

Mental Health Community Network Open Space Forum Broome - 19 June 2008

Book of Proceedings

the question?

**What can we ALL do to better the mental
health of ALL West Australians?**

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Disclaimer:

This Book of Proceedings is provided as a record of the discussions which took place on 19 June 2008 at the Mental Health Community Network Forum in Broome.

The records of each discussion, made by the participants, have been presented here in their original form, with amendments being avoided except where necessary to clarify meaning. If participants feel that this record does not accurately reflect the discussion, that vital information was omitted or was incorrect, it is recommended that they contact the Mental Health Division on 9222 4099 to make a record of this.

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TOGETHER WE CAN SHAPE THE FUTURE

Help shape the vision for mental health in Western Australia

Do you feel passionate about mental health?

Do you want to be part of a lively, open and inclusive discussion regarding mental health in Western Australia?

Then come along and share your passion, ideas and thoughts over the question:

What can we ALL do to better the mental health of ALL West Australians?

The WA Mental Health Community Network recently held its inaugural Open Space forum in Perth, and now looks forward to giving the people of the Kimberley region the opportunity to participate. These forums will facilitate community input into WA mental health planning and public policy development.

Forum discussion groups will follow the method of Open Space Technology, “a philosophy, practice and process that enables groups of any size to come together around complex, important issues and accomplish something meaningful.” (Peggy Holman, Founder of The Open Circle Company)

YOU will create the agenda.

YOU will be able to move freely from group to group and contribute as you consider best.

All discussion will be captured in a Book of Proceedings that will be made available to the public.

Date: Thursday 19 June 2008

Time: 9.00am - 3.00pm (Registration from 8.30am)

Venue: Sam Male Conference Room, Cable Beach Club Resort, Cable Beach Road, Broome

Bookings: (08) 9222 4099 or mentalhealthreception.royalst@health.wa.gov.au

RSVP: 12 June 2008

All are welcome, including community members, consumers, carers, health professionals and service providers. Bookings, however, are essential. Lunch and refreshments are provided.

We look forward to your participation.

Dr Steve Patchett
Executive Director
Mental Health

What happened?

On Thursday 19 June 2008, a forum was held in Broome to address the question:

What can we ALL do to better the mental health of ALL West Australians?

Community members, consumers, carers, health professionals, policy makers, Non-Government Organisation representatives, and service providers gathered to consider this question using the method of Open Space Technology.

Together, they created the agenda for the day at the Market Place and were free to attend, move between and contribute to discussions as they wished. A summary of each discussion was recorded on the day, which have all now been compiled to form this Book of Proceedings.



The Market Place

Session One

Code	Title	Founder	Page
1A	Lack of emergency response (i.e. CAT/PET) or sub-emergency response to episodes in Kimberley Aboriginal communities	Natalie Siegel	6-7
1C	Improving youth mental health in Broome/Kimberley Child and adolescent mental health training	Adam Brooks	8
1D	Who established Broome Mental Health?	Elizabeth Kada	9
1E	Would like 24 hours service meaning we can ring at any time and home visits available		NDR
1F	Set up a local committee of parents and carers of the mental ill. Education workshops for friends and family	Pauline Murphy	10
1G	Yarning and listening about the new mental health unit: how do you want people to be looked after in the unit?	Beth Wilson	11-12
1H	Meeting mental health clients needs for indigenous clients in the prison. More indigenous mental health workers	Dianne Appleby	13
1J	Housing issues: lack of quality housing	Cameron North	14
1SPE1	What's the rush: impact on health, bush time/bush programs	Desiree Bissett	15
1SPE2	If we communicate with the mental health mob, how do we know what is going to happen?	Rita Augustine	16

Session Two

Code	Title	Founder	Page
2A	Childhood trauma and adult mental health (plus diagnosis)	Jennie Gray	17-18
2B	Cultures - traditional cultures and spiritual well being with mental health Concerns with 24/7 carers and lack of support	Pilbara Women's Group	19-20
2D	How can communities assist and provide activities to improve inclusion and sense of belonging for enhanced mental health?	Therese Forbes	21
2E	We want proper cultural understanding and proper communication skills about how to communicate with our people, cross cultural competency	Collette Irwin, Janine Miasuda & Michael Cox	22-23
2G	Prevention, family support, education, environment, balance of work and leisure, cultural appropriateness	David Pigram	24-25
2J	Restrictions within the referral system to mental health services	Kellee Jones	NDR
2H	Rehabilitation program. What activities/programs? Need living skills; finance and budgeting; back to country (what happens to Pilbara mob?); education (understanding their illness); going back to work/TAFE /motivators	June Walley	26
	That anything that encourages the formation of separate groups within our society also contributes to all health problems	Garry	NDR

* NDR - No Discussion Recorded

The Market Place

Session Three

Code	Title	Founder	Page
3A	Mentally Healthy WA, 'Act, Belong, Commit' program plus Healthway funding Mentally healthy, being well/staying well, for the whole community - how do we do it, and how do we teach others to do it?	Angela Lewis	27
3B	Healing (in all its forms) and therapeutic ideas for communities. Natural healing, alternative healing and the need for community healing in communities that have victims of violence for 100s of years How alternative therapies can benefit mental health	Joe Tighe Mira Holzmann	28
3D	Statewide Indigenous Mental Health Service capacity building in rural and remote	Michael Mitchell	29
3E	Services for people suffering from depression or generalised anxiety disorder; gaps in services	Laura Brooks	NDR
3F	Mental health fear/stigma inter-generational community	Anne Sibosado	30
3H	Increase the indigenous workers in the mental health field. Career pathways - Department of Health, WA. Kimberley and Pilbara region - employment for indigenous people (plus recruitment and retention). More appropriate services - respite. Training and supporting workers/families/helpers to care for mentally ill and promote mental health	Katie Papertalk Michelle Chirgwin	31-32
3J	How do you help young people to feel safe and comfortable to talk about their mental health and access support when they need it, i.e. improving access?	Raina Courtenay	33-34
3SPE	I like to see this meeting doesn't stop here today - like to have follow up and let this be an ongoing issue	Gordon Dixon	35
	How can we better support/provide education to people to remove the fear/myths around the words 'mental health'?	Kaz Fitzpatrick	NDR
	Career structure for indigenous mental health workers through working with communities more effectively A better shared responsibility between mental health and drug service	Clare Henry Williams	NDR

