

Mental Health and Wellbeing

Supporting and Promoting
Aboriginal Mental Health

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About This Booklet

In our research, mental health and wellbeing emerged as a critical concern for Aboriginal Health Workers. They asked for more information and resources on the causes, symptoms and consequences of mental illness and ways to promote mental wellbeing in their communities.

This booklet provides information on the Aboriginal and non-Aboriginal factors influencing the mental health and wellbeing of Aboriginal people and communities. It also offers guidelines on talking to Aboriginal people about mental health in a culturally safe and secure way. It includes information on the symptoms and signs of

depression, anxiety and suicidal behaviour to guide Aboriginal Health Workers in early intervention, support and prevention activities. It also includes tips on how to encourage good mental health and wellbeing, and useful resources such as 'self testing' charts for mental illnesses, step by step guides on how to identify a mental illness and ways to prevent and intervene, as well as information on and links to available resources and services. All of the information can be used in mental health education, promotion, intervention, prevention and support.

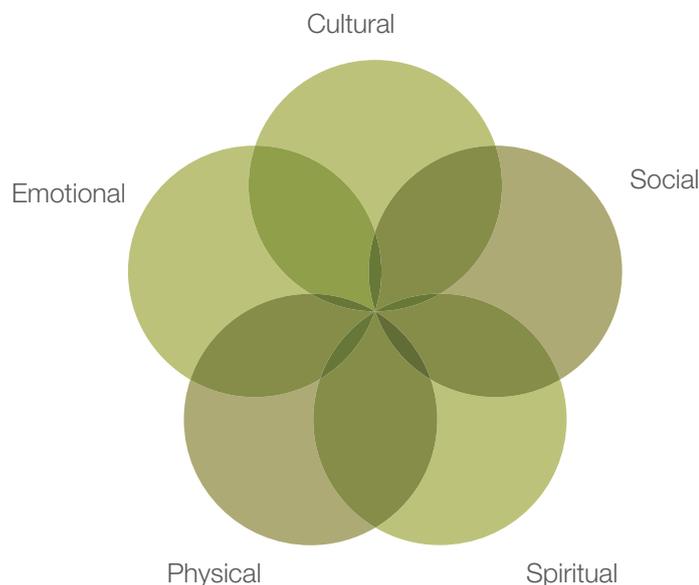
What is Mental Health?

Mental health is determined by a complex interplay of psychological (mental), physiological (bodily) and environmental (external) factors. These are described in detail later. For Aboriginal people, the primary causes of poor social and emotional wellbeing originate from the ongoing consequences of colonization. The impact and effects have varied over time and across Australia, but have resulted in trauma, grief and loss for successive generations (intergenerational trauma).

Government policies of forced removal and assimilation along with experiences of racism, exclusion, poverty and disconnection from country, culture and language are recognized as significant determinants of the mental health of Aboriginal people and communities. These factors have normalized stress as the daily lived experience of many Aboriginal people, families and communities and this is taking its toll on their mental and physical health and wellbeing.

However, it is equally recognized that Aboriginal communities have, within themselves, the capacity to draw on their unique culture, history and spirit to build resilience against mental health risks. These factors are recognised as the dimensions of Aboriginal mental health and wellbeing, as shown in this diagram.

Diagram: Dimensions of Aboriginal Mental Health and Wellbeing



(Adapted from Mental Health First Aid for Aboriginal and Torres Strait Islander People)

Understood holistically, mental health means more than not having a mental illness. It means having social and emotional wellbeing or “healthy spirit, healthy body, healthy mind”. People who are mentally healthy feel good about themselves, their lives, and their community and are able to cope with normal stresses in life.

When people have a healthy spirit, body and mind they can:

- Cope with life stress
- Reach their potential
- Contribute to community
- Have positive and meaningful relationships.

Programs for Aboriginal mental health must also include mechanisms for repairing the spirit through reconnecting with country, language and culture to celebrate and build pride in people’s Aboriginal identity. Aboriginal Health Workers are uniquely placed to draw on the strengths of their community to promote mental wellbeing.

What is Mental Illness?

