‘Stopping the run-around’

Addressing Aboriginal community people’s mental health and alcohol and drug comorbidity service needs in the Salisbury and Playford local government areas of South Australia

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Abstract

In Australia, many mental health (MH) and alcohol and drug (AOD) services treat people's MH and AOD problems separately, depending on the particular service's primary focus. Commonly, this leaves people with co-existing MH and AOD conditions (MH-AOD comorbidity) in a service gap. Once in the MH or AOD service, they are referred backwards and forwards – getting the "run-around" – rather than being treated holistically. This leads to poor treatment outcomes or no treatment when people drop out of treatment or stop seeking help. This situation is particularly problematic for Aboriginal people, whose overall social, physical and mental wellbeing is significantly challenged compared with the rest of the Australian population. Despite Aboriginal and non-Aboriginal health care professionals being committed to closing the gap between Aboriginal and non-Aboriginal health and wellbeing, the MH-AOD service gap is widening. This gap is identifiable in underprivileged areas like the research site – the Salisbury and Playford LGA region of Adelaide – one of the most socio-economically underprivileged regions in Australia. Home to approximately one quarter of South Australia's total Aboriginal population, it has high unemployment and incarceration, and poor housing and education that seriously compromise the local population's physical, social, economic and mental health.

This research, an offshoot of the larger project titled *Stopping the run-around: Comorbidity Action in the North (CAN)*, aimed to determine the MH-AOD service needs of Aboriginal people aged 12 years and over living in the study region, identify and devise strategies to "stop the run-around" for Aboriginal people through local, culturally-appropriate, on-the-ground service, and make recommendations for holistic, coordinated MH-AOD care.

Participatory action research (PAR) ensured inclusion of the people most affected by the MH-AOD service issue. Importantly, the researcher formed a co-researcher partnership with a respected Kaurna Aboriginal Elder and local Aboriginal people who became regular members of the CAN Aboriginal Working Party (AWP). People from the local Aboriginal community (n=19), Aboriginal and non-Aboriginal clinicians and workers from government and non-government MH or AOD services (n=9), and support service staff (n=5) participated in individual and joint interviews, and focus

groups. All co-researchers and participants engaged in reflective PAR cycles of "look and listen, think and reflect, collaborate and plan, consult and act", combined with the Aboriginal concepts of *Ganma* (sharing knowledge) and *Dadirri* (respectful listening).

This research uncovered three overarching themes: *comorbidity, a complex problem; current structure of MH and AOD services;* and *the future: needs-based MH-AOD services*. The major finding was that the Salisbury and Playford LGA region had no dedicated service providing holistic MH-AOD care. Some services treat MH issues; others treat AOD issues. Looking to the future, local Aboriginal people stated that this structure needs "healing".

It concluded that MH and AOD services should stop "lip service" and provide "real service". Action must be taken to meet the local Aboriginal community's real MH-AOD service needs by providing locally-available, culturally-appropriate MH-AOD care. This responsive MH-AOD care approach will enable a "no wrong door" service for consumers and help close the MH-AOD service gap for Aboriginal people in the study region.

Foreword: Message from co-researcher Kaurna Aboriginal Elder Aunty Coral Wilson

I think the *CAN Aboriginal study* should have been done a long time ago because things are pretty bad now in the comorbidity area. Doing this research has made me more aware of the problems in the Aboriginal community. Even though I live and work in that community, there are some things you don't see very often and when you do, you think, "Well, gee, how long has that being going on? Why hasn't somebody done something about it? It's getting out of control. Community people don't know how to deal with it". I think it would be excellent for the community if a service became available specifically for comorbidity. It would make the community more aware of what comorbidity is, because even myself, I didn't know what comorbidity meant. I'd never heard of it before but I've known for a long time the impact of alcohol abuse, and more so now, drug abuse, on the community; how it affects them. So I think that this project was an eye-opener for me too.