* NDR - No Discussion Recorded

Session Code:	1A	Initiator:	Natalie Siegel
Session Title:	Lack of emergency response (CAT/PET) in Kimberley Aboriginal communities		
Recorder:	Natalie Siegel		
Participants:			

ACUTE REMOTE RESPONSE TO A CRISIS

- There is no CAT/PET should an emergency arise.
- Most episodes occur outside of hours and police are relied upon to respond - or assess the crisis - often this can escalate the crisis.
- How can we bring the 'episode' to where it can be properly assessed as to what response is required, i.e. need for containment review 'sobering up'.
- Could we have community members trained in responding and assessing for staff, which occurs, especially out of hours (i.e. outside of 8:00 - 4:30, Monday - Friday), which is when most of this stuff arises.
- It's about how we build the capacity of community to respond to a crisis.
- We need to increase awareness of, and usage of, Rurallink 24 hour on-call psychiatrists.
- We need to ensure communication link is available and used.
- There would also need to be support given to those community members who are involved in responding to the individual, post-incident.
- We need to look at the current flow chart of what happens in each community when a mental health crisis arises.
- There are systems to be established to have the responses across the communities standardised.
- There is a big onus on AMS clinic staff to know what to do - none of these are mental health qualified.
- Rurallink is underused.
- The model of building community capacity to respond (i.e. continually supported and trained community people in mental health first aid response) is that:
 - They can identify warning signs of an episode arising.
 - They can identify if this is a consistently arising happening for a person
- AMS clinic staff are relied upon often as the first port of call - but they are not trained or qualified to respond - and they have a high turnover of staff.
- We need to encourage clinic staff use of Rurallink.
- A fact sheet for clinic staff at least - in how to respond and acknowledge early warning signs - is needed. KAMSC will take the lead for this.
- Any emergency response needs to engage with traditional healers - also to determine cultural reasons or solutions to the issue. Sometimes in communities individuals are charged for healing use - how can we respond to this?
- Traditional healers should be paid a fee for their services.

What can we ALL do to better the mental health of ALL West Australians?

- Probably it should be the traditional healers and custodians who are trained in the MHFA and they should be paid a fee for service in providing that response, in relation to providing any traditional healing (not crisis response).
- Family need to sign a form to say this is the right healer from the right country to provide that healing. This is optionally used pre-crisis event.
- There can be some benefits in police involvement, especially in violent crises or aggressive crises, so family members or community aren't 'seen as the bad guys' or conflicts of interest could materialise.
- Another potential issue that may arise in using community members is confidentiality issue. Can confidentiality be renegotiated when the person is well again?

Session Code:	1C	Initiator:	Adam Brooks
Session Title:	Improve mental health in youth of Broome and the Kimberley		
Recorder:	Adam Brooks		
Participants:	Angela Lewis, Ben Hammer, Clare Wood, Jane Beckman, Joanne Wraith, Kellee Jones, Linda Dean, Nathalie Ishiguchi, Raina Courtenay, Richard Menasse, Talissa MacKinley, Wynne James		

- Not enough services for young people in Kimberley to address mental health issues (especially in remote community).
- After initial use there are no follow-ups.
- Lack of resources to do with situation there and then (limited support).
- Quick response to mental health issues.
- Unclear on support network (not enough education in remote areas).
- Medication changes aren't updated.
- Counselling and rehabilitation.
- What can we do to improve the situation?
- Physically, sense of belonging and community.
- Need more support in the remote areas.
- Mental health of any community is the responsibility of the community.
- Source of info from countries with strong mental health issues.
- Ineffective resources.
- Improving communication.
- Cultural awareness.
- More youth events and programs.
- More focus on celebration.
- More indigenous counsellors who know the issues.
- More activities and more feedback from the youth.
- Develop young people to be leaders in themselves and to love yourself.

What can we ALL do to better the mental health of ALL West Australians?

Session Code:	1D	Initiator:	Elizabeth Kada
Session Title:	The creation of mental health service in Broome		
Recorder:	Steve Patchett		
Participants:	Elizabeth Kada, Steve Patchett, Phyllis Teh, Collette Irwin, David Kernohan		

- 1950s a group of mothers and fathers got together and set up ‘Yagarrbuligin’ (Coming Together as One).
- There was no service but we were worried about our kids - suicide, roaming the streets.
- Met whoever we could, talked about what was happening and what we could do.
- Then met Brian Charlie, KAMSC - paid for food etc. at meetings.
- Then in 1960s I went to Mental Health Carer Association in Perth, learnt a lot about medication and services, brought good pamphlets etc.
- Met Kevin Prince and Professor George Lipton. I said instead of clientele coming to Perth, would we be able to have a mental health service in Broome.
- Elizabeth won the most caring mother award.
- Then got Mabu Maya in 1998 when George Lipton said we had money. I said to George, “leave it to me, we’ll sort it out.”
- Three-four years ago.
- Then went to Carers Association just out of Perth and there were lots of people there from all over the state. I asked for a mental health institution in Perth. It was so hard having our kids in Perth.
- When we went one day after opening of Mabu Maya the cops arrived, they were going to arrest us for trespassing.
- Put young kids in there with their families on the way to Graylands, we’d settle them down. Sometimes they wouldn’t need to go to Graylands.
- Jock McLarkin was the first psychiatrist.
- What I would really like: those mental health kids love helping but it is very hard to get white goods. We will get a meeting with Lotteries Commission.
- There are a lot of homeless people in Broome - because a lot of people come here from outside over mental health. Kids miss out.
- We are waiting for the APU to open. We have got a lot of say in how it will be.

What can we ALL do to better the mental health of ALL West Australians?

Session Code:	1F	Initiator:	Pauline Murphy
Session Title:	Workshops on family and friends of partners and carers of mentally ill: Setting up of committee		
Recorder:			
Participants:	Kaz Fitzpatrick, Katie Papertalk, Cecelia Dann, David Pigrim, Henry Williams, Pauline Murphy.		

- Need workshops - public awareness raising to reduce stigma - outreach from ARAFMI in collaboration with TAFE.
- Follow-ups needed - keep relationships going once links made.
- Support groups.
- Education in mental health at school.
- Community workshops to encourage indigenous leadership (HW).
- Education to communities to access appropriate funding to maintain and strengthen cultural and traditional (HW).
- Empowering community and cultural events (to allow youth to express themselves through singing and dancing) (HW).
- Family support through education. Education to encourage family responsibility and community responsibility with identifying and monitoring mental health issues, especially with suicide (DP).
- Better support for families and communities affected by mental health issues (DP).
- Solutions - creating a better environment for individuals and families (DP)
- Appropriate and regular education all round (PM).
- Ongoing education to committee (KP).
- Families and clients to have appropriate education around treatments - spiritual, mentally and physically.
- Indigenous recruitment for appropriate and more effective culturally appropriate ways of doing things (in a cultural context) - families and individuals (DP).
- Cultural protocol for all communities to service providers (KP).
- Traditional medicine versus cultural and traditional medicine (KP).
- Doctors need cultural education in explaining health problems - to keep the language K.I.S.S. (PM)

What can we ALL do to better the mental health of ALL West Australians?

