

Creating futures:

Influencing social determinants of mental health and wellbeing in rural, indigenous and island peoples



Cairns, 4-7 September 2006

A Conference of the Royal Australian and New Zealand College of Psychiatrists - *Laurencia Grant reports*

In early September I was fortunate enough to be able to represent MHACA at the Creating Futures conference in Cairns. The conference set out to focus on theoretical debates and evidence-based interventions for effectively influencing the social determinants of mental health. The emphasis was on residents in rural and remote communities and indigenous populations and island nations experiencing the effects of social transition.

“Health policy was once thought to be about little more than the provision and funding of medical care. While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place,” (WHO, 2003).

A safe environment, adequate income, meaningful roles in society, secure housing, higher level of education and social support within communities are associated with better health and wellbeing. It is these determinants that we refer to as the social determinants of health,” (Qld Health, 2004).

Creating Futures set out to discuss the social determinants of mental health

claiming that the evidence base for effectively influencing health inequalities and improving mental health outcomes remains poor.

North Queensland was wet and green on arrival. Rivers flowed and plants thrived. The conference activities took us to the Kunghanhi community of Yarrabah, south of Cairns and nestled in among the Atherton Tablelands. One of the speakers spoke about the beautiful location of Yarrabah and how it seemed so wrong that this place could house such troubled souls.

Yarrabah has a history not dissimilar to some Central Australian remote communities. It was established as a mission just over 100 years ago and “beneath a thin veneer of order, problems, rifts and tensions simmered in response

to draconian controls which were compounded by mismanagement and by the forced collocation of disparate Aboriginal groups, including the relocation of children of mixed descent who had been removed through state-sanctioned abduction from their families and communities elsewhere in Queensland.” (Hunter, 2000)

I was keen to hear about the origins of the Yarrabah Life Promotion Program, a program that provided the impetus for the program I am currently coordinating. I was impressed by the involvement and integration of so many players in Yarrabah’s achievements. From the locally driven crisis response to suicide and attempted suicide to the community controlled Gurriny Yealamucka health service.

locally-driven programs

There are now locally-driven programs such as the men’s group, family wellbeing program, a youth crime prevention officer, a cultural dance group, a nutritionist, Life Promotion officers, indigenous mental health workers, and clinical mental health staff, available on a weekly basis. Queensland University and James Cook University have provided an important and necessary research and evaluation role in Yarrabah.

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... the activities and programs that build on the strength and resilience of Aboriginal people are the ones with a greater chance of success and the ones that require long-term funding

Something On My Mind!

Something On My Mind!



Something On My Mind! national edition is a brand new Streetwize comic aimed at young people whose parents or carers are experiencing mental illness

Developed by a group of young people in a series of workshops, this resource explores the impact mental illness can have on family life through Mia's, Jonno's and Miriam's stories. This comic encourages young people to seek help and support. **Something On My Mind!** can be used as an educational resource for teachers and counsellors, to use with young people to generate discussion and increase awareness about mental illness:

- How did each of the characters seek support in dealing with their parents' illness?
- Who are the people you can talk to when things at home are troubling you?
- What are some of the things you like to do to de-stress when there are tensions at home?

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The Yarrabah model highlighted the complexity of evaluating and measuring change based on these new initiatives.

How can it be proved that the establishment of a men's group provides the building blocks for better health outcomes? Such outcomes might include self-esteem, decision-making skills, social support, motivation, quality of life,

and levels of empowerment and control.

This is the challenge for all of us who work within the indigenous community setting and hope to convince governments and other funding bodies that the activities and programs that build on the strength and resilience of Aboriginal people are the ones with a greater chance of success and the ones that require long-term funding.

speakers concerns

Tom Calma, the Aboriginal and Torres Strait Islander Social Justice Commissioner, spoke about the need for an improved and expanded delivery of mental health services in indigenous communities. He spoke of a need to break down the health silos and ensure that all health care providers have training in a broad and inclusive definition of mental health.

Clyde Hertzman of the University of British Columbia spoke of the need to invest in early childhood development if we expect to influence mental health outcomes: www.earlylearning.ubc.ca. Len Konowski provided an update on the recently developed Mental Health First Aid course, currently being developed into a model suitable for indigenous communities: www.mhfa.com.au.

The remote mental health team in Darwin discussed their attempts to change their service delivery model to better reflect the needs of indigenous communities and primary health care providers. This team acknowledged that a crisis-driven service meant that effective case management, early intervention and preventative work were neglected.

Mason Durie, from Massey University New Zealand, talked of psychiatry as a discipline that is largely driven by science and the dilemma when applying this science to indigenous populations. These populations have a knowledge base that is holistic, connected to the environment, intuitive, that highlights relationships, is timeless and steadily evolving. The current mental illness model is narrow in its perspective and focuses on deficits.

Other speakers from indigenous communities of North America, South Pacific Islands and Papua New Guinea shared stories of innovative programs and the constant need to challenge the systems that aren't working for indigenous peoples. "Human potential need not be obscured by pathology." (Durie, 2006). ✕

We hope to be able to access the papers from this conference on line. For more information contact Laurencia Grant on (08) 8950 4608.