People have got to understand that comorbidity is a widespread problem now and it should be dealt with. You can't just let it go on and on and on without trying to understand it and do something about it because a lot of people complain that, "Oh, nobody listens to me". I hear that nearly every day from people. "You know, no one understands me and no one listens to me". And then there's a big breakdown and people fall down. When that happens, people say, "That's the drink", or "That's the drugs", and I say, "That's the problem". People need to recognise that. It's like a book; they're looking at the cover and not looking inside. There's always a reason; always inside it will tell you the story of what's going on with these fellas that are caught in the grip of alcoholism and drug addiction. No one has actually taken into consideration the plight and the background, the history and the culture of Aboriginal people, and therefore they're expected to go to mainstream services. But people of culture have got their own beliefs. I think if you're going to have a service for comorbidity, you need to spread that around. I mean, it's no good having it in the centre of Adelaide for people to go and get a service there. Aboriginal people live all over the place and many of them live in the northern area. I think there should be services for people everywhere, not just one big service. It's like Nunkuwarrin Yunti up there. A lot of people don't go there. A lot of

people will go to Port Adelaide that live in that area, or go to Elizabeth if they live in that area. People won't put themselves out just to go to one service. They like services to be in their community, so I think that's the way it should be.

I would like the work from this research to go to the government and for the government to give us some funding so we can have little centres here, there and everywhere, and in the Aboriginal community. That's what I'd like to see, otherwise, what's the good of doing the project? We've got to get funding to enforce what we've done otherwise what have we done it for? You know, you always get funding for these little projects and for fine tuning them, but then there's nothing at the end. Well, there's got to be something at the end of this because it's a much needed project and a much needed service that must be there for all the Aboriginal people; and not only Aboriginal people. I mean, we work typically for Aboriginal people but this problem is widespread and I suppose later on non-Indigenous people will use the services as well. I think eventually it will come to that because a lot of the time now, many non-Indigenous people look at what services are available for Aboriginal people and ask, "Why not for us too? We need something like that too". I've heard that many, many times in prisons when there's Aboriginal ALOs there and we only visit Aboriginal prisoners. The non-Aboriginal fellas, say, "We need to have a service like that".

So, when you think about reconciliation, I think the mainstream services should be for everybody, Aboriginal people more so, because Aboriginal people have always been left behind. I think, for Aboriginal people, it would be excellent to have comorbidity services in small centres and also Aboriginal friendly mainstream services because it would take a lot of worry and concern away from the Aboriginal community if they knew their people were going to be using these services and getting support.

It's been a great pleasure for me to be involved in this project, and especially to work with Hepsi and the University people involved with the *CAN project*. I thought, "I'm always there for you, Hepsi, if you struggle or you want to know something or you need support in something, well, that's what I'm willing to give you". I knew I could give you those things and I did. So, you're going to India saying "Nukkan" (see you) and a few of those Aboriginal words that I taught you. I feel that this project has been an achievement on my part too because I worked here, there and everywhere, and each little job was different. The only thing that was the same was the people, and that's what I liked most.

Declaration

I certify that this thesis does not contain any material previously submitted for a degree in any University. To the best of my knowledge and belief, it contains no material previously published or written by another person, except where due reference has been made in the text.

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Signature:

Date: 14th July 2015

Statement of the contribution of others

This research was made possible with the support, contribution and guidance of many.

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Dedication

I dedicate this thesis to the Mother Land of Australia

Country of India

and

My Mother

Christella Jeyanthy Daniel

Terminology

1. Aboriginal

It is acknowledged that across Australia there are diverse cultural groups of Indigenous people, each with their own particular history, culture, names, identities and country. It is respectful to recognise the name 'Aboriginal and Torres Strait Islanders'. The term 'Aboriginal' is preferred by the people involved in this research and so it is the term used in this research. The traditional land on which this research was conducted is the country of the *Kaurna* people.

2. Aboriginal-specific services

Aboriginal-specific services are either community-controlled (by Aboriginal people) or government-controlled health care services. Aboriginal community-controlled health services are funded by the federal government and governed by boards of management comprising Aboriginal community members. They are guided by National Aboriginal Community-Controlled Health Organisation (NACCHO) principles.