Session Code:	1G & 2C	Initiator:	Beth Wilson
Session Title:	Yarning and listening about the Mental Health Unit		
Recorder:	Beth Wilson		
Participants:	Beth Wilson, Fred Murphy, Jerry Moore, Katie Papertalk, Lisa Dore, Michele Bestwick, Nathalie Ishiguchi, Shelley Archer, Steve Patchett, Therese Forbes, Garry Clark, Joe Tighe, Sharna Dean, Jane Blackwood.		

Boundaries (Behaviour)

- It is important to establish boundaries for patients so that they feel safe and the staff feel safe (JM).
- Without diminishing their rights and freedoms (MB)
- Boundaries established for each individual (GC).
- So that they know what to do, with who, and when (JM).
- Access to our rooms/space is important (all).
- Boundaries depend on how well a person is.
- Must take into account cultural needs (KP).

Courtyards (JM)

- Establish meeting places in the courtyards.
- Make plants relevant (bush medicine).
- Ensure that everything is neutral - no cultural symbols that might be relevant for a few people only (KP).

Safety (GC)

- Need security of personal belongings plus personal safety.
- Make rooms lockable by the person (they can lock themselves in) (SP).

Interviews (TF)

- Interview rooms need to have windows plus access to outside space very important.
- So people can stay grounded.

Staffing

- Need therapeutic people and security people separate (JM, GC).
- Roles as clear as possible.
- Clinical staff can't do preventive stuff (KP).
- Bring in outside groups to do this.

Nurse Base

- Sitting inside a bubble/fishbowl of gaps is no good for staff/patient interaction (JM).
- Talk area a bench instead (all agree).

What can we ALL do to better the mental health of ALL West Australians?

Smoking

- Non-smoking policy is untenable. It will create more distress and is a breach of human rights.
- Smoking room? (LD).

Comfort of space

- Create a space that is comfortable and welcoming. Use of colour/space/alternative therapies (JT).
- Needs a water feature (KP, SD, NI).
- Needs to be indigenous focused - make sure indigenous people are consulted (JT).
- We plan to make it a mental health unit that is focused towards indigenous people (BW).
- Have stimulus/calm environment (JB).

Underlying Issues

- Need to make space on the ward for culturing issues to be addressed-Bring in outside groups.

Accommodation

- Great need for accommodation of families who will be coming with people who are on the unit.
- Great need for step-down facilities for people after discharge.

Programs

- Parenting skills for mums.
- Art and music (LB).
- Alternative therapies (NT).

Observation

- How we can ensure observation of people plus their safety? (NI).
- CCTV.
- Fishbowl effect for nurses is no good (JB).
- Need open communication with staff.

Staffing

- Need training for people in Broome to work on the unit.
- Training in Perth is too far away (SD, NI).
- Need a lot of on going support plus training for staff (JB).
- The only way that inpatients' units work is if they are in conjunction with stable accommodation in-reach by community teams, plus psychosocial support (SP).
- Community team work load will double (JB).
- Need stable accommodation (step-down).
- This is being rallied out across the state.

End ☺

Session Code:	1H	Initiator:	Dianne Appleby
Session Title:	Meeting mental health needs of prisoners		
Recorder:	Jennie Gray		
Participants:	Bob Goodie, Heather Hansen, Jennie Gray, Michelle Chirgwin, Shelley Archer, Carmen Julian, Dianne Appleby, Zelda Veve, Melanie Jan.		

- Massive correlation between rates of mental illness and incarceration.
- Revolving door - mental health problems not addressed by sending people to Perth hospitals.
- Appropriate recruiting of staff for Derby prison, e.g. Indigenous staff, cultural awareness training.
- Need training in culture of prisons.
- Post/pre-release support urgently needed to lower recidivist rate.
- No Indigenous mental health support workers in prisons.
- Often incarcerated when treatment needed.
- Context of people's lives are not addressed (e.g. what is happening to family).
- Visitors 'rage' in Broome prison is disgraceful - traumatises children.
- Child friendly spaces to allow family connections to be maintained.
- Village-type set up needed like Boroma, streamline that allows for traditional healing techniques.
- Distance from family a big problem.
- Double depression/mental health problems.
- The circumstances that led to incarceration (e.g. AOD, FDV), plus loss of freedom, family connections, etc., once incarcerated.
- So mental health needs are very complex.
- Need career pathways for Indigenous staff to develop necessary skills to be 'work ready' for work in prisons.
- Need ongoing support of appropriate workers, i.e. employment conditions to match needs.
- Currently only acute illnesses are attended to, not depression, anxiety.
- Partnership training - skilling up, between prison and health systems - allow prison workers to develop capacity to respond appropriately/case manage.
- Request more visits from mental health service, In-reach.

What can we ALL do to better the mental health of ALL West Australians?

Session Code:	1J	Initiator:	Cameron North
Session Title:	Housing issues		
Recorder:	Cameron North		
Participants:	Adam Vincent, Cameron North, Chris Mitchell, Gordon Dixon, Jerry Moore, Yvonne Ishiguchi, Christine Gray, Hayley Diver, Betty Dixon.		

- No choices or options for many people.
- Types of housing - crisis/supported - limited.
- Affordability - housing stock - government needs to release housing/land.
- Governance - who controls housing? Indigenous groups ownership of housing.
- Who should/is able to run models of housing? Issues of what happens for people just discharged from new inpatient unit.
- Support for families/respite hostel model when people are in hospital.
- Housing very important for cultural reasons families need to be done to help support unwell members.
- Build stock in remote communities.
- Little or no support to repair/innovate particularly in remote communities.
- Capacity building for maintenance of housing.
- Housing for workers in mental health.
- Where is the money?
- Pathways for housing.
- Social responsibility for business in Broome to contribute - collaborative approaches.
- Partnerships to own/manage housing.

