through invasion, what we have now is left in tatters, repairing fabric can make it weak or sometimes stronger depending how it is done. It is important to repair the holes and not just cover them over so that when some tension is applied it doesn't fall apart.

What kept our fabric strong was spirituality, the invisible thread that binds us all”

# OJIBWA



Ojibwa, Grassy Narrows  
Northwestern Ontario

Quoted by Kai Erikson  
“A species in Trouble” 1994

“I could never escape that feeling that I had been parachuted into a void – a drab and lifeless place in which the vital spark of life had gone out ... it wasn't just the poverty of the place, the isolation... what struck me was the numbness of the human spirit.

There was indifference and listlessness, a passivity that I could neither understand or do anything about...”

# COLLECTIVE TRAUMA

**Hallmarks of collective trauma** are consistent across affected communities studied around the world:

- Deep mistrust of self, others, even ones own family
- Dependency
- Fear and anticipation of betrayal
- Complex grief reactions
- Humiliation and Shame
- Intergenerational conflict – role diffusion
- Genocide – or at least cultural fragmentation, desecration of institutions and traditional values

# COLLECTIVE TRAUMA

## Aboriginal culture was marked by:

- Respect for elders
- Cooperation more than competition
- Sensitivity to dignity – and saving face
- Care for the less endowed, poor
- Shame jobs, pay back and strict observance of law bound together by “the dreaming” or “world view”
- Connection to land

## Current situation:

- Leadership vacuum
- Violence against woman
- Self directed violence – suicide
- Substance misuse
- Conspiracy of silence

Visible effect of chronic secondary trauma,

increased disease vulnerability:

- Diabetes (8 times)
- Heart disease (4 times)
- CVD (3 times)

# DULWICH CENTRE (Michael White)

- Use of narrative therapy to “reclaim community”
- By sharing stories at community gatherings:
  - Relationships, connections and links are re-established,
  - Traditional values, beliefs, knowledge, skills and hopes are rekindled
  - giving rise to community solidarity and support.

Denborough D et al: Linking stories and initiatives: a narrative approach to working with the skills and knowledge of communities.

The international Journal of Narrative therapy and Community Work  
2006, 2:19-51

# **ANANGU WAY**

Health is not just the physical wellbeing of the individual but the social, emotional and the cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of the community.

**National Aboriginal Health Strategy 1989**

# HEALTH CHECKS

Mental health is  
“everybody’s business”

Don’t collude with mental illness – significant amount of pain and suffering from untreated mental illness. To heal “collective trauma” important to heal the individual, healthy individuals are required to build healthy institutions and cultures.

(Prof E Hunter)

Mental health: need to address macro, whole of community issues.



# MENTAL HEALTH

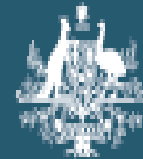
- We are much more similar than we are different.
- Mental illness is universal.
- All behaviour occurs within a cultural context, including (mental) health behaviour.
- Establish a rapport.
- Use cultural consultants.
- Contact with traditional healers.
- Relationships are crucial, family/community know.
- “A stitch in time saves nine”

# Adult health checks for Indigenous Australians: the first year's experience from the Inala Indigenous Health Service

Geoffrey K P Spurling, Noel E Hayman and Anna L Cooney

MJA 2009; 190 (10): 562-564

- **Abstract Objective:** *To evaluate the role of the adult health check for Aboriginal and Torres Strait Islander people aged 15–54 years, in an urban Indigenous primary health care setting.*
- **Design, setting and participants:** *Cross-sectional study of Indigenous patients recruited opportunistically from the Inala Indigenous Health Service between 1 June 2007 and 31 July 2008.*
- **Main outcome measures:** *Newly identified cardiovascular risk factors, investigations ordered and performed, interventions and new diagnoses made.*
- **Results:** *413 patients out of a possible 509 consented to participate (93% were Aboriginal). High prevalences of cardiovascular risk factors such as smoking (67%), being overweight and obese (61%), harmful levels of alcohol consumption (36%), and depression (23%) were found. The adult health checks resulted in new investigations (in 82% of participants), lifestyle advice (67%), vaccinations (42%), referrals (62%) and new medications (49%). **New diagnoses resulting from the health checks included depression (6%), a harmful level of alcohol consumption (4%), chlamydia infection (4%), hypertension (3%) and diabetes (3%).** Pap smears were performed in 47% of women as a result of the health check.*
- **Conclusions:** *The adult health check for Aboriginal and Torres Strait Islanders aged 15–54 years is a viable vehicle for evaluating health status, identifying chronic disease risk factors and for implementing preventive health care.*



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Patient's Name ..... Male  Female  DOB: \_\_/\_\_/\_\_\_\_ or Age: \_\_\_\_

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander

Work status.....

# Five steps get them off welfare

Noel Pearson | *August 09, 2008*

**PRIME Minister Kevin Rudd and Andrew Forrest from the Fortescue Metal Group are committed to hammering out the details of the plan for 50,000 indigenous jobs within 100 days of its announcement last weekend.**

..... five stages in the process of moving off welfare and into the real economy. The five stages correspond with the metaphor we refer to in our policy thinking in Cape York Peninsula: the staircase of opportunity.

- Step one involves indigenous individuals signing up for welfare reform.
- Step two involves the individual entering a training program tailored to their employment preference.
- Step three to guarantee a full-time job at the completion of training.
- The fourth step towards opportunity involves employees contributing to individual development accounts. These are long-term savings accounts that accumulate funds to be used for three purposes: for education or training, for purchasing a home, or for starting a business.
- Step five is really the most basic form of asset accumulation: home ownership.

# “ABORIGINAL friendly SERVICE”



“Everybody’s business”



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