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## **ABORIGINAL CAREERS IN MENTAL HEALTH PROJECT**

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### **ABSTRACT**

*Spearheaded by the Mental Health Coordinating Council (MHCC), the Aboriginal Careers in Mental Health (ACIMH) workforce development project brought together a range of stakeholders from government and community-managed mental health organisations, to employ and support 46 Aboriginal people to enter the sector as trainees in mental health support work. Trainees completed the Certificate IV in Mental Health, and in August 2014, 32 trainees graduated with this qualification. Organisations reported increased capacity to employ and support Aboriginal workers, and better support Aboriginal communities and people. This paper will present the unique set of approaches that enabled the project to be so successful. Drawing on the external evaluation, reflections will include outcomes and benefits from the perspectives of organisations, trainees, and trainers. As shared by one trainee, "It has helped my community, as there are now more trained Aboriginal workers in the sector for the Aboriginal people to reach out to. It has helped my family by giving me the skill to support them both mentally but also financially".*

## INTRODUCTION

The Aboriginal Careers in Mental Health project (ACIMH) represented a partnership between the Mental Health Coordinating Council (MHCC) which is the NSW peak for community managed mental health services, the NSW and Australian governments, and 10 community managed mental health organisations across NSW to provide 46 traineeships for new Aboriginal mental health workers.

This innovative workforce development strategy provided study in the Certificate IV in Mental Health delivered by MHCC and specifically customized for Aboriginal people, and included support to trainees from Aboriginal mentors, as well as capacity building strategies to organisations around recruitment and support of Aboriginal workforce.

### The presenters

My name is Chris Keyes, and I'm the manager for Learning and Development at MHCC. I will talk about the key aspects of ACIMH that contributed to it being such a success.

Thomas Franks was one of the co-trainers, who lead the trainees through the four week-long blocks of training, and supported them with assessments. Thomas will share about how the training was culturally customised and run.

Carly Warner is a graduate of the program. She was a trainee with the Schizophrenia Fellowship of NSW, in Nowra, and will share her experiences of the aspects of the project that helped her succeed and flourish.

### Building Partnerships – the foundations for success

These presenters represent some of the various partnerships that enabled the project to be so successful. MHCC provided coordination the project, which was delivered in partnership with the Aboriginal Employment Unit of State Training Services. Cultural oversight was maintained by a state wide Aboriginal reference group. The NSW Department of Education and Communities (DEC) provided funding as well as a group of Aboriginal mentors. The Department of Prime Minister and Cabinet (PMC) funded employment incentives that supported trainees and host organisations.

Once these partnerships were in place, a forum was held to inform the sector of the traineeship opportunities and to launch ACIMH. Organisations were then invited to submit expressions of interest. MHCC and the AEU worked together to conduct site capacity visits, to ensure service locations were culturally appropriate and had the ability to offer relevant work and support to trainees. Ten organisations were assessed as suitable employment placements and AEU supported organisations with culturally appropriate recruitment practices. 46 Aboriginal trainees were employed into the sector as mental health workers. Half the trainees were based in Sydney, the rest were in rural and remote areas of NSW, from Tweed Heads in the north, to Broken Hill in the West, and Moruya in the south. Trainee ages on commencement ranged from 18 to 51 years old.

Other partners that contributed to this program include the mentors (managed by DEC/STS), the many staff and managers of the host organisations, MHCC's staff, and of course, the families and communities of the trainees.

## Evaluation and results

Of the 46 trainees originally recruited, 32 completed their Certificate IV in Mental Health. This 70% retention rate is very high. For comparison, across Australia, only 41% of people who started a Certificate IV level course in 2013 were estimated to have completed it (NCVER, 2015). In addition, many of the trainees who did not complete the program actually moved on to other positive opportunities.

The ACIMH program was evaluated by an external consultant, who identified a number of strengths of the program, including attributes that contributed to its success (EJD Consulting, 2014). Through this report and the experience of all our partners, MHCC identified 7 keys to success of the program, articulated in the final project report (MHCC, 2014).