Session Code:	1 SPE1	Initiator:	Rita Augustine
Session Title:	If we communicate with mental health mob how do we do know what is going to happen with our communication?		
Recorder:	Kaz Fitzpatrick		
Participants:	Betty Dixon, Clare Augustine, Jacinta Sesar, Joy Hunter, Kaz Fitzpatrick, Rita Augustine		

Family members who care for someone with a mental health issue are not given information by mental health.

- What can be done?
- Meds - what sort? What it does? What happens when a person misses the meds?

Better communication from onset of diagnosis in regards to the pros/cons of meds and danger to person and family.

- Behaviour person might exhibit.

Main concern - a mum did not know how dangerous the medication was - in particular when misused.

- Difficulty keeping the person on the same level.

Session Code:	1SPE2	Initiator:	Desiree Bissett
Session Title:	Time Out, Bush as Healing, Programs, Minyirr Park		
Recorder:			
Participants:	Desiree Bissett, Estelle Ingie, Hayley Harris, Mira Holzmann, Nathalie Ishiguchi		

- “Take time and do it well.”
- Time and hurrying can cause stress and mental health problems for workers.
- How can we slow things down to feel better and to work well with others?
- Work mates - good trusting environments.
- Who sets the time agenda - the clock or us?
- Sometimes it’s hard to prioritise as there are so many with needs - part solution - training more up.
- Our offices - micro-systems.
- Bigger system (bush) can support.
- Call the office to organise the space.
- Bush programs - Minyirr Coastal Park:
 - Youth ‘Reading the Country’.
 - Bran Nue Dae - aged access the park.
 - Broome prisoners have worked there.
 - ‘Work for the dole’ has worked there.
 - TAFE - Indigenous rangers.
 - Youth camp area being developed.
 - Being able to take clients and people to the bush.
- Bush as healing - two ways:
 - Systems that work well here (culture).
 - Not superimposing other systems, evidence isn’t paper, it’s feeling.

Session Code:	2A	Initiator:	Jennie Gray
Session Title:	Childhood trauma and adult mental health		
Recorder:	Jennie Gray		
Participants:	Cherryl Merrey, Gordon Dixon, Heather Hansen, Jennie Gray, Joanne Wraith, Melanie Jan, Christine Gray, Cecilia Dann, Wynne James		

- Not adequate assessment of mental health problems in young people who have experienced trauma.
- AOD, 'bad' child labels, not trauma.
- Consequences of trauma in childhood and mental health problems not acknowledged.
- Trauma takes many forms, e.g. abuse, exposure to violence, mental health problems.
- Children often an indicator of family dysfunction.
- Education and support for children caring for parents with mental health problems.
- Trauma can sit until it explodes; can end in incarceration and cycle repeats itself as further trauma experienced in prison - LOSE-LOSE situation.
- Big shame/stigma. As a society, too scared to ask the question, so therefore victim too scared to tell. We don't know what to do with disclosures. Need to make it OK to tell.
- Lots of stolen generation were abused, regarded as 'normal' and swept under the carpet.
- Vicarious trauma - time bomb, difficult to be a carer.
- PTSD - a normal response to abnormal situation. Needs to be explained.
- Needs to be addressed at an early age.
- But need to ensure they are not re-traumatised.
- Need to educate regarding warning signs/symptoms and offender profiles.
- Experiences of trauma are usually multi-layered/faceted, complex, and impact on all areas of life as both children and later as adults.
- 'Welfare' prevents disclosure, often used as a way of threatening.
- Labelling trauma with a mental health diagnosis, in effect, is re-traumatising, adding another layer of shame/stigma.
- Label misdirects treatment from trauma response to biological band aid solutions/treatment.
- Any childhood trauma needs a mental health approach, as well as safety/DCP.
- Need support/counselling/screening at school.
- Rather than onus being on person/family to show mental health problems as a result of trauma, mental health service should be involved as a matter of course: early intervention.
- Mislabelling, ADHD, troubled child, attention seeker, bad family, anger management: ALL NORMAL RESPONSES TO TRAUMA.
- Often the right questions are not asked, language not available to explain experience. Can also lead to mislabelling, increase vulnerability to more abuse/trauma.

What can we ALL do to better the mental health of ALL West Australians?

- DCP interventions can be traumatic.
- All support workers, including DCP and teachers, need to be skilled in working with children who have experienced trauma and what they do can perpetuate trauma.
- Approach must be culturally appropriate, sensitive, language.
- Abuse as an everyday thing. Intergenerational experiences of trauma.
- Community and communications, networks of support, and supporting families to allow child to have continuity in care.
- PB puts onus of child to protect self, but really need education to stop abuse in first place.
- Need to support family to support child.
- Need to keep repeating, not child's fault.
- Better legal response, not adequate enough.

Session Code:	2B	Initiator:	Pilbara Women's Group
Session Title:	Marrying of traditional cultures / mental health		
Recorder:	Bobbie Telford		
Participants:	Anne Sibasado, Doris Eaton, Molly Horace, Katie Papertalk, Bobbie Telford, Shelley Archer, Tabarina Waddaman, David Kernohan.		

- Educating indigenous community in appropriate cultural and language when clients return from Graylands.
- On discharge - no activities or rehab services for indigenous clients.
- Holistic care with indigenous clients combining traditional activities and western medicine. Need spiritual ongoing connection and country and family.
- Families feel stigmatised and unsupported as carers of mental health clients.
- Speaking out to elders and family and community members to balance western ways and traditional ways of coping, e.g. grief.
- Educate carer support groups in town to target specific Aboriginal communities in culturally appropriate language.
- More 'bush trips' for yarning and camping (more family orientated).
- More mental health staff resources to increase outreach visits.
- Current HDWA policies need to be amended to meet the changing needs of regional areas (social change/governance due to cultural differences).
- Maintaining and strengthening of cultural security.

Westernised - "Medicine"

- Don't understand the family structure
- Help to control your feelings
- Over medicated
- Become dependent
- Pain comes back
- Others' comments: your "YOW"
- Not treated normal
- Changed loved ones
- Cultural ways changed
- Confidentiality - medical records
- Control of your life
- Couldn't do anything - tired, sleepy
- Can't do the family responsibilities
- Acted different/changed me
- Made the brain dead - everyday things

Traditional

- Back to country/traditional connection
- Country activities

What can we ALL do to better the mental health of ALL West Australians?