3. Alcohol and Other Drug (AOD) problems

AOD problems involve the risky or harmful consumption of alcohol, tobacco, pharmaceuticals, and other legal or illegal substances. Problems can be once-off, occasional or regular, leading to injury, illness or death. Regular harmful use can cause substantial physical and psychological problems, including dependence. AOD problems impact on an individual's physical, social and psychological wellbeing, and on their family and wider community. A significant sub-group of people who have more significant AOD problems experience MH-AOD comorbidity.

4. Comorbidity

Comorbidity is also known as "dual diagnosis", "co-existing" or "co-occurring" problems. This research focuses on the co-existence of mental health (MH) and alcohol and drug (AOD) problems, referred to as MH-AOD throughout this thesis, except in findings chapters where participants used the term "comorbidity".

5. Comorbidity services

Comorbidity services are specialised government and non-government MH-AOD services that are funded and expected to accept, assess, treat (care for) and support

people affected by MH-AOD comorbidity.

*In this study, the term MH-AOD services denotes services that provide MH-AOD care as "core business". Alternatively, the term MH and AOD services is used when these services only treat one or other of these problems according to their service type, that is MH *or* AOD. The term "comorbidity service/s" is used in the findings chapters because this is how participants talked about them.*

6. Consumers

In this project, the term "consumers" refers to Aboriginal people affected by MH-AOD comorbidity who have been a client or patient of health services in the study region, and may include their family or other carers.

7. Local Aboriginal community people/Aboriginal community

Aboriginal people living in the Salisbury and Playford Local Government Area (LGA); the research study region.

8. Mainstream services

Mainstream services are health care services available to the general community in the study region (Salisbury and Playford LGA).

9. Mental Health (MH)

Mental health is a state of wellbeing in which the person has the capacity to reach their potential, cope with life's normal stresses, work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2014, p. 3). Aboriginal Australians do not experience MH or illness separately from all elements of their wellbeing (or illness). Rather, elements that are integral to their health are spirituality, culture, social and emotional wellbeing, and psychological and physical wellbeing.

10. MH-AOD (mental health – alcohol and other drugs)

The acronym MH-AOD is used to denote comorbidity for the purposes of brevity and consistency throughout the thesis.

11. Support services

Support services (ancillary services) are hospital emergency departments, ambulance, GPs, allied health, housing, transport, legal and other services that assist people in the community, including those with MH-AOD problems. Some examples of what they offer include crisis help, transport, advocacy, jobs, accommodation and liaison with

services.

12. Trans-generational trauma

Trans-generational trauma refers to the unique impact of colonisation in Australia on the family and parental functioning associated with alienation and disconnection from extended family, society and culture. Such effects are exacerbated by multiple bereavements due to high levels of stress and loss. It is a process of vicarious trauma that even when children are protected from traumatic stories about ancestors, the effects of past trauma still impact on children in the form of ill-health, early mortality, psychological morbidity, family dysfunction and community violence (Milroy, 2005, p. xxi).

Acronyms

ABS	Australian Bureau of Statistics
AHCSA	Aboriginal Health Council of South Australia
AHS	Aboriginal Health Service
ACCHS	Aboriginal Community-Controlled Health Service
AIHW	Australian Institute of Health and Welfare
ALO	Aboriginal Liaison Officer
AMS	Aboriginal Medical Service
AOD	Alcohol and Other Drugs
ATSI	Aboriginal or Torres Strait Islander
AWP	Aboriginal Working Party
CAN	Comorbidity Action in the North
CST	Critical Social Theory
DASSA	Drug and Alcohol Services South Australia
LGA	Local Government Area
MH	Mental Health
MH-AOD	Mental Health *and* Alcohol and Other Drug Comorbidity
NGO	Non-Government Organisation
NACCHO	National Aboriginal Community-Controlled Health Organisation
PAR	Participatory Action Research
PTSD	Post-traumatic stress disorder
SA	South Australia
UoA	University of Adelaide
WHO	World Health Organisation