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MHCC News

Welcome Group C

Our third training group, Group C, attended their first block of training in June. We were able to open the course up to fee paying participants ie workers who were not trainees. We are delighted to welcome six extra participants into the block release. We hope their work experience will enrich the learning of the rest of the groups, and that they will benefit from training with other Aboriginal colleagues. See photo below.

Project Update - Claims

Most organisations seem to have the employment incentive claims well in hand, however we still need the Work Preparation Claims for many trainees. For those recently recruited, please submit a work prep request form within the first three months of your trainees' employment. As soon as they have completed their courses, please submit the reimbursement claim form and invoices. These are quite complex - please call Liesl to work through what is required, if you have any questions.

Resources

MHCC is developing a supervisor's handbook, as well as a checklist called "Outreach Visits Capacity Report" to enable trainees and workplaces to assess their readiness for solo home visits.

Trainee Network

The first meeting of the trainee network will be on Wednesday 24th July by teleconference. The group will meet every two months, the first meeting will discuss terms of reference – what the network seeks to achieve. The representatives are:

Group A: Colin McDonald

Blake Dennis

Tara Chan

Carly Warner

Group B: Denyse Rose

Jessica Stanley

Rachael Dates

Robert Reid

Group C: Mark Richards

Phanessa Rossiter

Mel Jones

Alex Frail



Back row: Trent, Beverly, Michael, Steven, Jaru, Emma, Anthony, Alex, Mark, Neil (DEC-STs) Melinda, Lee, Bradley (Trainer)

Middle row: Alan, Peta, Alex, Cody, Phanessa

Front row: Doris, Belinda (Mentor), Roslyn (Mentor), Rebecca (Mentor), Michelle (DEC-STs), Thomas (Trainer)



Trainee Profile - Mel Jones

My name is Mel Jones and I am the Aboriginal Trainee Support Worker at the RichmondPRA office in Nowra on the South Coast of NSW. I have lived in the Shoalhaven for over 25 years.

I am married with 2 great children and I have 6 sisters, 3 of whom also work in the community sector.

My father is Aboriginal - my grandmother is a descendent of the Aawaiwan People from Northern New South Wales Region - my grandmother passed away when my father was born. We have been researching her life with support of our families' Elders.

I first met my father and 3 older sisters when I was 18 years old and I am now making more reconnections and finding my Aboriginality and about my Country.

One of the reasons why I wanted to pursue work in this field was that just before my son started school, I visited a good friend in Far North Queensland raising her four children with severe mental health issues.

I really felt for my friend as I noticed the toll it was taking on her and her family emotionally, mentally, physically and socially.

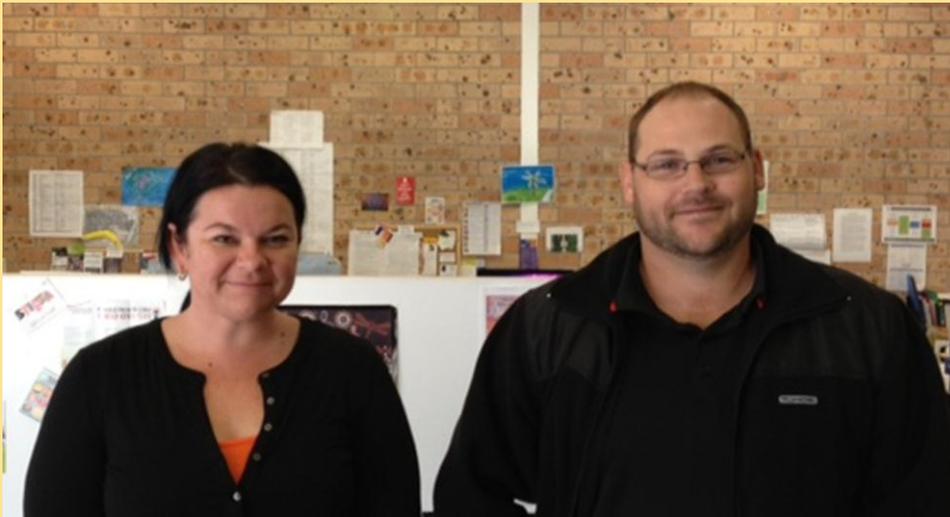
I came to a realization that it was a disadvantage for her whole family, friends and community. I came home and understood that Mental Health is also a huge need within the Community and even within my Family.

