

Understanding conditions for working together to bring about systems change in the provision of services to Nyoongar peoples

Developing new ways of working – through a Nyoongar worldview – with drug and alcohol and mental health service providers and Nyoongar peoples living in the south-east metropolitan corridor of Perth, Western Australia

Background

In Australia the inadequacy of mainstream drug and alcohol and mental health services to respond appropriately to drug and alcohol and mental health support needs of Aboriginal peoples continues to be a major issue. A number of high-level reports, strategies and policies have been published highlighting the deficiencies in both access by, and responsiveness to the needs of, Aboriginal and Torres Strait Islander peoples experiencing comorbid mental health and drug issues. These include the Australian Institute of Health and Welfare (AIHW 2014)¹, the National Mental Health Commission (NMHC 2012)², National Mental Health Consumer and Carer Forum (2011)³. In the south east metropolitan corridor of Perth, effective and consistent mental health services to Nyoongar peoples has seldom, if ever, been attained, (Wright 2012)⁴. Findings from the Looking Forward Aboriginal Mental Health Project (2011) showed that there is a serious disconnection between mental health providers and Nyoongar families living with serious mental health issues (Wright et al 2013a)⁵. This disconnection is due in part to drug and alcohol and mental health service providers having little or no understanding of Nyoongar culture, for example, the lack of recognition by services of the centrality of cultural wellbeing that strongly exists within a Nyoongar worldview.

In 2013, twelve organizations from the drug and alcohol and mental health service sectors committed to work constructively with a group of Nyoongar Elders for the next three years. Their commitment is to change their governance structures and work practices in order to improve service provision for Nyoongar families living with comorbid mental health and drug issues in the south-east metropolitan region of Perth. This type of change requires a paradigm shift; a transformation that speaks about new ways of working, a decolonizing practice where everyone, ultimately, can benefit from the healing effects of change that is supported by deep, authentic

relationships (Wright et al 2013b)⁶, brought to life through the power of shared stories.

The Presentation

Together with some of the Nyoongar Elders, representatives from participating organizations will present key learnings from their working together on the change process, to illustrate the conditions necessary for sustainable, long lasting change in the provision of services to Nyoongar families. Their stories in this presentation will discuss how, by decolonizing their workplaces, they are discovering a deeper, more authentic and new way of working, through their experiences of listening to and learning from the Nyoongar Elders.

This is a positive story of engagement. It is also a story of discovery, for as service providers have travelled on the journey they have been challenged about the legitimacy and practicality of their worldview within this context. The service providers are being taught about a Nyoongar worldview through the process of *Deepening Relationships*. With the Elders they have identified the conditions required to enable a process of *Deepening Relationships* to occur so that the work of change can happen. As a result they have had to cognitively reframe how they think and act. This process of cognitive reframing has had a transformative effect for most of the service providers. Their work practices have noticeably changed and deepened through their shared working together experiences with Nyoongar Elders. This is their shared story and one that potentially translates at all levels of the health system.

Learning Objectives

1. Gain insight into and knowledge of how different worldviews influence the way mental health and drug and alcohol service delivery impacts different cultural groups and their interactions with the mental health system.
2. Gain insight into and skills required to create the conditions necessary for engaging effectively with Aboriginal peoples.
3. Gain insight into the role of experiential learning and tacit knowledge central to the systems approach used in the project.

References

1. Australian Institute of Health and Welfare (2014) Alcohol and other drug treatment services in Australia 2012–13. Drug treatment series 24. Cat. No. HSE 150. Canberra: AIHW.
2. National Mental Health Commission, (2012) A Contributing Life, National Report Card on Mental Health and Suicide Prevention. 2012. Sydney: NMHC.
3. National Mental Health Consumer and Carer Forum, (2011) Unravelling Psychosocial Disability: A Position Statement by the National Mental Health Consumer and Carer Forum on Psychosocial Disability Associated with Mental Health Condition. 2011. Canberra: NMHCCF.
4. Wright M. (2012), Giving and receiving care: Reframing the work of Aboriginal care-giving, In McCoy B, Stewart P & Poroch N (eds) in *Urban Health: Strengthening Our Voice, Culture and Partnerships*, AIATSIS Research Publications, Canberra ACT, pp. 105-117.
5. Wright M, Culbong M, Jones T, O'Connell M, & D Ford. (2013a), Making a difference: Engaging both hearts and minds in research practice, *Action Learning, Action Research Journal*, Vol 19, No 1: 36-61.
6. Wright M, Culbong M, O'Connell M, Jones T, & D Ford. (2013b), Weaving the narratives of relationships into community based participatory research, *New Community Quarterly Issue 43*, Vol 11, No 3, Melbourne VIC: 8-14.