- Story telling
- Getting family back together
- Family support better
- Better understanding of the illness
- Helps you cope better
- Elders' input and support
- 'Healing' culturally
- Clinicians advised for client to speak with family members for support
- Medication then helps to get off - slowly

Session Code:	2D	Initiator:	Therese Forbes
Session Title:	Communities' inclusion and enhancement in mental health		
Recorder:	Therese Forbes		
Participants:	Lisa Dore, Angela Lewis, Therese Forbes, Mira Holzmann, Joe Tighe, Carmen Julian		

- How, if communities are healthy, vibrant, connected - the people in them will have enhanced mental health.
- Do people go and live in smaller isolated communities to get away - not take part?
- Feeling a part of community is a buffer to people's loneliness and feelings of not belonging but inclusion needs to be fostered before people withdraw.
- *Act, Belong, Commit* as a way to include.
- 'New to Town Morning Tea' as a suggestion with inclusion on shire's website.
- Bag of welcoming material letting people know what is available and inviting them along.
- Housing, and how it is structured in communities, impacts on belonging. Example given was of sense of community in caravan parks. The idea of individual housing as inherently isolating.
- Local people really 'pissed off' due to lack of opportunity for owning own land.
- Men's sheds, shared community gardens as places of gathering in connection.
- Providing a range of activities; sport, art, book clubs, exercise groups, in order to entice.
- If you take away drinking from many Kimberley towns then it leaves a vacuum that needs to be filled. Although alcohol consumption is dysfunction - it does serve a purpose in that it brings people together in many situations.
- Boredom is a factor in many communities.

What can we ALL do to better the mental health of ALL West Australians?

Session Code:	2E	Initiator:	Collette Irwin, Janine Miasuda, Michael Cox
Session Title:	Talking about proper respectful communication		
Recorder:	Collette Irwin		
Participants:	Alfred Gerrard, Cameron North, Chris Mitchell, Henry Williams, Janine Miasuda, Michael Cox, Collette Irwin, David Kernohan, Fred Murphy		

- Communication breakdown between doctor and client; mental worker and client.
- Aboriginal person telling doctor or nurse about things and doctor or nurse not ridiculing or thinking person isn't talking straight when actually person is talking from their reality (lack cultural understanding).
- Can the mental health tell difference between a person who has been stung, a person who is 'stoned' from pot use, or a person who is mentally ill?
- Mandatory cultural competency course to all health service providers - preferably from Indigenous services/agencies/professionals.
- Promote liaison officers - cultural liaison officer (voice for the person).
- Liaison officer each area - so understand the area.
- Cultural training as first component of orientation when working in an area where your clients are Aboriginal.
- Cultural competency training and refresher every year.
- Needs to become a standard from the Office of the Chief Psychiatrist. Needs to look at it from a managerial perspective and implement if from here. It's about equity! Is it about money? There is cost benefit. It cuts down clinicians' time as communication is so much more effective. It builds bridges and allows for people to heal properly and move quickly.
- Publications and resources in language - only thing see in 'Jabby Don't Smoke' pamphlet, where's the rest?
- Education resources, video pamphlets used to be done with effective communication in mind.
- Communication between tribal elders and doctors and management should be implemented and happen regularly.
- Traditional language dictionary needed/necessary for doctors.
- Language matters. Just to say hello in language is important to the person, makes them feel comfortable and cared for. Like you take a proper interest.
- Family should be able to visit dear ones in Graylands at least once or twice. Need \$\$\$ to go down and visit. It helps people get better more quickly when they feel connected to home/family.
- Important to be able to cook traditional meals, story, visiting 'countryman' in other words.
- These two above things: (1) family, and (2) traditional foods; most important in the healing process.
- Staff that understand culture not just taken but really!
- Moved on from talking about "respectful" communication and understanding Aboriginal culture properly, to talking about how cultural understanding can benefit people in hospital (Graylands) i.e. family, art/craft, food.

What can we ALL do to better the mental health of ALL West Australians?

- When someone gets diagnosed should have Aboriginal tribal elder to come and be at the consultation to breakdown barriers and to know about that person's history. Person would feel more comfortable with elder and then communicate better with the doctor. Elder or doctor from region.
- Promotion and maintenance of community events - sharing cultural understandings and issue, e.g. stomping ground, Croc festival, ship of dreams, get the community together.
- Financial support to services who are delivering cultural events, communication, understanding.
- Education around expression/western academic skills within a local context (CN).
- To have cultural competency training on a more continuum basis (Fred)
- Mental health and cultural competency training to be implemented through TAFE (CM).
- Training to be implemented through video conferencing (CM).
- Education around identifying cultural barriers (CI).
- Cultural delivery to be implemented as part of all health forums (HW).
- Cultural model of care to be entrenched within the western model of care (Fred).
- Economic and social incentive and support for indigenous health workers/professionals (CN).
- Housing equitability to all new staff (especially to local people).

Session Code:	2G	Initiator:	David Pigram
Session Title:	Prevention through family support, education, cultural appropriateness - balance between work and leisure		
Recorder:			
Participants:			

Prevention:

- Education in schools - awareness around mental health.
- Plant the seeds.
- How to break down the stigma around mental health.
- Positive events and regular times outdoors.
- Knowing where to go at first port of call when feeling unwell.
- Advocacy for Mental Health Promotion Unit.
- Resilience.
- More community education.
- Cultural appropriate language when facilitating education sessions or programs.
- Create supportive group for families and communities affected by mental health using local people to facilitate and be supported.
- Mentorship for young people (indigenous).
- The environment and connection to country is very important, particularly if you are an indigenous person connected to the country it really helps with feeling good and ultimately your mental health, e.g. Minyirr Park.
- Avoiding opportunities to feel proud of your place and who you are, i.e. walks and story telling at Minyirr Park.
- Importance of strong role models who are reluctant and have connections to the young person or people, someone they can respect.
- Open up opportunities to make choices and take control of your own life.
- Family and country are the two main factors of wellbeing for indigenous people in the Kimberley.
- Creating opportunities for healing and recognising the importance of that and building models of care around that.
- Using local people and training them up to support young people.
- Talked about indigenous peoples' reluctance to get involved in mental health, people feel frustrated and worried about how to respond or support people experiencing a crisis.
- How do you attract more workers to work in mental health? What are the barriers to doing this? Particularly indigenous.
- Importance of recognition of prior learning, teasing out skills and strengths to empower young people and promote self-esteem, and recognising the importance of cultural knowledge.
- Indigenous employment and retention is a big issue.
- Taking a community development approach and promoting community ownership.
- Flexibility in learning, working, family time and leisure.