## KEYS TO SUCCESS

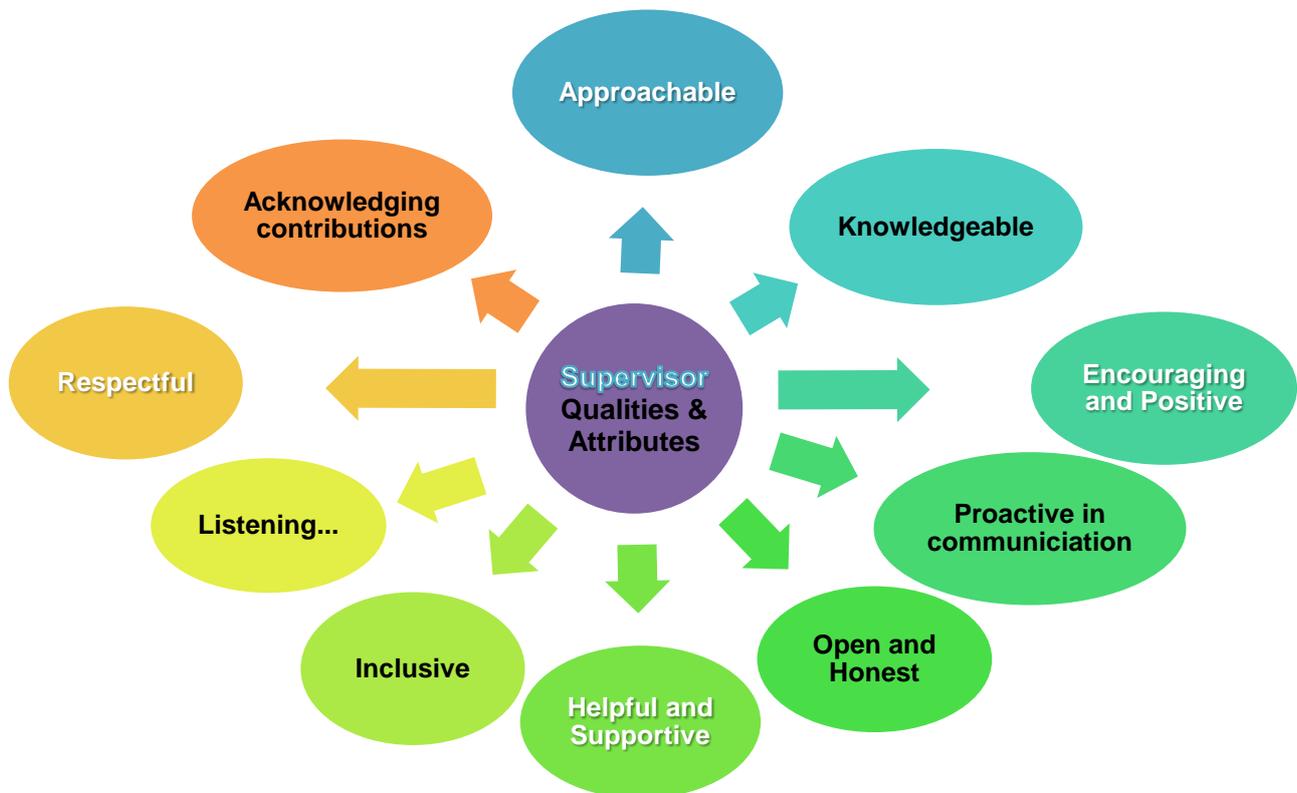
The seven keys to success that we identified are:

1. **Forging genuine partnerships.** This included ensuring all stakeholder voices were heard, from developing a collaborative vision, to planning and participating in the final evaluation. It also included clearly defined roles and responsibilities.
2. **Ensuring buy-in from the beginning.** There needs to be strong commitment from all levels, in all partners; from upper management to individual supervisors, trainers, trainees etc. The personal commitment of the people involved, to go above and beyond the job description, and be willing to learn and grow and be flexible, was crucial.
3. **Flexible recruitment of trainees.** This was supported by State Training Services staff and MHCC's Aboriginal project officer. It included practices like holding information sessions, using employment agencies specialising in Aboriginal recruitment, being aware of the language used in advertisements, etc. Carly will share her experience of recruitment.
4. **Enabling workforce retention.** Focusing on trainees' strengths and building a network of good relationships enabled personal and professional challenges to be overcome. This required ongoing support and responsiveness to individual needs. Support structures included supervisor training, cultural awareness training, regular mentor meetings, support from colleagues and other trainees, assessment support, and ensuring feedback was regularly sought and always acted upon. Flexible work ready funding enabled individual needs to be met, eg driving lessons.