Since Working at RichmondPRA I have discovered that until recently, I never knew exactly how to connect or understand the issues that people in the Community with mental health issues face day-to-day.

I am proud to have got this traineeship with RichmondPRA and to be developing my skills and rapport with people. We have a great staff team here in Nowra and I actually look forward to going to work each day.

My personal goal is to develop my skill so I can one day help bridge the gap of understanding between mainstream services and Indigenous Clients and their communities.

Mel Jones, RichmondPRA Nowra



Mel Jones and Wade Longbottom, Aboriginal Support Workers, RichmondPRA, Nowra

What's On

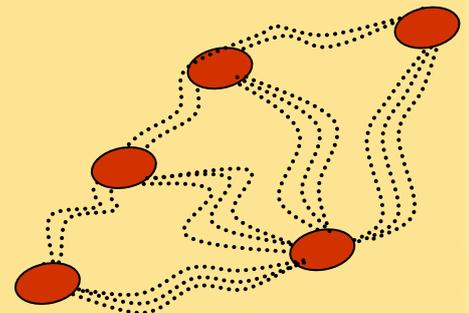
Group B Block 2 Training: 29 July - 2 August 2013, National Centre for Indigenous Excellence, Redfern

Trainee network meeting: 24 July 2013, 12.30pm

Employer Network Meeting: 11.00am-12.30pm, 14 August 2013

Second trainee network meeting: 18 September 2013, 12.30pm

Group A Block 3: 23-27 September 2013, Tranby College





Organisation Profile -



Founded in 1907, Aftercare is a not-for-profit organisation providing programs and services to assist people who might be experiencing mental illness and intellectual disability, as well as their families and carers. Aftercare directs particular attention to ensuring that its services are accessible to vulnerable and disadvantaged members of the community, targeting youth, Aboriginal and culturally and linguistically diverse (CALD) communities. Aftercare also works to promote a better understanding in the community of mental illness and intellectual disability through education.

At any given time, over 2,000 people aged from 12 to 80 years are being supported by Aftercare through one of its services. These services include community connection services, housing and accommodation services, independent living, personal helpers and mentors (PHaMs) programs, family and carer support services, youth services and intellectual disability outreach support.

Aftercare is committed to continuously evolving to meet the needs of all Australians, nationally, and is the longest-serving organisation of its kind in Australia with services in metropolitan and regional New South Wales, Queensland and Western Australia.

We have 2 trainees and both are in Sydney – one in the lower Blue mountains region and the other in inner Sydney. I can happily report that both our trainees are doing fabulously well and everyone is pleased with their work and commitment. One in particular has been seconded to the Aboriginal HASI program to help out and has ‘hit the ground running’ which for a new staff member is wonderful.

Aftercare is participating in the project to increase our Indigenous workforce as we are getting increasing referrals from the Aboriginal communities.

By Kerri McFarlane

Supervisors' workshops

Michelle Shipp and Neil Davies from DEC have run a series of supervisors' workshops, which aim to:

- build capacity and increase Cultural Awareness of the organisations;
- enhance skills and knowledge of the workplace supervisors and employers;
- foster productive relationships in the workplace between supervisor and trainee;
- ensure safe work practices for trainees;
- reduce occurrences of bullying, harassment and discrimination in the workplace;
- achieve higher completion rates for trainees;
- empower supervisors of Aboriginal trainees;
- outline the roles and responsibilities of the supervisor and trainee under the A&T Act;
- explain the role of the RTO, which is MHCC;
- explain the on and off the job training and different modes of training; and
- explain the role of State Training Services, including Australian Apprenticeship Support Services (AASS).