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- Cultural awareness for all non-indigenous staff within the Kimberley Health Services.
- Create healing environments supported with resources, either monetary for facilitation, or in kind.

Session Code:	2H	Initiator:	June Walley
Session Title:	Rehabilitation services		
Recorder:	June Walley		
Participants:			

- Integrating other agencies (i.e. TAFE) for training skills (employment agencies for disabled 'on the job training', 'job placement').
- Bring skills, i.e. Jacaranda program (life skills), similar to Richard Fellowship.
- Education workshops (drug, mental illness and alcohol abuse).
- Finance and budgeting skills.
- Cultural activities (back to country).
- Currently lack of services in Pilbara. More training for community indigenous people to work in rehabilitation area.
- More elders to participate in cultural appropriate programs to keep cultural ways in doing things they were doing before their illness.
- Use of self-centered, goal-orientated rehab, plans for individuals - work on their goals.
- Accommodation - shared accommodation each house case managed by mental health clinical staff.
- In situ in house training - assist with living skills (shopping and cooking), shared accommodation.
- Need a partner to access funding to run rehab service provision (Richmond Fellowship come to Broome?)
- A rehab service appropriate to Broome; Ruah (Catholic services) leaders in *Recovery Model*.
- Get a forum together to discuss recovery sense, re-training sense, and people engaged at stages to not fail.
- Mental health initiative - 1 position not making a difference (what models in the Kimberley offers case management, psycho-social).
- SEWB - more training for AHWs in communities.
- OTAs (allied health assistants) with AHWs who have done SEWB certificate - could be the workforce on the ground to give support in rehab.

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Session Code:	3A	Initiator:	Angela Lewis
Session Title:	<i>Act, Belong, Commit</i> program and Healthway funding		
Recorder:	Angela Lewis		
Participants:	Hayley Diver, Christine Gray, Cecelia Dann, Laura Brooks, Carmen Julian		

- Outlined the Healthway funded, Mentally Healthy WA's '*Act, Belong, Commit*' program, which has been piloted in 5 or 7 regions in WA and looking at partnerships to offer the program in Broome/Kimberley. Aim is to address mental health by creating a sense of community and sense of belonging. Outlined Healthway funding available.
- Service providers must build up trust by being consistent regulars in attendance, i.e. every Tuesday morning regardless.
- Health workers must commit to professional supervision and ask for help when they need it.

Session Code:	3B	Initiator:	Joe Tighe, Mira Holzmann
Session Title:	Natural healing		
Recorder:			
Participants:	Adam Vincent, Bronwyn Hendry, Molly Horace, Heather Hansen, Jennie Gray, Marianne Vandale, Mira Holzmann, Nathalie Ishiguchi, Therese Forbes, Victor Hunter, Zelda Vea Vea, Mellanie Jan, Joe Tighe, David Pigram, Linda Dean.		

Natural Healing in a holistic approach:

- Journey back to the true roots:
 - Physical
 - Information
 - Recognition of the past
 - Spiritual
 - Energy healing
- Men, women, children - family healing.
- Having healing camps:
 - Identification through family, land - having a connection
 - Creating a healing environment appropriate to the people using nature (land, sea, breeze, water)
 - Connecting with other people who think along the same lines.
 - Activities of common interest to create healing.
 - Building trust within the group to facilitate faster healing.

How to incorporate alternative therapies, which are not in the government health system, to better mental health?

Benefits:

- Holistic approach.
- More ways to go down the healing road.

Barriers:

- No funding.
- Often not evidence based.

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Session Code:	3D	Initiator:	Michael Mitchell
Session Title:	Statewide Indigenous Mental Health Service 'capacity building'		
Recorder:			
Participants:	Michael Mitchell, Bronwyn Hendry, Estelle Ingie.		

SIMHS - Limited capacity: \$800k

- 10 training positions:
 - 75% rural and remote
 - 25% metro - pilot program
 - Tertiary course chances
- MOUs rural and remote service providers (collaborative agreements).
- Linkage to community controlled/private/NGO sections.
- Support network with existing indigenous workers in health services. To include clinical and cultural supervision.
- Indigenous mental health grand plan. Linkage to national/state/local to include rural and remote.
- Visit South Australian service re: model.
- Take lead role in mental health service provision for indigenous people.
- Tri-state agreement.
- Secondments/placements.

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Session Code:	3F	Initiator:	Anne Sibosado
Session Title:	Understanding mental health		
Recorder:	Bobbie Telford		
Participants:			

- Fearful of family member hospitalisation at Graylands, not returning home.
- Older generation hospitalised for long periods of time, not understanding mental disorders.
- Memories of 14 year old family member being carted away in police wagon 'like a criminal' - stigmatisation.
- No one ever explained why the above happens.
- Client, carers and other family members need psycho-education and understanding.
- Need to be advised of alternatives in treatment, e.g. voluntary admissions.
- 'Care for the carers' - need to have 'respite'. Perhaps men's and women's outreach service? Organise a 'holiday'.

Session Code:	3H	Initiator:	Katie Papertalk, Michelle Chirgwin
Session Title:	Training indigenous workforce		
Recorder:	Michelle Chirgwin		
Participants:	Beth Wilson, Jerry Moore, Junee Walley, Katie Papertalk, Michelle Chirgwin, Yvonne Ishiguchi, Jane Beckmann.		

- Indigenous people already possess cultural and relationship skills which are needed. Living in northern WA is expensive, so no one can afford to be studying and not employed. Therefore - paid traineeships are needed.
- Employ unqualified indigenous locals, then provide support for their study, whilst working, i.e. pay course and material fees, provide paid study leave and mentor/supervisor in the workplace.
- Pilbara Indigenous Mental Health Workers - also suggesting traineeships with options, e.g. mental health, AOD:
 - Use mentors with both clinician and indigenous staff.
 - Career pathway for current staff - upgrade skills - course in Wagga Wagga - Charles Sturt Uni - Indigenous mental health degree, 2 x 4 week block (2 year course). Needs support from Mental Health Division - more study leave (currently 10 days).
 - Next step reclassification to level 6 HSU (current level 4 - pay too low - \$44k to \$52k).
 - Build indigenous program without relying on other clinicians - develop indigenous mental health program - with ongoing PD and support.
 - Performance appraisals to review competencies.
 - Mental Health Division - attractive employment packages with incentives, e.g. accommodation.
- Current situation - white workers on higher wages, have housing and other benefits.
 - Indigenous workers poorly paid, no housing - feels discriminatory, not equitable.
- Hunter Research - EESW positions - these JDFs need revising.
- Recruiting - cultural differences - may choose not to work in own country. Set more, e.g. Kimberley, Pilbara. Too close, personal family boundaries, conflict, issues.
- Is there proof of Aboriginality required for 50D positions?
 - How are positions advertised? Not getting to right people, need to be in local papers or distributed by indigenous workers.
 - Selection criteria need to be simple so can be addressed - allow extra time - 4 weeks.
 - Proper protocols needed - not hand out jobs to friends or pre-selected people.
 - Gender - need male and female at every site - culturally appropriate.
 - For support, recruit groups of indigenous workers at same time.
 - Always provide mentors.

