APPENDIX A

EXEMPLARY SUPPORT PROGRAMS

Small local Aboriginal community controlled programs
The following programs were initiated by Aboriginal people themselves. They operated around a holistic concept of social and emotional wellbeing and have high Aboriginal community engagement.

- **Rosemary Wanageen** through her *Institute of Loss and Grief* does individual and family counselling and runs workshops. She does a great deal of outreach work in rural and remote areas and is highly sought after. She charges a fee-for-service because her program is not eligible for Medicare rebates. Often, government services and ACCHS pay her fee on behalf of Aboriginal clients.
- **Warna Manda Aboriginal Women’s Corporation**, in Pt Lincoln, offers bush trips and camps on country as a healing process for people which include creative activities, cooking and walking. These are free of charge.
- **Garridja** developed by respected Narungga elder Tauto Sansbury works in partnership with local Aboriginal organisations, Elders and schools to run camps for Aboriginal youth with a suicide prevention intent and focussing on connecting with culture and finding identity.
- **Aboriginal men’s, women’s, elders, and youth support groups** are considered by some health practitioners to be as important to healing of grief and loss as counselling support. However, many of these groups are inadequately funded, some being funded by financial left-overs of other programs. Most of the ACCHS have one or two such groups as do:
  - **Kura Yerlo** which is an incorporated centre offering a range of programs including healing, men’s, Elder’s and youth support groups, and child care.
  - **Kornar Winnmil Yunti** is a not-for-profit organisation supporting men from around SA. It has a Men’s Group which incorporates processes to support people in grief and loss.

Government programs
It was widely acknowledged that many Aboriginal people do not feel comfortable in attending mainstream services. However, a few government services were recommended to us in our consultations. Aboriginal clients in these programs are often self-referred and most have very high client case loads.

- **Hospital Aboriginal Liaison Officers** offer front line support for bereaved hospital clients and family members. Among their many diverse responsibilities, they also organise food, travel, accommodation, telephone access, and emergency relief for visiting rural and remote families of deceased clients.
- **Child and Adolescent Mental Health** has four designated Aboriginal programs which employ Aboriginal therapists, non-Aboriginal psychologists and counsellors experienced in working in Aboriginal communities and consultant psychiatrists. The programs were developed in close consultation with each local Aboriginal
community and incorporate local Aboriginal knowledge as appropriate. They work systemically with families, carers and teachers, rather than with individuals as occurs in most mainstream programs. The therapists meet their clients in places considered by clients as safe such as at home, at school or in fast food restaurants. The programs perform ‘assertive follow-up’ with clients who miss appointments in order to make alternative arrangements and check on the wellbeing of the client. The four Aboriginal programs are:

- **Ngartunna Patpangga** in the southern metro region
- **Nanko-Walun Porlar Nomawi** in the Murray Bridge region
- **CAMHS APY Lands** program in the Anangu, Pitjantjatjara, Yankunytjatjara communities
- **CAMHS East, Journey Home Programs: Journey to Respect and Sister Girl** in the Cavan Youth Detention Centre

- **Country Health SA, Mental Health Service** has a residential campus at Glenside for Aboriginal Mental Health clients from rural and remote communities. They have a 24 hour a day telephone helpline with direct connection to the ALC.
  - **Aboriginal Liaison Coordinator (ALC)** based at Glenside Campus, offers therapeutic counselling, practical support, psychiatric assessments, residential care & recreational activities
  - **4 Psychiatrists** visit rural and remote Aboriginal communities on a fly-in-fly-out basis including Raukkan, PLAHS and Port Lincoln Hospital, Pika Wiya (Pt Augusta), Umoona Tjutagku (Coober Pedy), Tullawon (Yalata), Oak Valley and the APY Lands

- **MASH, the Meningie Self Help group** supports Aboriginal people of Meningie and Raukkan by offering regular weekly group sessions which include health promotion; grief and loss yarning sessions; art therapy; the provision of mental health and wellbeing support; and a wellbeing mothers’ program. While attending the group, Community Health AHWs check on their clients offering grief and loss support and referrals. The program aims to promote traditional Aboriginal family values.

- **Finding Life After Sadness Hits (FLASH)** is a small weekly women’s support group at the Watto Purrrunna Aboriginal Primary Health Care Clinic in Hillcrest, Adelaide. The counsellor uses approaches learned from both the Narrative Approaches course and the Family Wellbeing course. The program aims to strengthen family wellbeing by support clients to develop conflict resolution skills and explore their own strengths for dealing with the hurt and pain left by grief and loss.

**Mainstream not-for-profit programs and a private provider**

Three mainstream programs run by not-for-profit agencies were highly recommended to us by Aboriginal people we consulted.

- **The Listeners program** in the Mt Gambier Private Prison involved a collaboration between the prison and LifelineSE. The CEO of the local Lifeline facilitates intensive training to prisoners in informal counselling so they can provide confidential social
and emotional wellbeing support to one another. It is an award winning program which has a suicide prevention intent and has operated successfully for 20 years. There are no shortage of prisoners on the waiting list for training.

- **The Station is a community mental health centre** at Wallaroo on Yorke Peninsula which aims to provide a safe, supportive environment for people with mental health issues and their carers. It operates four days a week and provides regular information and educational sessions and recreational activities and outings. The staff are volunteers.

- **Kym Schellen** is a highly sought after private psychologist who, although being non-Aboriginal, has long experience working in Aboriginal social and emotional wellbeing programs. He provides Medicare rebates to clients and works through the Rural Doctors Workforce Agency in order to provide psychological services to:
  - *Aboriginal Primary Health Care Units* in Murray Bridge, Tailem Bend and Mannum
  - *Chronic Disease Programs* in Raukkan and Meningie
  - Riverland community members in the Aboriginal Sobriety Group office in Berri

These successful programs we have investigated incorporate culture, local Aboriginal ownership and control into their structure. They require flexibility and ongoing adaptation and are fragile and often top-down bureaucratic changes can threaten their survival.
APPENDIX B

RECOMMENDED COURSE DESCRIPTIONS

Courses which were highly recommended by SEWB workers and their managers were:

- **The Diploma in Narrative Approaches to Therapy** which provides a culturally safe model for discussion groups and healing programs; addresses historical factors and colonisation issues and has specific units on grief and loss. Counsellors stated that this course was crucial for them to be able to step out of their own personal grief and concentrate on the strengths of their clients and in turn on their own strengths. Managers stated that they would like their non-Aboriginal staff to be able to do this course, which would require it to be delivered more often.

- **Certificate IV in Family Wellbeing** was described as being exceptionally helpful for both community members and counsellors in understanding and consequently addressing their own grief and loss. It is currently being delivered through TAFE without high Aboriginal participant engagement.

- **The Program of Experience in the Palliative Approach (PEPA)** provides ‘culturally relevant and culturally safe’ educational learning opportunities for Aboriginal Health Workers, doctors and nurses in palliative care plus two to five day placements in specialist services, post-placement support, and access to a network of providers who share information and linkages.
APPENDIX C

RISING SPIRITS RECOMMENDATIONS

In view of the high prevalence of grief experience by Aboriginal people in South Australia 32 recommendations have been developed from the Rising Spirits Project as a result of consultations with Aboriginal Leaders, community members and service providers. The recommendations are grouped into four areas, Policy, Workforce, Information and Bereavement Support. The recommendations have been numbered 1 through to 32 and are listed as follows. The recommendations are presented according to theme and main topics within each theme.