Mental health problems and illnesses are conditions that are long lasting (more than two weeks) and interfere with everyday life.

Mental health problems, such as ongoing daily stress, are not as severe as mental illnesses but, if not detected and treated, could develop into a mental illness. There are different types of mental illnesses and symptoms. The main ones are described later in this section to aid Health Workers in early detection, intervention and promotion.

What Influences Mental Health?

Mental health and wellbeing are affected by everyday events and the result of many interconnected factors. It can be influenced by:

Internal	External/Social
<ul style="list-style-type: none"> • Physical • Neurological (brain and nervous system) 	<ul style="list-style-type: none"> • Racism, poor housing, unemployment, poor education
Positive/Protective	Negative/Risk
<ul style="list-style-type: none"> • Strong family, strong community, strong culture, opportunity, self esteem, active, healthy, good relationships 	<ul style="list-style-type: none"> • Grief, loss, racism, ill health, no opportunity, abuse, alcohol and drugs, no culture, no self esteem, inactive, alone, poor relationships

What is Mental Health?

continued

The mental health picture for Aboriginal people is different than for non-Aboriginal people. It includes the same risk and protective factors that affect non-Aboriginal people, but also includes other factors specific to the lives of many Aboriginal people and the environments in which they live. These include:

Culture	Language	History – as cause
Different ideas and understanding	Different ways of talking about it	Invasion Colonisation Repression Racism Loss of country, language and culture
Social and emotional wellbeing	Different words 'Sick' 'Unwell' 'Not Right'	
Connected to spirit and personality	Talk about it in language	

Knowing and understanding these risk and protective factors can assist Aboriginal Health Workers in detecting possible mental health issues, intervening with patients to prevent the onset of mental illness, and in promoting and supporting mental health and wellbeing in their community. The mental health picture for Aboriginal people is not necessarily bleak. The reality is that Aboriginal People CAN Have Good Mental Health. Holistic and culturally safe approaches to mental health can help Aboriginal people achieve good mental health. Aboriginal Health Workers are crucial to this.

What You Can Do

Aboriginal Health Workers can:

- Promote mental wellbeing
- Identify mental ill health
- Prevent mental health problems
- Intervene to help people
- Support people with mental ill health

Promoting Mental Health

Promoting good mental health means "...improving mental health for everyone..."

There are a number of ways in which Aboriginal Health Workers can do this, including:

- Creating 'protective' environments – i.e. celebrating culture, family friendly activities
- Empowering your community – i.e. programs to address 'risk' factors
- Building people's skills and knowledge to improve self-esteem
- Making 'wellbeing' the heart of all services – i.e. cultural awareness

Preventing Mental Ill Health

Prevention means:

- Stopping a mental illness from developing
- Helping people manage their condition

This means understanding and identifying risk and protective factors and finding ways to increase protection and reduce risk. Ideas for doing this include:

- Running 'positive' behaviour programs – parenting and mother's groups and pre-school programs for young children
- Encouraging the 'ABC' – Act, Belong Commit (see the resources list in this booklet)
- Running programs and support groups for people at risk

This booklet contains guidelines on the symptoms of mental illness to help you identify people at risk and help prevent the onset of mental ill health and illness.

Intervening

By learning about the risk factors and symptoms of a mental illness you can intervene in cases where you suspect someone might have a mental illness or where you think an existing condition is getting worse. You can do this by:

- Providing a person with information on their illness and treatment options
- Supporting people at risk – this might be as simple as talking and listening
- Early screening or assessment
- Assisting in treatment at their home or in clinics

Support

The primary role of Aboriginal Health Workers is to aid and support professionals and patients in dealing with mental health and illness. Health workers are best placed to do this because they:

- Understand the history and meaning of a problem
- Can give cultural guidelines and promote cultural safety
- Make the patient feel more comfortable
- Provide ongoing patient support (just listening can help!)
- Give people information and advice on their condition
- Advise people on how and where to get help

Mental Health First Aid (MHFA)

The concept of early intervention and prevention is known as Mental Health First Aid: this can be used “until appropriate professional treatment is received or until the crisis resolves”¹. With the right information and knowledge Aboriginal Health Workers can apply mental health first aid in their communities. It is important to remember that while this type of first aid is important, it is not a substitute for specialist therapy, and is not a treatment or cure.