What can we ALL do to better the mental health of ALL West Australians?

- Supported cultural leave needed (for funerals, other business) to be managed so it is not abused. Need clear expectations. 10 days paid, then LWOP. If abused, leads to resentment and burnout.
- If too much leave needed, suggest 6 months LWOP.
- Performance appraisal - some sites not doing this - should be required every 12 months.
- Mental health first aid instructor course be undertaken by ALL indigenous workers - so they can educate people in small and remote communities.
- Locum/holiday relief is needed to support indigenous workers on leave, otherwise no continuity.
- Vacant positions (e.g. Kununurra vacant more than two years). Needs to be investigated. Essential to have this position active in mainstream mental health.
- 50D - professional positions needed as skills of workforce increases. Trapping culture of keeping indigenous staff in low paid support role positions.
- Interview panels - most have indigenous person included to provide cultural security - their values. Beliefs are respected.
- Ongoing, mandatory cultural training and supervision for white workers needed.
- (Michael Mitchell) supporting indigenous workers in career project officer for Statewide Indigenous Mental Health Service. Pathways from Certificate level - Diploma - Degree - with associated pay incentives. Also utilise Maar Moodifj.

Session Code:	3J	Initiator:	Raina Courteney
Session Title:	Improving access for young people		
Recorder:			
Participants:	Cameron North, Jennie Gray, Karen Fitzpatrick, Laura Brooks, Linda Dean, Raina Courteney, Sudha Coutinho, Talissa Kinley, Richard Menasse.		

- Mental health - the connotations of the language, the stigma associated with it.
- Having role models that are strong and don't use drugs for young people.
- Supporting young people to use the correct words - not using slang terminology like 'mental'.
- Not using medical terms, explaining in real words - not to make assumptions that people know medical terms like a psychiatrist. That people know the treatment options.
- Ask young people what they think mental health is.
- Asking young people what they want and going out to young people, letting young people use their own.
- Not talking about illness.
- How do we link young people that need help to services?
- Informed support and building a relationship with young people, talking about mental health as part of everyday language.
- Supporting natural supports, family members to deal with people that are unwell or at risk.
- Increasing networks and extending support people so that all the responsibility lies with one family member support person.
- Safe places for people to go and talk about their experiences and then link in with services bridging the gap between services and young people.
- Putting it out there so that young people know where to go, through health promotion, community awareness raising.
- Supporting access - young people being supported, i.e. failing to appointments.
- Walking beside young people.
- Peer support - mentoring young people, supporting young people, acknowledging the importance of peers during adolescence.
- The importance of having at least one stable person in your life.
- Starting working with young people from a young age and the importance of mental health.
- Having services that are welcoming and having the freedom to talk about what they wish to talk about. Talking about what they think is important.
- Providing spaces for young people to talk about stuff - not pushing other agendas on young people.
- Lack of services, spaces for young people.
- Lack of opportunities that contribute to drug and alcohol abuse.
- Promoting a sense of ownership and places they can feel proud of.
- Tell young people they are important, praise them up.

What can we ALL do to better the mental health of ALL West Australians?

- Talk to young people about their rights and responsibilities - placing value on what they have to say.
- Talked about cultural considerations, Aboriginal ways of learning.
- Talked about promoting local employment opportunities at the hospital.
- After hours need for emergency services, limitations of 9-5 services. Need a 24 hour service for crisis support - on call.
- Giving information about where to get help and giving options, phone numbers, addresses.
- Going through safety places and different options within the safety place.
- Providing options.
- The importance of relationships.
- Making the access as simply as possible.
- Limitations of language - cultural and age specifics
- Some sort of branding for youth services (preferably in every town) similar to the hospital sign in all areas, e.g. blue background with white cross.

Session Code:	3SPE	Initiator:	Gordon Dixon
Session Title:	Communication keeps happening over and over again - feedback!		
Recorder:			
Participants:	Collette Irwin, Yvonne Ishiguchi, Elizabeth Kada, Gordon Dixon, Betty Dixon, Rita Augustine, Jacinta Sesar, Shelley Archer		

- Talking and talking and nothing gets done!
- What's going to happen to our talking - RESULTS?
- When people go to see mental health mob they come out and they don't know what's being talked about. Communication is important but is it really being taken notice of?
- Come down to the level of the client, if big words are needed we need an interpreter.
- Lots of consultation and then sits on the bookshelf or desk.
- Hand out finished document to all the people - give us feedback, we need it all the time not just once in a blue moon.
- Going to put our foot down and you're going to do what we want. If we didn't have the people here who were sick you people wouldn't be here. We are going to stand our ground and have our ways.
- Yaggarbulunjun group initiated mental health service here in Broome, none of the mental health mob or staff would be here if we didn't get this service. What we have to say about how that mental health service functions is important.
- We represent our people here. We talk to the families and the mothers and we know what is happening in the homes with mental illness.
- We have to cooperate and work together. We would like the APU unit to be called Yaggarbulunjun because it is a Yawuru name meaning 'come together as one'. All the other rooms need to be named separately and can't use that old man's name that passes away because it is not right countryman way. Can use the old name for the service that he put together - the counselling service. Meeting at an equal level.
- Two way process - reciprocal.
- You want to hear what we say but you don't say nothing back. You don't talk about nothing with us.
- You got to sit down and talk with us, not all flash, sit down and listen and hear us and we can listen and hear you.
- Find out who you are, who is running mental health service. You never do that before and it's a bit late but never too late. It's about respect and acknowledgement!

What can we ALL do to better the mental health of ALL West Australians?

Closing Remarks

The Forum attendees who remained at the conclusion of the day were offered the opportunity to make a statement, insight, discovery or comment around how the day had been for them:

Staff from the new Broome HeadSpace office reflected on how they can assist in improving access to mental health (as distinct from mental illness) by young people.

Another participant felt that the people that were at the Forum were the right people, who have the commitment and dedication to make “great things happen”.