Trainees identified a number of characteristics of supportive supervisors, which are in Diagram 1 below. Many of these qualities are summed up in this single trainee comment offered in response to the question 'What did your supervisor do that was particularly helpful?'

*"Was always there if I needed him. Always very helpful, open, honest, knowledgeable etc. Always encouraged me, told me if I was doing the wrong thing without putting me down".*

**Diagram 1: Recommended Supervisor Qualities and Attributes from a Trainee's Perspective**



**Source: EJD Consulting, drawn from consolidated trainee feedback. September 2014**

5. **Building strong networks.** Communication was important here, with MHCC as the strong lead agency, facilitating formal and informal network opportunities across all stakeholders. MHCC's website was a central place for all information. Regular Supervisor network meetings were held. A trainee network was set up for representatives from each block group to meet, provide feedback, and shape the graduation. A bi-monthly newsletter YarnUp provided information and celebrated achievements. Training in block release enabled trainees to get to know one another and build community, and keep in touch between blocks, including via the ubiquitous Facebook. MHCC staff attended some of each block of training, to connect with the trainees, build relationships and allow space for them to provide feedback. Attendance at conferences such as the Aboriginal Mental Health Workers forums was encouraged.
6. **Cultural block release training.** Trainees completed the nationally recognised Certificate IV in Mental Health. They were divided into three groups (A, B and C), and each group completed four one-week blocks of training, over a 12 to 18 month period. Training was customised to be culturally appropriate. Resources were highly visual and used plain English. An informal yarning style was used in training, and where possible, experiential training was incorporated.

Assessments were completed in class and at work, and designed to be directly relevant and applicable to their work roles. Feedback was also collected after each training

block, and incorporated into future blocks. An Aboriginal and non-Aboriginal trainer teamed up to lead each group. Thomas will share a little more about this.

7. **Delivering real outcomes.** At the end of the program, graduates had the skills needed to work in the field, and the confidence to further their studies. Of the 46 trainees recruited, 32 graduated, and of these, 23 had offers of ongoing employment at the time of graduation. In addition, 6 trainees had already enrolled in further study, and 12 were planning to within the next 12 months. See Table 1 below.

**Table 1 Final ACIMH Program Trainee Statistics – as at September 2014**

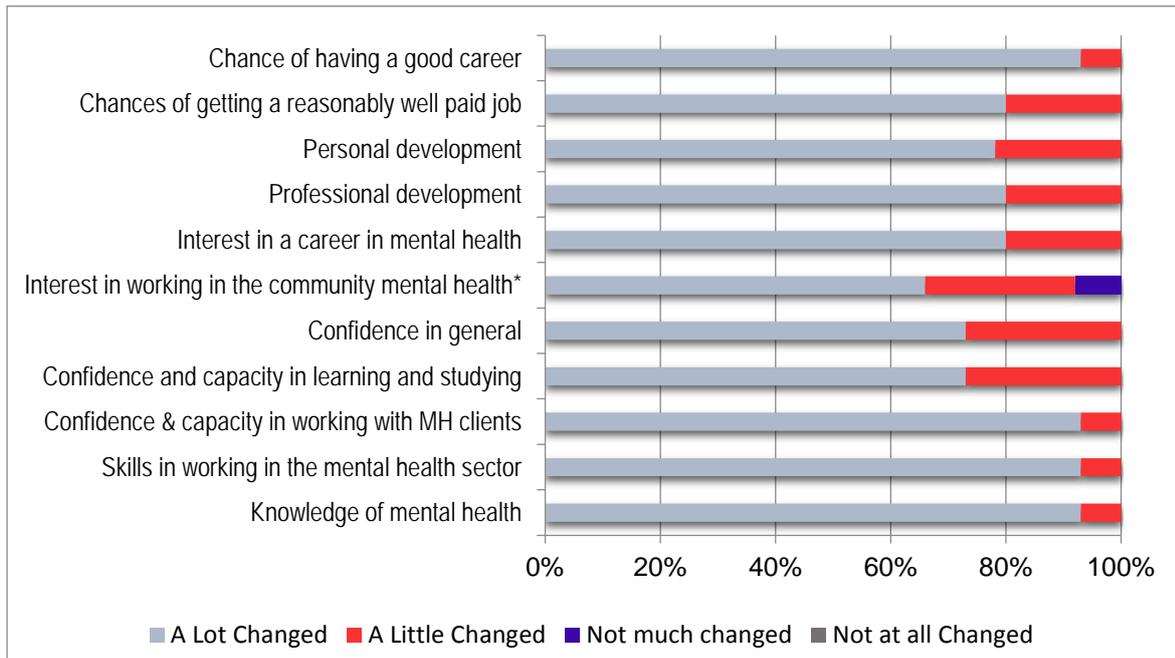
Measure	Number of Trainees	Percentage of Trainees
Commenced in Program	46	100%
Completed Program and graduated in August 2014	32	70%
Exited Program (prior to graduation):	10	28%
<ul style="list-style-type: none"> <li>• In 2013:</li> <li>• In 2014:</li> </ul>	3	
Currently employed, did not graduate	1	2%

Measure Of the 33 trainees completing in September	Number of Trainees	Percentage of Trainees
As at September 2014, offered ongoing employment:		73%
<ul style="list-style-type: none"> <li>• with same host organisation</li> <li>• with other organisation</li> </ul>	23	
	1	
As at September 2014:		55%
<ul style="list-style-type: none"> <li>• enrolled in further study</li> <li>• have plans to enrol in further study in the near future</li> </ul>	6	
	12	

**Source: Consolidated MHCC data, September 2014 (n=46, n=33)**

The trainees learned and grew in confidence – 100% of the trainees felt that participating in the program had increased their chances of having a good career. Trainee feedback on change as a result of the ACIMH program is shown in Table 2. The supervisors and workplaces had also learned and grown through this process, and become more culturally aware and competent. A number of organisations had developed Reconciliation Action Plans.

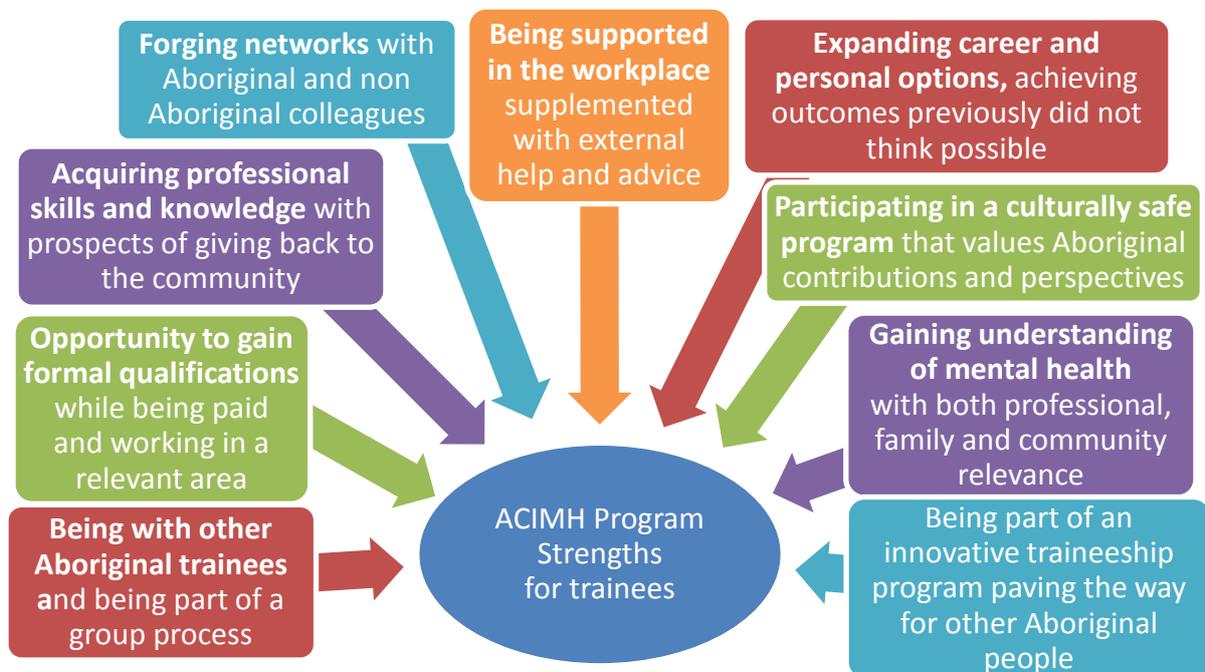
**Table 2. Trainee feedback on change as a result of the ACIMH program**



Source: EJD Consulting, Final Trainee Survey (n=23), August 2014

\* Full field read "... community mental health sector". MH stands for 'mental health'.

**Diagram 2. ACIMH Program Strengths for Trainees**



Source: EJD Consulting, based on consolidated stakeholder feedback. Original diagram November 2013; updated September 2014

### **Program strengths and benefits**

The external evaluation also identified a number of strengths of the program for the trainees, and benefits for the host organisations.

For the trainees, strengths included acquiring professional skills and knowledge with prospects of giving back to the community; being with other Aboriginal trainees; and participating in a culturally safe program while being supported in the workplace (see Diagram 2).

Benefits for the host organisations included improving staff awareness of Aboriginal issues, improving organisational capacity in terms of working with Aboriginal clients and outreaching to Aboriginal communities, and being able to exchange ideas with colleagues across organisations, including ideas for solutions to challenges. Personal rewards from learning from new Aboriginal staff were also identified.

Thomas will now share further about the training.

### **CULTURALLY CUSTOMISED TRAINING**

I (Thomas) believe a number of factors contributed to the high traineeship completion rate, including flexibility, focusing on strengths, the training delivery style, understanding the trainees and culture, and the facilitators.

#### **Flexible delivery model with tailored support**

Students were supported with a flexible delivery model to help them to finish the course. The facilitators supported the students through lunch breaks and out of class workshops (assessment clinics) to catch up on assignments and to understand the information and process of the class. If a student was unable to attend one block of training, they could move to another block training at a different delivery time, to catch up. Ongoing support for assessments was available from MHCC, and if the students hadn't provided sufficient evidence in their written assessment, then the assessors also used a variety of assessment methods eg phone interviews to gather further information,

#### **Culturally customised training**

Another important aspect was understanding not only the students but the pressure they're under from work, training, family, community, themselves and culture. Training was designed with this in mind. For example, knowing that suicide and self-harm is likely to have touched many of the students, this module was delivered in block three, and the middle of the week. Students had become a community, and settled into the block. By having the module in the middle of the week, the facilitators could be supportive in the first two days around personal self-care and to talk with students about any of their concerns. Then trainees had two days after the module to get support from trainers, peers and MHCC. Any further supports could put in place to ensure the trainees would get home safely. Because this module is very emotional and can be close to home it was closed off with a smoking cleansing ceremony to support all individuals involved. Male and female trainers were available during this module, for debrief if needed.

## **Experiential learning**

The training included a lot of learning through experiences, for example having different cultural foods for lunch each day during the cultural diversity training (eg Thai, Indian, Mexican). Training was interactive, using role plays, sand art, collages, group discussion, and body sculpture. We also had separate men's space and women's space during the "Working with Aboriginal People" block.

## **Team facilitation, Aboriginal trainers**

Having two facilitators, one mainstream and one Aboriginal gave the class the opportunity to ask questions from both areas of support. In addition, if a topic impacted a student one facilitator could leave and support that student and the class could keep going.

Having an Aboriginal facilitator contributed to a sense of cultural safety, and a sense of pride in the Aboriginal community. It also enabled trainees to see another career path for themselves – that they too could be trainers or managers one day.

## **Strengths based training**

The Aboriginal trainers helped the students to connect with the class on a personal level and share information needed and bring it back to every-day language. By linking the information back to the students' lives they were able to see how they are supporting mental health on a daily basis in their community, work and life. This built on their confidence as they were able to see that they knew a lot of the information already as they have been supporting people, their community, and themselves in a strength based recovery framework.

I was re-energised and enthused by the trainees' drive and commitment. As trainers, we just looked at the trainees and saw what they had within them – and believed in them, and gave them the ability to see inside themselves, and pull out what they already knew.

## **NDIS and the importance of Aboriginal workers.**

I have been involved in the trial site of the NDIS in the Hunter for the last two years. The rollout of the National Disability Insurance Agency (NDIA) changes how support is provided, and promotes personal choice, particularly in the time, place and way that meets the needs of the individual not the organisation. Within this framework, Aboriginal consumers could walk in and ask for an Aboriginal worker. Having a skilled Aboriginal workforce is therefore even more important now, if organisations wish to provide services to Aboriginal people and communities under the NDIA framework. Flexibility, cultural competence, a supportive workplace and investing in Aboriginal workers and encouraging them to believe in themselves and their skills and abilities will become even more important. The Aboriginal Careers in Mental Health project really contributed to the improving cultural competence of workplaces, and to the pool of available, skilled Aboriginal workers.

## **A TRAINEE'S PERSPECTIVE**

My name is Carly Warner, my family come from the Wiradjurri tribe in Cootamundra and Temora. I am currently living in Nowra and working for The Schizophrenia Fellowship as an Indigenous Recovery Support Worker.

### **Culturally appropriate recruitment processes**

The recruitment process for me was quite a positive one. I had recently stopped working for the Education Department as an Indigenous mentor due to funding cuts and knew that I wanted to pursue a career within the mental health field but was unsure where to start. I then saw an ad in the local paper, advertising for an Indigenous traineeship as a mental health worker, I called to enquire regarding the position and was invited to attend the information session, during which we were told about the need to travel and study in Sydney for block release. This was something I had to think hard about as I had two kids at home who were at the time only 8 and 12.

I filled out my contact details on the day but due to things happening in my personal life, forgot about the position. I received a phone call shortly after asking if I still wanted to apply for the job and was encouraged to do so. I handed in my resume and made it through to the interview stage. The interview panel was composed of the area manager, team leader and an Indigenous worker from another program - having him there made a difference to my experience, he asked me questions pertaining to my culture and we were able to connect on that level which helped me feel more comfortable. After this I then got a call to say I had been successful. I think the most positive aspect of the whole process was the Fellowship's willingness to employ an Indigenous specific worker and their understanding of the need for cultural awareness in the provision of recovery services.

### **Challenges and supports**

The biggest challenge I faced initially was juggling my role as a mum and my new role within the workplace. Having to go away to Sydney for block release was hard as I felt I was putting immense pressure on my children. I was able to talk through all of these issues, however, with my appointed mentor, the trainers, my own workplace and especially the other trainees. From their advice I was able to successfully show my children that I was working hard for our future and was able to gain their admiration and support.

The Fellowship arranged for cultural awareness training, I found this extremely beneficial as it helped to clarify some of the cultural specific issues I had been experiencing and fellow staff members encouraged my story and some actually apologised for not being more aware and understanding in regards to kinship care and family obligations. The Fellowship also began the process of implementing a Reconciliation Action Plan, which I am a part of, with the support and knowledge of local elders.

As with any new position, other challenges arose. I was confronted with personal family issues including kinship care, relationship breakdowns and had to explain to other workers my role within the family as the 'go to person'. This meant me learning to also juggle extended family and my obligations to them. I am extremely lucky that I have such a supportive team around me and I have always felt appreciated and listened to within my work place.

## **Impacts of participation in ACIMH**

The last three years have been an incredible journey of growth and change. I have had many opportunities to make a direct difference in the lives of so many people. I have learnt patience and understanding; I have gained insight and trust from not only fellow workers and clients, but from respected Indigenous members of my community. I have been involved in the recovery journey of so many people and their families; I have given my children something to be proud of and bigger dreams to aspire to. I have also had the privilege of working with some of the most amazing people within the Schizophrenia Fellowship who have helped guide and support me through every obstacle and triumph. I am eternally grateful to the ACIMH program for helping create the initial stepping stone which I am using to follow my dreams.

## **CONCLUSION**

We'd like to leave you with some quotes that summarise the impacts of the program.

*My involvement has given me the opportunity to develop my skills in working with Aboriginal people and developing an understanding of cultural needs that I was not aware of. (Project mid-point host organisation evaluation survey.)*

*Where to next? Maybe manager? I can see people more qualified than me, asking what I think ... I say my ideas, then I listen to them ... we can work through it and come up with a solution together. (Darren Slockee, Neami National, Carrington).*

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