Knowing MHFA can help you recognise the symptoms of mental ill health and talk to people about what they can do. It can help you to:

1. Preserve life
2. Prevent conditions from getting worse
3. Promote the recovery of good mental health
4. Provide comfort to a person suffering a mental illness

¹ Mullholland and Broom, 2005.

Mental Health First Aid Guidelines²

Mental Health First Aid comprises four stages and a number of actions. We describe these below to assist you in working to prevent mental illness and support people who might be mentally ill.

1 - Yarn and Listen

The first step is to talk to someone you suspect may have a mental illness, or who comes to you because they think they might be mentally ill. In doing so, you can assess, and help the person assess, how they are feeling.

Talking will give you a sense of how, why and what the person is thinking – you may want to compare this information with some of the symptom checklists in this booklet. When talking with someone about a possible mental illness, there are some guidelines you should follow:

Do	Don't
Spend time with them Be supportive and understanding Encourage them to talk about their feelings Listen to their concerns. Be respectful and polite Allow for silences Let people take their time Use clear and simple language Respect the right not to talk Learn about causes Find out about local treatment options	Judge, blame or criticise Get angry Offer unhelpful advice Argue or disagree Lecture or 'tell them off' Embarrass them Criticise family in front of them Cause shame Ask too many questions Push people to talk Dismiss their thoughts or feelings

2 - Reassure and Inform

People with mental illness need positive signs and reassurance that they are not alone in their experience. You can do this with some basic information about their condition, on how to get help and how to live a normal life. Let them know that:

What they have is	They are not	They Can	You
A medical illness Common Treatable	Weak Lazy Crazy Incurable Alone	Get help Get well Learn to manage their illness Live a normal life	Will Listen Will Help Will Support Really Care

² These guidelines have been adapted from Mullholland and Broom, 2005; Kanowski, Kitchener and Jorm, 2008; and the MHFA website at www.mhfa.com.au

Mental Health First Aid Guidelines *continued*

3 - Encourage Professional Help

It is important that you encourage people to get professional help and treatment in order to manage their illness. However, if someone doesn't want help, you must respect this decision. In this case, let them know you will help them when they want to get help. Advise people that they can get more help from:

Mainstream Services	Aboriginal Services
Nurses GPs Psychologists Psychiatrists Counsellors Social Workers	AMS ATSI Mental Health Workers Traditional Healers

4 - Encourage Other Support Networks

People experiencing a mental illness often feel isolated and alone. It is important that they have good support networks which include trusted family, friends and other community members. These supports can be very helpful in areas where services are not available.

There are also a number of self help strategies people can put in place to help them deal with their illness. These are non medical things people can do to manage their illness. The role of support networks and suggestions for self help strategies are described in the box below.

Support Networks	Self Help
Listen without judgement or criticism Encourage the person to get help Make sure the person isn't isolated Assess risk and seek help Make sure the person feels 'loved'	Exercise and activity Early morning sun Massage Folate and Vitamin B12 Yoga and deep breathing Avoid alcohol and drugs Positive thinking Distraction –get them to do things that make them feel good

Anxiety

Aboriginal Health Workers play a vital role in the detection and prevention of mental illnesses such as anxiety. Knowing and understanding the symptoms and signs of anxiety can improve your effectiveness in this role. The following information is intended as a guideline for early detection but should not be used as a substitute for a specialist medical diagnosis.

Low level anxiety and stress are a normal part of life. They are also part of our body's natural self preservation instinct and in this case can even be useful. However, when a person's stress and worry are so bad that they make life difficult, they could be suffering from an anxiety disorder.

An anxiety disorder is different from normal stress in that:

- It is more severe
- It is long lasting
- It interferes with everyday life

Common anxiety symptoms include:

Physical	Psychological	Behavioural
<ul style="list-style-type: none">• Heart - palpitations, chest pain, rapid heartbeat, flushing• Breathing - hyperventilation, shortness of breath• Brain and nerves - dizziness, headache, sweating, tingling and numbness• Stomach and Digestive - choking, dry mouth, nausea, vomiting, diarrhoea• Body - muscle aches and pains restlessness, tremors and shaking.	<ul style="list-style-type: none">• Unnecessary fear and worry• Mind racing or going blank,• Poor concentration and/or memory• Can't make decisions• Irritable, impatient, or angry• Confused• Restless or 'on edge'• Tired and sleeps badly	<ul style="list-style-type: none">• Avoids people and places• Obsessive or compulsive• Distress in social situations• Increase use of alcohol or drugs.

Anxiety *continued*

The Goldberg Anxiety Scale

If you think a person may be experiencing anxiety, the following questions can help identify this:

In the past month for most of the time:

1. Have you felt keyed up or on edge?
2. Have you been worrying a lot?
3. Have you been irritable?
4. Have you had any difficulty relaxing?
5. Have you been sleeping poorly?
6. Have you had headaches or neck aches?
7. Have you had any of the following: trembling, tingling, dizzy spells, sweating, urinary frequency, diarrhoea?
8. Have you been worried about your health?
9. Have you had difficulty falling asleep?

Interpretation	What to Do
<ul style="list-style-type: none">• 'Yes' = 1 point• 4 points is average• Higher scores might indicate an anxiety disorder.	<ul style="list-style-type: none">• Refer to GP• Contact a Mental health hotline

Panic Attacks

Panic attacks can occur at any time even in the absence of an anxiety disorder. Although harmless, having a panic attack is a frightening experience as many of the symptoms are similar to more serious conditions such as a heart attack. People having a panic attack often fear they are dying and this fear can worsen the sense of panic. The following is a description of common symptoms and appropriate courses of action:

Symptoms	Actions
<ul style="list-style-type: none">• Increased awareness of heart beat• Sweating• Trembling or shaking• Feeling of choking, shortness of breath or smothering• Chest pain or discomfort• Nausea or abdominal distress• Feeling of unreality/detachment• Feeling dizzy, unsteady, light-headed or faint• Fear of losing control or going crazy• Fear of dying• Numbness, tingling or pins and needles• Chills or hot flushes	<ol style="list-style-type: none">1. Unsure? - Call an ambulance2. Sure it's a panic attack? – Find the person a quiet safe place3. Help to calm the person by encouraging slow, relaxed breathing – breathe with them 3x3 = In for 3 seconds, hold for 3, out for 34. Listen but don't judge5. Explain its not life-threatening6. Explain it will stop and they will recover7. Assure them someone will stay and keep them safe until the attack stops

Depression

Aboriginal Health Workers play a vital role in the detection and prevention of mental illnesses such as depression. Knowing and understanding the symptoms and signs of depression can improve your effectiveness in this role. The following information is intended as a guideline for early detection but should not be used as a substitute for a specialist medical diagnosis.

Symptoms

People with depression show at least 4 of the following symptoms lasting more than two weeks:

2 of these for 2+ Weeks	Plus 2 of these
<ul style="list-style-type: none">• Unusually sad mood that does not go away• Loss of enjoyment or interest• Lack of energy and tiredness	<ul style="list-style-type: none">• Loss of confidence/self-esteem• Feeling guilty• Wishing they were dead• Can't concentrate or make decisions• Moving more slowly or agitated• Having sleeping difficulties - too much or not enough• Loss of interest in food or eating too much

The severity of depressive illnesses range from mild to severe, and the level of severity can determine the course of treatment and predicted period of recovery. Based on the number of symptoms a person displays, their illness might be:

Mild	Moderate	Severe
4 out of 10	6 out of 10	8 out of 10

Advise a person displaying four or more symptoms to seek a specialist diagnosis, treatment and advice. The resources section in this booklet contains contact details for a number of referral and support services.



Suicide - Assessing the Risk

Aboriginal Health Workers are uniquely placed to observe people in their community for changes in behaviour and wellbeing. This observation might alert you to possible mental health risks including the risk of suicide. If you suspect that a person might be suicidal, there are a number of steps you can take to assess this risk, intervene and possibly prevent a suicide. The information here is intended to guide you in this process.

Assessing the Risk – Talk and Observe

Any talk of feeling suicidal should be taken seriously. You can assess the risk by observing the persons behaviour and talking to them about how and what they are thinking.

Observe

In observing, there are two important suicide risk factors to look for. These are:

- Planning- Does the person have a suicide plan and the means to do it (i.e. rope, gun)?
- Previous Attempt – Have they tried to suicide before?

There are several warning signs you might also look for, including:

- Talking about wanting to die, they don't want to live, or want to end their pain
- They are organising their affairs
- They are giving their things away
- Sudden change in behaviour – good or bad
- They are not planning for the future
- They have become withdrawn

Talk

If you think someone might be suicidal, talk to them about how they are feeling and what they are thinking. Talking shows the person that you care and that they are not alone. Try to find out:

- How they feel and why they feel that way
- If they want to take their life
- If they want to harm themselves
- If they are planning suicide

Suicide - Assessing the Risk

continued

Support and Getting Help

If you think someone is at risk, there are things you can do to help, such as:

- Do not get involved physically
- Make sure the person is not left alone
- Seek immediate help
- Phone the mental health crisis number in your area (see below)
- Phone Emergency 000 or
- Go to the hospital emergency department or
- Go to a GP
- If the person is taking alcohol or drugs, try to stop them but avoid confrontation
- Make sure they don't have access to some means to take their life
- Encourage the person to talk – listen but don't advise
- Let them know that they can get help
- Be positive - reassure them life is worthwhile.

Suicide Help

There are a number of telephone support services available for people who feel suicidal. These include:

Emergency Services 000	WA Crisis Team 1800 676 822
Sane 1800 18 SANE (7263)	Suicide Call Back Service 1300 659 467
Carers Counselling Line (WA) www.carerswa.asn.au Phone: 08 9444 5922 1800 007 332	Lifeline www.lifeline.org.au Phone: 13 11 14

Resources

Aboriginal Health Workers are important to the promotion of mental wellbeing in their communities: this includes detecting signs of possible mental illness. To do this to the best of your ability requires having access to useful information and resources. Below are links to resources and support services that might be of use to you and your community.

Mental Health Crisis Numbers

WA Crisis Team 1800 676 822

NT - 08 8999 4988	SA - 13 14 65
QLD - Call Emergency Services 000	TAS - 1800 332 388
VIC - 1300 651 251	ACT - 1800 629 354

National telephone support

Statewide Aboriginal Mental Health Services Phone: 9347 6910	Lifeline Counselling Phone: 13 11 14 (cost of a local call, 24 hours) http://www.lifeline.org.au
Kids Help Line 1800 55 1800 (freecall, 24 hours) http://www.kidshelp.com.au	Mensline Australia 1300 78 99 78 www.menslineaus.org.au
Lifeline's Just Ask (Information and Referral Service) 1300 13 11 14 (cost of a local call) Mon – Fri 9am – 5pm	

Resources

continued

Useful Resources

The listed websites contain factsheets, assessment questionnaires, interactive assessment tools, and self-help strategies which you can use in your health promotion and intervention programs.

Blackdog Institute www.blackdoginstitute.org.au	Beyond Blue www.beyondblue.org.au
Mental Health First Aid www.mhfa.com.au	Act, Belong, Commit www.actbelongcommit.org.au
Auseinet – Information for ATSI People http://www.auseinet.com/atsi/index.php	The Blue Pages www.bluepages.anu.edu.au
MoodGYM http://moodgym.anu.edu.au (note: do NOT use www.)	

Mental Health Training

Gatekeeper Suicide Prevention Training

Developed by TICHR this program is designed to help health workers develop the skills to assess suicide risk and respond appropriately. There are also links to locally trained people. For more information go to <http://www.ichr.uwa.edu.au/preventingsuicide/prevention/gatekeeper>

Aboriginal Psychological Services

Private training provider owned and operated by an Aboriginal psychologist

<http://www.Aboriginalpsychservices.com.au>

Marr Mooditj Aboriginal Health Training College

<http://www.marr-mooditj.com.au>

Offers certificate courses in mental health

References

We used the following resources for this section. You could use these for further information. These are available online, free of charge.