Other participants queried how the proceedings of the Forum will be utilised by the organisers, and expressed their desire to see at least one action occur as a result of the discussions on the day.

Participants reflected on how the Open Space process enabled community consultation in a transparent and inclusive way. Others acknowledged and were thankful for the balance between attendees from the community and attendees from agencies etcetera. Those that had facilitated the participation of community members were extended many thanks.

Another participant described the Open Space process with the words “freedom and flexibility” and suggested that it has application at an everyday agency level in the development of care plans for example.

One participant extended an invitation to those present to submit funding applications to her agency!

Many participants agreed with the statement that “knowledge is power” and that after the day’s proceedings they had a more thorough idea of what is currently out there for protecting mental health.

Participants also extended thanks to Dr Steve Patchett for committing himself to the process of Open Space, and being brave enough to break away from the historic ways of consulting the community.

Dr Patchett concluded the Open Space session with some closing remarks. Dr Patchett extended a genuine thank you to all participants for their generosity in sharing ideas during the Forum. He reflected on the network that had been established during the Forum, and welcomed all participants to the Mental Health Community Network. Dr Patchett also made reference to the various initiatives occurring in the Kimberley, for example, the new acute psychiatric unit being developed in Broome, and highlighted how the Forum had been used to garner ideas for these initiatives. Dr Patchett also promised to use the information and ideas gained through the Open Space process to assist in planning a new and meaningful approach to mental health, which is broader than just new services.

What can we ALL do to better the mental health of ALL West Australians?

List of Attendees

Title	First Name	Surname	Initials
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Mr	Adam	Brooks	AB
Mr	Alfred	Gerrard	AG
Mrs	Angela	Lewis	AL
Mrs	Anne	Sibasado	AS
Mr	Adam	Vincent	AV
Mrs	Betty	Dixon	BD
Mr	Bob	Goodie	BG
Mr	Ben	Hammer	BH1
Ms	Bronwyn	Hendry	BH2
Ms	Beth	Wilson	BW
Ms	Clare	Augustine	CA
Ms	Jane	Beckmann	CB1
Ms	Carly	Dolinski	CD1
Ms	Cecelia	Dann	CD2
Ms	Christine	Gray	CG
Ms	Collette	Irwin	CI
Ms	Carmen	Julian	CJ
Mrs	Carol	Martin MLA	CM1
Miss	Cherryl	Merrey	CM2
Mr	Chris	Mitchell	CM3
Mr	Cameron	North	CN1
Miss	Clare	Wood	CW
Mr	David	Axworthy	DA1
Ms	Dianne	Appleby	DA2
Ms	Desiree	Bissett	DB
Ms	Darrylyn	Dann	DD
Mrs	Doris	Eaton	DE1
Ms	Doris	Edgar	DE2
Mr	David	George	DG
Mrs	Diane	Howard	DH
Mr	David	Kernohan	DK
Ms	Estelle	Ingie	EI
Ms	Elizabeth	Kada	EK
Mr	Fred	Murphy	FM
Mr	Garry	Clarke	GC
Mr	Gordon	Dixon	GD
Ms	Hayley	Diver	HD
Ms	Heather	Hansen	HH1
Ms	Hayley	Harris	HH2
Mr	Henry	Williams	HW
Ms	Jane	Blackwood	JB
Dr	Jennie	Gray	JG
Miss	Joy	Hunter	JH1
Mrs	Jan	Harris	JH2
Ms	Jennifer	Lewis	JL
Ms	Janine	Miasuda	JM1
Mr	Jerry	Moore	JM2

Title	First Name	Surname	Initials
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Mrs	Jacinta	Sesar	JS
Ms	Jennifer	Taylor	JT1
Mr	Joe	Tighe	JT2
Ms	June	Walley	JW1
Ms	Joanne	Wraith	JW2
Ms	Karen	Fitzpatrick	KF1
Ms	Kellee	Jones	KJ
Miss	Kim	Morris	KM
Ms	Kristen	Orazi	KO
Ms	Katie	Papertalk	KP
Ms	Laura	Brooks	LB
Mrs	Lee	Cuthbertson	LC
Mrs	Linda	Dean	LD1
Ms	Lisa	Dore	LD2
Ms	Michele	Bestwick	MB2
Mr	Michael	Cox	MC1
Ms	Michelle	Chirgwin	MC2
Ms	Michele	Evans	ME
Ms	Mira	Holzmann	MH1
Ms	Molly	Horrace	MH2
Ms	Melanie	Jan	MJ
Mr	Michael	Mitchell	MM
Miss	Marianne	Vandale	MV
Ms	Nathalie	Ishiguchi	NI
Ms	Natalie	Siegel	NS
Mrs	Pat	Carroll	PC
Mrs	Pauline	Murphy	PM2
Mrs	Phyllis	Teh	PT
Ms	Rita	Augustine	RA
Miss	Rebecca	Bray	RB
Ms	Raina	Courtenay	RC
Ms	Raylene	Mills	RM1
Mr	Richard	Menasse	RM2
Ms	Roberta	Telford	RT2
Hon.	Shelley	Archer MLC	SA
Ms	Sudha	Coutinho	SC
Ms	Sharna	Dean	SD
Ms	Sarah	Murphy	SM
Ms	Sonia	Paris	SP1
Dr	Steve	Patchett	SP2
Mr	David	Pigram	SP2
Ms	Therese	Forbes	TF
Ms	Talissa	Kinley	TK
Ms	Tabarina	Waddaman	TW
Mr	Wynne	James	WJ
Ms	Yvonne	Ishiguchi	YI
Ms	Zelda	Veavea	ZV

What can we ALL do to better the mental health of ALL West Australians?

Guide to Acronyms

AOD	Alcohol and Other Drugs
DCP	Department for Child Protection
NGO	Non-Government Organisation
OT	Occupational Therapy
CAT	Community Action Teams
PET	Psychiatric Emergency Team
AMS	Aboriginal Medical Service
KAMSC	Kimberley Aboriginal Medical Services Council
MHFA	Mental Health First Aid
APU	Acute Psychiatric Unit
KISS	'Keep It Simple Stupid'
FDV	Family and Domestic Violence
PTSD	Post Traumatic Stress Disorder
ADHD	Attention Deficit Hyperactivity Disorder
HDWA	Health Department, WA
SEWB	Social and Emotional Wellbeing
AHW	Aboriginal Health Worker
MOU	Memorandum of Understanding
JDF	Job Description Form