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<th>Policy</th>
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| **Funding** | 1. That the guiding principles of the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing (SEWB) are embedded into future funding policy designated to programs for Aboriginal people.  
2. Advocate for all agencies with funding for designated Aboriginal programs to include the following criteria in their calls for funding:  
  • Employment of 75% Aboriginal staff within programs  
  • Apply the South Australian Health Aboriginal Health Impact Statement Policy for programs within South Australia [http://www.sahealth.sa.gov.au/wps/wcm/connect/9c60250042d0f19091b2fdab5a7b992c/Guideline_Aboriginal+Health+Impact+Statement_Feb2013.pdf?MOD=AJPERES&CACHEID=9c60250042d0f19091b2fdab5a7b992c](http://www.sahealth.sa.gov.au/wps/wcm/connect/9c60250042d0f19091b2fdab5a7b992c/Guideline_Aboriginal+Health+Impact+Statement_Feb2013.pdf?MOD=AJPERES&CACHEID=9c60250042d0f19091b2fdab5a7b992c) |
| **Leadership** | 3. Identify appropriate government and peak body entities to develop and support community leadership in areas where needed. |
| **Cultural Safety** | 4. For Health Services and providers to adopt and implement cultural safety training, tailored to local regions. This training must include appropriate grief and loss information.  
5. Implement a state-wide cultural safety audit of mainstream health services to inform ongoing monitoring and continuous quality improvement processes. |
| **Workforce** |  |
7. Increase the number of skilled Aboriginal SEWB workers in all health settings.  
8. Increase the number of skilled Aboriginal workers in counselling, postvention and suicide prevention support. |
| Social Workers | 9. Employ social worker type roles with knowledge relevant to recently bereaved Aboriginal families in SA Health services, Non-Government Organisations and the Aboriginal Community Control Health Services as part of a multidisciplinary approach to SEWB. |
| Professional Development | 10. Advocate for increased support and resourcing for Nunkuwarrin Yunti of SA Inc. to offer the Diploma in Narrative Therapy more often to meet the demand.  
11. For organisations to support SEWB workers and counsellors to undertake at least two of the following courses and regularly provide opportunities to upskill their workforce:  
   - Diploma in Narrative Therapy Approaches  
   - Certificate IV in Family Wellbeing  
   - Australian Institute for Loss and Grief (Rosemary Wanganeen)  
   - Indigenous Psychological Services (Dr Tracy Westerman)  
   - Seasons of Grief  
   - Mental Health First Aid  
   - Applied Suicide Intervention Skills Training  
   - Program of Experience in the Palliative Care Approach |
| Employee Assistance | 12. In view of the high prevalence of grief and loss experienced by Aboriginal people, it is recommended that organisations review bereavement leave entitlements in consultation with Aboriginal employees.  
13. For Employee Assistance Programs to engage culturally safe counsellors. |
| Workforce | |
| Cultural Support for Non-Aboriginal Staff | 14. Employ Cultural Advisors to support Non-Aboriginal workers in engaging with clients in a culturally safe way. *This is not a substitute for Aboriginal staff. |
| Information | |
| Bereavement Information | 15. Develop and share culturally appropriate bereavement information for the Aboriginal community, including elders, children (including children in state care), youth, families, support people and service providers about:  
- The impacts of grief and loss on individuals, families, children, and communities  
- The prevalence of loss in Aboriginal communities  
- The cultural importance of funeral attendance  
- Ways for dealing with bereavement and pathways to healing  
- Ways to support people who are bereaved  
- Local, relevant support services, activities and programs including contact details  
- Funeral planning and financing  
- Reliable funeral support information  
16. Promote healthy healing journeys for the Aboriginal community. |
| Grief and Loss Website | 17. Develop and maintain an Aboriginal bereavement / grief and loss website to share information about healthy grieving, links and resources for the Aboriginal community with reliable information on culturally safe service providers. |
| Funeral Support | 18. Develop an Aboriginal resource kit to assist community members and service providers with organising a funeral.  
19. Develop a culturally appropriate mediation framework to support families to resolve conflict arising from funeral disputes. |
| Bereavement Support | 20. Provide resources to existing Aboriginal grief and loss support groups and more broadly focussed Aboriginal support groups.  
21. Establish and resource new Aboriginal grief and loss support groups and more broadly focussed Aboriginal support groups for men, women, youth and families. |
| Groups | 22. Increase access to timely, cultural and holistic support options to the APY lands, metropolitan, rural and remote in South Australia.  
23. Promote traditional healers and Ngangkaris as a service option.  
24. Advocate for local Aboriginal initiatives that practice ways of grieving that incorporate local cultural practices and |
that provide opportunities for people to come together in a safe place for yarning and cultural and creative activities

25. All mainstream SEWB workers, counsellors and psychologists utilise systemic, holistic counselling practices to offer Aboriginal clients a family centred approach to counselling where preferred

| Counselling | 26. Make available culturally competent SEWB workers, counsellors and psychologists in all communities.  
27. Establish an afterhours Aboriginal SEWB support phone counselling service. |
| Safe Healing Spaces | 28. Establish healing places in communities based on the *Fountain of Tears* model at Colebrook, Adelaide.  
29. Advocate for support and infrastructure to establish local spiritual and healing community / family drop in centres in communities. |
| Bereavement Support | 30. Funeral support is offered in SEWB programs to assist people in preparing for and attending funerals:  
- Transport  
- Funeral planning  
- Social support and Advocacy  
- Funding for funerals  
31. Promote training in cultural safety and promote available cultural support options for mainstream funeral providers.  
32. Establish an Aboriginal owned and operated funeral services. |

### Supporting information

| National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Wellbeing 2004-2009, page 6; |  
- Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.  
- Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.  
- Culturally valid understandings must shape the provision of services and must guide assessment, care, management of Aboriginal and Torres Strait Islander people’s health problems generally and mental health Problems in particular.  
- It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.  
- The human rights of Aboriginal peoples must be recognised and respected. Failure to respect these human rights constitutes consistent |
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<th>disruption to mental health (as against mental health). Human rights relevant to mental illness must be specifically addressed.</th>
<th>Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors, and have negative impacts Aboriginal and Torres Strait Islander peoples’ mental health and wellbeing.</th>
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<td>The centrality of Aboriginal and Torres Strait Islander family kinship must be recognised as well as the broader concepts of reciprocal affection, responsibility and sharing.</td>
<td>There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.</td>
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<td>It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.</td>
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