Black Dog Institute Fact Sheets available at www.blackdoginstitute.org.au (go to “Resources” and then “factsheets”)

‘Helping someone who has a mood disorder – for family and friends’

‘Depression in older people’

Mental Health First Aid Fact Sheets available at www.mhfa.com.au (go to “guidelines”)

MHFA Guidelines for Australian Aboriginal and Torres Strait Islander Peoples – Cultural Considerations

MHFA Guidelines for Australian Aboriginal and Torres Strait Islander Peoples – Depression

MHFA Guidelines for Australian Aboriginal and Torres Strait Islander Peoples - Suicide

Auseinet (2007) *‘Promotion, Prevention and Early Intervention for Mental Health: For Aboriginal and Torres Strait Islander People’*, available at http://www.auseinet.com/files/factsheets/atsi_ppei.pdf

Kanowski, L, Kitchener, B and Jorm, A (eds) (2008) *‘Aboriginal and Torres Strait Islander Mental Health First Aid Manual’*, University of Melbourne.

Mulholland, D Timothy, and Broom, R (2005) *‘Aboriginal Mental Health Program ‘Working Both Ways’*, available at <http://www.abc.net.au/rural/events/ruralhealth/2005/papers/8nrhcfinalpaper00357.pdf>

Mentally Healthy WA Factsheet *‘Keeping Mentally Healthy’*, available at www.actbelongcommit.org.au



What this fact sheet covers:

- Self-test (results & scoring)
- Where to get more information.

This fact sheet provides a self-assessment test for identifying possible symptoms of clinical depression. Please note that while great care is taken with the development of this self-assessment tool, it is not intended to be a substitute for professional clinical advice. While the results of the self-assessment tool may be of assistance, users should always seek the advice of a qualified health provider with any questions they have regarding their health.

Self-test

Please consider the following questions and rate how true each one is in relation to how you have been **feeling lately** (i.e. in the last two to three days) compared to **how you usually or normally feel**.

	Not true	Slightly true	Moderately true	Very true
Are you stewing over things, or brooding negatively?				
Do you feel more vulnerable than usual?				
Are you being more self-critical & hard on yourself?				
Are you feeling guilty about things in your life?				
Do you feel as if you have lost your core & essence?				
Are you feeling depressed?				
Do you feel less worthwhile?				
Do you feel hopeless or helpless?				
Do you feel more distant from other people?				
Do you find that nothing seems able to cheer you up?				

NB: Please turn over for scoring instructions and results.



Scoring

Items are scored as follows:

- '0' – for 'Not True'
- '1' – for 'Slightly True'
- '2' – for 'Moderately True'
- '3' – for 'Very True'

Results

9 or more

If you have been feeling this way for more than a couple of weeks, or if these feelings persist for more than a couple of weeks, and as a consequence your day to day functioning is impaired, there is a good chance that you are clinically depressed. There might be wisdom in you speaking to a general practitioner (primary care physician), trained mental health professional or whomever you seek medical advice from to clarify this possibility.

Less than 9

Your responses to these questions suggest that you are unlikely to be clinically depressed. If your situation does not improve you might consider answering this screening measure again.

NB: This self-assessment test may also be done online: www.blackdoginstitute.org.au

What to do if you suspect you have depression

If you scored 9 or more, the first step is to arrange an appointment with your general practitioner for a thorough medical assessment and diagnosis. You may like to consult our other fact sheets, including the fact sheet *Types of Depression*.

Where to get more information

- Watch our Online Depression Education Program (DepEd) www.blackdoginstitute.org.au
- www.depressionservices.org.au
- www.bluepages.anu.edu.au
- Chapter 6 - *Dealing With Depression : A Common Sense Guide to Mood Disorders*, by Gordon Parker. Allen & Unwin, 2004.

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