Resources from these workshops are available from DEC.

Cultural Awareness training

They have also developed cultural awareness training for teams. These will be delivered from May 2013 and are aimed at raising Cultural Awareness and Cultural Competence within organisations participating in ACIMH.

This invitation is extended to organisations more broadly than to the identified supervisors of trainees. This workshop is delivered across a half day and attendance can be arranged directly with the STS AEU. Feedback from this first event held in Nowra was really positive.

“The workshop was great for providing a personal side to the principles of cultural awareness. Past workshops I have undertaken have always provided a great theoretical foundation of what is culturally appropriate practise but with this workshop Michele was so generous in telling her personal story it went to another level of understanding of what it means to support Aboriginal people in the workplace.”

Steven Suttee, NEAMI National



Mentor interview: Rebecca Brydon

Rebecca is the mentor for the Southern & Western NSW trainees.

Favourite hobby?

Anything outdoors – gardening, pigging, fishing, motorbike riding, hunting.

What do you do to relax?

All the above, plus reading – I like reading biographies. I'd recommend activist Isabelle Flick's biography.

Where are you from?

I grew up in Dubbo, I'm 4th generation in Wiradjuri country, from Ngamba Country in Brewarrina. I am married with two boys, my two brothers have given me 8 nieces and nephews.

Who has inspired you and why?

My parents, by how they brought us up, what they've given us: respect, ethics, knowledge, confidence, determination.

What mentoring do you do?

I've been a mentor for 10 years. I also mentor for Aboriginal Jobs Together, for a water and sewerage project, as well as general trainees and apprentices. I do quite a bit of research, I like to know what the trainees are doing, so I go and do research. I am completing my Diploma of Counselling, I'd like to do a degree in psychology.

What do you like about being a mentor?

I like helping other people, seeing other people succeed.

What have you observed are key characteristics of successful trainees?

- 1) They have good work ethics. This means they are reliable, ring up if they are late or can't come in, put the job in the right order (obviously family still comes first).
- 2) They are determined to finish and successfully complete the traineeship.
- 3) They ask questions, never sit back and just go with the flow.



Photo: Cody Mitchell and Rebecca Brydon (mentor)

What do you think are the difficulties confronting Aboriginal people with mental health issues?

- 1) Not wanting to access services because there are few aboriginal people in the services.
- 2) Not accessing information available about Mental Health issues. Not knowing how to access issues and services.
- 3) Don't realise they have a Mental Health issue = lack of knowledge, don't have access to information.

Words of encouragement?

This is the best bunch of trainees I've had. Everyone is energetic, determined and willing to learn, and really interested in Mental Health.

Any advice for the trainees?

Seek help when you need it, and follow your dreams.

Trainee Profile - Kim Skeed

I began my journey with The Benevolent Society as an Aboriginal Support Worker in Mental Health back in November 2012. This has given me the opportunity to upgrade my skills and work with some very talented people within the field. I just not long ago finished my First Aid in Mental Health.

I assist clients with information to facilitate access to community care services in the region.

I also attend home visits, support people with complex needs, help to organise a range of care services that will help clients to live at home independently and confidently.

It really helps when the team have respect for one another. A positive work place makes all the difference. The team has always been willing to assist me in my learning's.

Kim Skeed, Benevolent Society





National Aboriginal and Torres Strait Mental Health and SEWB Strategic Framework and Aboriginal and Torres Strait Islander National Principles - From the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (2004–2009)*. This framework was developed to “respond to the high incidence of social and emotional well being problems and mental ill health, by providing a framework for national action.”¹ Supervisors should note the nine guiding principles it contains, shown here.

1

Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

2

Self determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3

Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems in particular.

4

It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.

5

The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health, (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.

6

Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

7

The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

9

It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

8

There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.

¹ Commonwealth Government 2004, p1

ACIMH project

Funded by:



5

Coordinated by:

