

Rising Spirits Community Resilience Project

Final Research Report

Merridy Malin, Ngara Keeler, Rosie King, Tauto Sansbury, Karen Bates, Alex Brown, Mark Daniel, Janet Stajic, Margaret Cargo

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ACRONYMS

ACCHS – Aboriginal Community Controlled Health Services
AHCSA - Aboriginal Health Council of South Australia's
CEO – Chief Executive Officer
NGO – Non-Government Organisation
Country Health SA- MHS – Country Health SA, Mental Health Services
PLAHS – Port Lincoln Aboriginal Health Service
RAH – Royal Adelaide Hospital
UniSA – University of South Australia
SAHMRI – South Australian Health and Medical Research Institute
SEWB – Social and Emotional Well Being
UTHS – Umoona Tjutakgu Health Services
CI – Chief Investigator

RESEARCH TEAM

Karen Bates (Country Health SA-MHS)	Alex Brown (Director Wardliparinga, SAHMRI)
Margaret Cargo - CI, Co-Chair (UniSA)	Mark Daniel (UniSA)
Ngara Keeler - Research Assistant (AHCSA)	Rosie King - Co-Chair (AHCSA)
Merridy Malin - Research Coordinator (AHCSA)	Tauto Sansbury - Cultural Consultant (Garridja)

ADVISORY GROUP

Robert Dann – Chair (AHCSA)	Shane Burgess (SA Health)
Yvonne Buza (Community)	Ian James (SA Health)
Denise Karpany (RAH)	Ida Love (SA Health)
Tanya McGregor (SA Health)	Wayne Oldfield (Community)
Teresa Onorato (Palliative Care SA)	Bill Wilson (Moorundie Aboriginal Health Service)

ARTWORK

Cover Artwork – Kokotinna Towilla by Allan Sumner

In the Kurna Language, Kokotinna means 'Healthy' and Towilla means 'Spirit'. This illustration recognises the importance of Aboriginal individuals, families, communities and health professionals coming together in the process to yarn, learn, heal and strengthen the inner-spirit from grief and loss. The joining of hands represents unity, strength and support.

EXECUTIVE SUMMARY

The issues

The mortality rate for Aboriginal and Torres Strait Islanders is 1.6 times higher than for non-Indigenous people. The high prevalence of premature deaths in Aboriginal communities means that Aboriginal people are grieving and attending funerals all the time.

The two-year long, *Rising Spirits Community Resilience* project investigated what supports Aboriginal people need during bereavement, what is available that is being utilised by Aboriginal people, where the gaps are and the readiness of communities and the state to address grief and loss. Services and inter-agency linkages were mapped indicating the direction of referrals, the closeness of partnerships, sectors, and whether funding ceased within the two-year research timeframe.

Approach

We interviewed 134 people (82% being Aboriginal and 66% being female) in all geographic regions of South Australia. Interviewees included CEOs and Board members of ACCHS, Elders, Aboriginal community members, Aboriginal Health Workers and Liaison Officers, Social and Emotional Wellbeing workers, counsellors, psychologists, psychiatrists, social workers, trainers, youth workers and workers in the criminal justice system.

Our findings were corroborated throughout the project, and finally at a state-wide Forum where we fed them back to the 55 participants. Attendees worked in discussion groups to draft state-wide recommendations and verify the regional maps of services and fill in missing linkages and gaps.

Findings

1. Prevalence and impacts

- There is consensus amongst Aboriginal people that bereavement-related grief is prevalent and constant in all Aboriginal communities and that it has devastating impacts on families and communities.
- The high prevalence of death results in Aboriginal people constantly facing the heavy burden of emotional, organisational, financial and legal demands which currently characterise funeral preparations and their aftermaths.
- Among the impacts of bereavement reported by people were: suicide; mental illness (e.g. depression, anxiety, psychosis); child neglect and safety; substance misuse; gambling; and crime.

2. Needs

During bereavement Aboriginal families need:

- The opportunity for 'healthy' grieving with family and friends, shared time, yarning and comfort.
- Food, support in cooking, child minding, house cleaning and transportation to services.
- Finances, information and support to prepare for the funeral and the wake and for transport to the place of burial.
- To ensure that visiting family members are adequately catered for and accommodated.

- Information about funeral preparation including: finding a reliable funeral director, and a trustworthy celebrant for the service; ideas for making the funeral booklet, writing the eulogy, preparing the slide presentation, finding and paying for affordable flowers and organising catering and a venue for the wake; funding information for transportation of the body; bus hire for families; and organising prison release for close family to attend the funeral.
- In the longer term, information about loss, grief, healing journeys and local support services.
- Senior Aboriginal community members need more support in looking after children who have been removed from their family or whose parent has died. Elders who are seen as the ‘strong members of the community’ are often over-burdened by the demands of their communities and families. Their wellbeing needs protecting.

3. Exemplary models of SEWB support

The audit identified 20 SEWB programs which successfully engaged with Aboriginal people. Of these, only three specifically addressed bereavement-related grief and loss. Remaining programs addressed bereavement in holistic ways through various types of services such as drug and alcohol, ‘Bringing Them Home’, child and adolescent mental health, suicide prevention and parenting programs.

- All these programs were developed and delivered in consultation with local Aboriginal communities and employed Aboriginal and culturally sensitive non-Aboriginal practitioners.
- Aboriginal community controlled health programs from the small one-person or family-based programs, to the larger Aboriginal Community Controlled Health Services (ACCHS) provide invaluable bereavement support, whether emotional, cultural, social or instrumental.
- ACCHS largely provide culturally safe ‘wrap around’ support to their Aboriginal clients who are in bereavement. This is despite being under-staffed and under-resourced.
- ACCHS operate within a Primary Health Care framework of health promotion and prevention, equity, access, and inter-sectorial collaboration, along with the Aboriginal holistic definition of health which assumes that optimum physical health can only be maintained if social, emotional and spiritual health is also maintained.
- In all ACCHS, the Aboriginal community is relatively small and staff members are a part of the community; there is a collective awareness of which families have lost someone and which people are in need; as much as possible they refer their clients to the appropriate services both within the organisation and across other local regional services.

3.1 The exemplary programs employed combinations of the following activities:

- Informal - Elder, family member or friend providing emotional, cultural and/or practical support.
- Support groups - ‘Yarning over a cuppa’ in a safe place - could be specific to Elders, women, men or youth
- Therapeutic support - Counselling
- Creative activities - Art, craft, song writing, singing, poetry, music
- Cultural activities - Dot painting, ceremony, hunting, bush food gathering, sorry camps, ‘back to country’ trips
- Outdoor activities - Sport, camping, trips

- Case management & referrals - To support services and activities
- Information - on the nature of grief, loss & bereavement, funeral planning & financing, will writing & power-of-attorney
- Practical support - Food, funding, transport, childcare, information
- Monitoring wellbeing - Discreet monitoring of person known to be in bereavement
- Psychiatric intervention - By psychiatrist or mental health ward
- Education/training/professional development - Formal accredited courses, short courses, in-service upskilling and mentoring. The following courses were highly recommended by SEWB workers and their managers for equipping workers with the necessary skills and knowledge to support clients through grief and loss: (a) The Diploma in Narrative Approaches to Therapy; (b) Certificate IV in Family Wellbeing; (c) The Program of Experience in the Palliative Approach (PEPA); and (d) Rosemary Wanganeen’s Loss and Grief workshops

4. Barriers

Many barriers were documented which impede Aboriginal people’s access to appropriate and quality social and emotional wellbeing support. Barriers were categorised and were consistently reported throughout the project by community members and service providers.

Barriers to Aboriginal family wellbeing and services access

- Families often lack the finances, resources and knowledge to organise the funerals of their loved ones.
- There is a severe lack of counselling and social work services which people feel safe and confident in attending.
- Some Aboriginal people feel anxiety about their confidentiality and acceptance within services, or about the competence of the practitioner to understand how they are feeling and what they need.

Barriers in the workplace

- Barriers to exemplary practice in social and emotional wellbeing programs include the severe shortage of SEWB workers and the heavy workloads of existing workers.
- High burnout rates and staff turnover result in loss of corporate knowledge by the services and lack of continuity of service for clients.
- The short-term funding cycles which characterise programs in Aboriginal health lead to job insecurity for workers.
- Aboriginal workers in mainstream services say their expertise is often under-valued and misunderstood.
- Many government workers complain that bereavement leave entitlements are inflexible and do not take into account the structure of extended Aboriginal families and non-blood relationships.

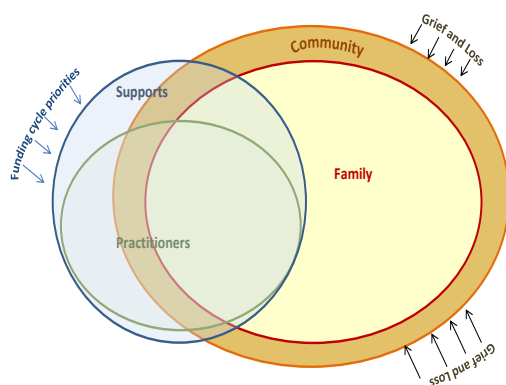
Barriers for SEWB services

- The major barrier for Aboriginal SEWB services and programs is the uncertainty and lack of sustainability created by the constantly changing priorities and short-term nature of funding cycles.
- There are insufficient SEWB programs and some ACCHS are without one.

- Existing SEWB programs are under-funded and needing of more counsellors.
- Mainstream programs are often not considered safe by Aboriginal clients.
- More culturally safe counsellors are needed in all regions especially in mainstream services.
- Some regions only have outreach services available; services are not timely relative to need and in some regions, culturally safety of these services is a concern.
- Changes to management in some culturally safe mainstream programs can threaten the viability of the program where the new manager does not understand the program’s history and intent.

5. Summary of Community Readiness findings

- Aboriginal stakeholders and community members expressed high levels of awareness and concern about the need for bereavement support.
- Non-Aboriginal stakeholders were perceived to be somewhat concerned about the prevalence of bereavement but less concerned and aware of its meaning and impacts on Aboriginal people.
- There was a widespread perception that many Aboriginal people struggled to cope with their losses and grief given the limited supports available and the complex issues that subsequently arise
- Community resources were stretched to limit, particularly in regions where there is no infrastructure and no services. Many Elders, in these regions, in particular felt burnt out and consumed with hopelessness.
- No region or community had existing infrastructure and staffing that met Aboriginal people’s grief and loss needs.
- Within mainstream services there is a clear need to strengthen the awareness, knowledge of impacts and of available supports for Aboriginal people’s grief and loss needs
- Aboriginal communities have expressed interest and demonstrated the capacity to be involved in community programs but are in need of infrastructure support for these activities to operate efficiently and to be effective.



practitioners and bereavement supports fluctuate. The need is always greater than the available supports.

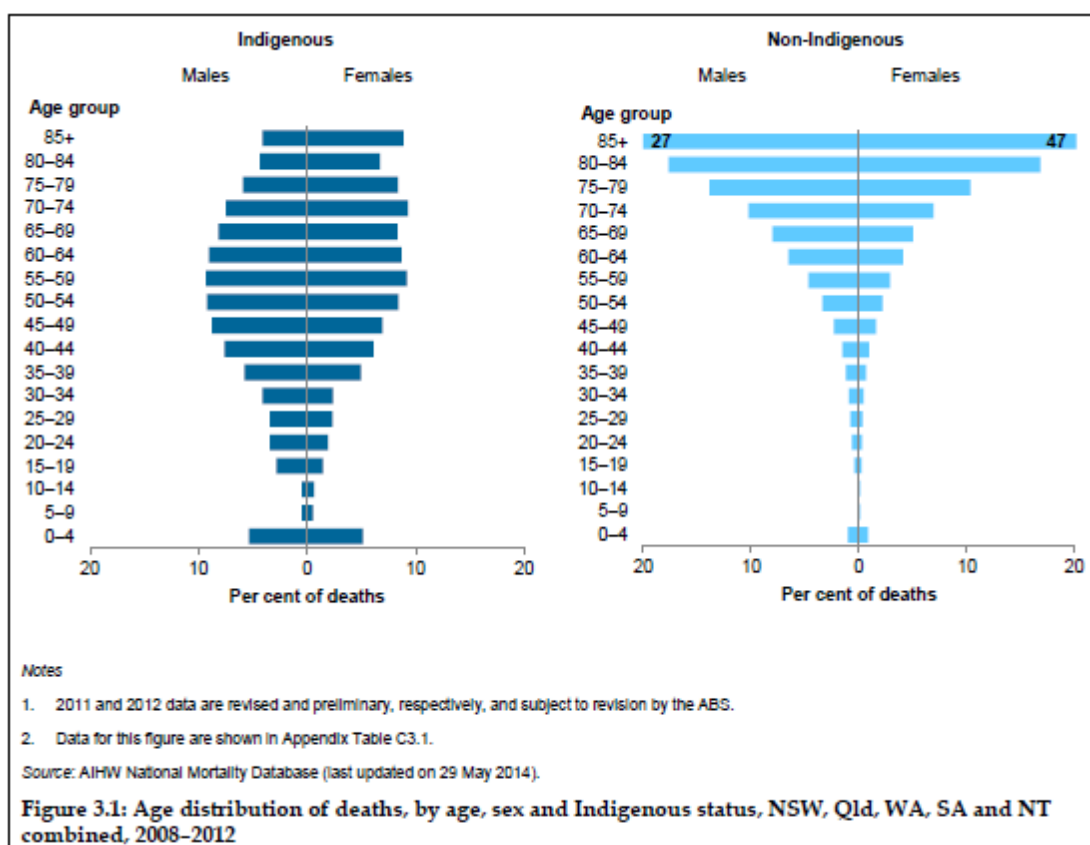
The capacity of Aboriginal community members, leaders and families to address grief and loss is limited by a lack of infrastructure and skilled Aboriginal work-force to provide the ongoing bereavement support that is needed by the Aboriginal community. The figure on the left depicts the scenario where the impact of loss and hence grief remain fairly constant in Aboriginal communities and families whereas the funding and consequently the availability of

FINAL REPORT

BACKGROUND

Between 2008 and 2012, after adjusting for age, the mortality rate for Aboriginal and Torres Strait Islanders was 1.6 times higher than for non-Indigenous peopleⁱ and this is possibly an under-estimate. Furthermore, deaths occur at younger ages among Aboriginal Australians, with approximately 65% of deaths occurring before aged 65 in comparison with 19% of non-Indigenous Australians. Many of these deaths are preventable. The mortality rate for Aboriginal people, both males and females, between the ages 34 and 44 is four times higher than for non-Aboriginal people. The figure below illustrates these discrepancies in life expectancy and mortality rates.

Figure 1: Indigenous and non-Indigenous mortality and life expectancyⁱⁱ



Evidence indicates that almost 33% of Aboriginal adults report high or very high levels of psychological stress.ⁱⁱⁱ The death of a family member or close friend, within the past year, was found to be a major stress event for 42% of Aboriginal adults surveyed.^{iv} The high

prevalence of premature and preventable deaths in Aboriginal communities is a stressor that contributes to the high levels of grief and loss experienced by Aboriginal people.

Many Aboriginal people have suffered grief, loss and trauma not just through the passing of a person, but through the loss that comes with losing identity, culture, language, land and community. The majority of such losses were the result of colonisation, and past policies and practices, leaving the community with unresolved trauma. These losses have impacted on all aspects of Aboriginal people's lives including their social, physical and spiritual wellbeing and across generations.^v

Mechanisms for the grief-stricken to obtain culturally-safe support services are severely lacking. Relative to risk, services remain underutilised by Aboriginal people, with utilisation for mental health issues being the lowest.^{vi} Racism combined with culturally unsafe services has fostered mistrust and a reluctance of Aboriginal people to engage with services.^{vii}

The Rising Spirits project was the Aboriginal Health Council of South Australia's (AHCSA) response to the heartfelt letter of Narungga Elder, Tauto Sansbury.^{viii} The letter described what it was like to attend the eight funerals of Aboriginal young people who died of preventable deaths within 13 days. The AHCSA was concerned about the capacity of its member services to respond to the bereavement-related grief and loss needs of Aboriginal community members.

Although the SA Aboriginal Health Care Plan 2010-2016^{ix} identifies social and emotional wellbeing (SEWB) as a priority action area and the Aboriginal Community Controlled Health Services (ACCHS) are featured in a leadership role to offer culturally-safe grief and loss services within a model of comprehensive primary health care, no systematic assessment has been done to determine the extent to which health services address or integrate the priority mental health issue of grief and loss as core business. Moreover, little is known about the resourcing, infrastructure and workforce development issues and the barriers and facilitators to coordinating delivery with mainstream services. This is one of the first studies to address the gap between community needs and available services and supports.

APPROACH:

Rising Spirits employed primarily a participative qualitative approach where decisions were mutually shaped by all the project partners, including the AHCSA Board and the Aboriginal Advisory Group.

Objectives

1. To explore the impacts of grief on Aboriginal people, and their needs and access to appropriate services.

2. To conduct an audit and visually map existing bereavement-related services/ programs.
3. To identify current programs, strengths and gaps in practice from the perspectives of health services staff.
4. To gauge community and health service readiness/ capacity to address grief and loss.
5. To develop statewide recommendations for action to strengthen the capacity of communities and health services to address grief and loss.
6. To assist Aboriginal communities to develop resources and local community awareness activities to promote engagement.
7. To develop a website for disseminating relevant information about grief and loss including effective, local support activities and contact details.

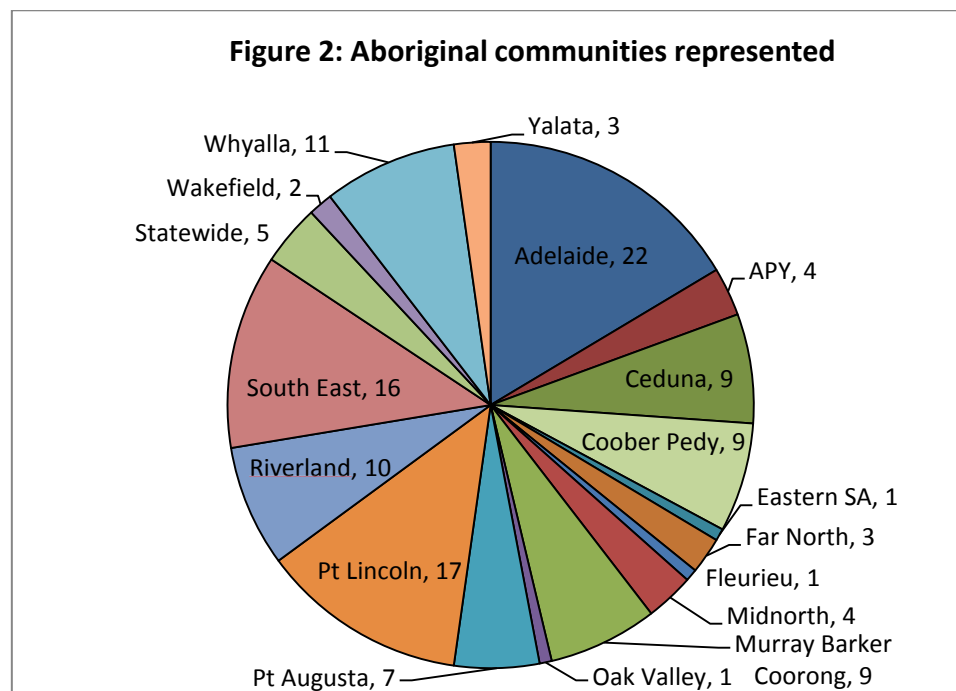
Project governance

The project was co-governed by the Research Team and an Aboriginal Community Advisory Group. The Research team consisted of seven members from the AHCSA, University of South Australia, South Australian Health and Medical Research Institute and Country Health SA. The ten member Aboriginal Advisory Group was broadly represented by the South Australian Department of Health, the Aboriginal Health Advisory Committees, Palliative care SA and the ACCH sector. They guided the project; and with Aboriginal members of the Research Team amended and culturally adapted the data collection tools and methods; they advised us on community entry protocols and which work roles should be included in the consultations. Aboriginal members of both committees and the AHCSA Board emphasised the importance of practical outcomes which would contribute to improved health of Aboriginal community members.

Methods

Study Context. Recent work by Gibson et al^x has identified that Aboriginal people in South Australia live in 19 population clusters or regions. All these 19 clusters were represented in our sample. However, for the purposes of this study, the eight Adelaide metro clusters of Gibson et al's regions were consolidated into one.

The specific Aboriginal communities consulted are presented in Figure 2.



Participants were invited to participate in the study based on their role and connection with or in the health service and/or community, knowledge of health services, cultural understanding of grief and loss, and leadership role in the Aboriginal community controlled or government sectors. Initially, to identify community needs (Objective 1) key Aboriginal community based stakeholders were interviewed from seven regions not represented by an ACCHS. For objectives 2 and 3, participants were interviewed within each region until no new information on bereavement-related programs or services could be found. Participants included CEOs, middle managers, board members, Aboriginal community members, Elders, Aboriginal Health Workers, Aboriginal Liaison Officers, counsellors, Social and Emotional Wellbeing workers, trainers, youth workers, psychiatrists, psychologists and drug and alcohol workers. Of the interviewees, 82% were Aboriginal and 66% were female. They represented each of the 19 geographic regions or population clusters in South Australia.^{xi}

Study parameters. To focus the research, we consulted broadly with the Advisory group, Aboriginal colleagues and community members around our understanding of grief and loss. The specific focus of the project then became limited to bereavement-related grief but always within the context of broader losses incurred by Aboriginal communities since colonisation. Our definition is as follows:

Grief is deep, intense, enduring suffering from the loss of life of a person of significance. People also experience grief over losing aspects of their life which they hold dear. Grieving is compounded by intergenerational trauma of collective loss, stemming from colonisation and structural inequality. This trauma has involved shame and the loss of cultural identity, as land and children have been stolen and connections with family, community and languages broken. The family structure and

the passing on of culturally inherited roles have been damaged. People and communities grieve about having suffered physical and mental violence, having been denied loving relationships, and lost power, confidence, self-esteem and hope.

The Rising Spirits project aims to empower Aboriginal communities to survive through difficult times by building resilience and hope for the future. This will be reached through community-driven ways for strengthening services and programs and influencing policy.

Measures and Assessments

Listen and Learn. (Objective 1) The Listen and Learn interview guide was developed under the guidance of the Advisory Group in order to consult with Aboriginal community members about their needs, access to appropriate services and services gaps. These interviews were conducted before consultations with the services.

Audit of Programs/ Services. Each program or activity was selected for the audit based on the recommendation of Aboriginal community members or ACCHS staff because the program successfully engaged with Aboriginal clients (Objectives 2 and 3). The audit question schedule sought specific information about each activity, service or program including its origins, aims, participants, recruitment practices, strategies, staffing, eligibility criteria, funding, local Aboriginal input, cultural content, achievements, collaborating agencies and barriers to implementing. Each activity was then recorded on a map of South Australia, in order to expose services gaps (Objective 3).

Readiness assessment. A readiness tool^{xii} (Objective 4) was used to assess each community's level of readiness to address bereavement-related grief and loss. 'Community' was defined in two ways; at the region and at the state level. Readiness dimensions were adapted and included: 1) knowledge of existing supports; 2) management of the impacts of grief and loss; 3) community leadership; 4) community motivation to take action; 5) infrastructure resources; 6) family supports; and 7) concern/ awareness. The semi-structured interview guide was comprised of 28 core questions.

Table 1 presents the tools with their respective focus topics and number of interviewees

Table 1: Research tools with information elicited

Listen and Learn (47 interviewees)	Audit (69 interviewees)	Community Readiness (10 interviewees)	Targeted (8 interviewees)
<ul style="list-style-type: none"> • People’s needs • Availability of supports • Feelings of safety • Is anything missing 	<ul style="list-style-type: none"> • Supports • Components • Staffing • Funding • Strengths • Barriers 	<ul style="list-style-type: none"> • Concern about Grief • Management of impact • Knowledge of supports • Leadership attitudes • Resources available • Family support • Infrastructure 	<ul style="list-style-type: none"> • Filling in any gaps in the data
<i>Objectives 1</i>	<i>Objectives 2 & 3</i>	<i>Objective 4</i>	

Data Collection

Semi-structured and structured qualitative interviews were conducted to address the study objectives. Interviews were primarily conducted face-to-face, with nine being conducted by telephone. The telephone interviews were with people who we were well acquainted with and who had not been available for interview when we were visiting their service. All interviews schedules, information sheets and consent forms were emailed to participants several days prior to the interview. Ethics clearance was obtained from the South Australian Aboriginal Health Research Ethics Committee, the UniSA Human Research Ethics Committee and the SA Health Human Research Ethics Committee.

Analysis. Interviews were digitally-recorded, transcribed and entered into NVivo qualitative data management software. All the interviews were analysed for key themes of relevance to their respective Objective(s) and interview tool. Programs, services and supports from the audit interviews were classified according to a typology - whether they were bereavement-specific or grief and loss was addressed by another type of program (i.e., drug and alcohol). The supports were also characterised according to the nature of their particular activity (i.e., educational, cultural, creative). For each region, the selected program and its collaborating agencies were marked on a map which indicated the direction of referrals, the closeness of the partnership, the sector of the respective agencies, and whether funding was ceased within the two-year research timeframe.

The 10 readiness interviews were used to characterise each of the seven dimensions in the tool as a strength, an area requiring support or a deficiency using evidence of events, examples and an explanation of conditions. Interviews from the Listen and Learn and Audit were used to provide supplementary information for the analysis. Results were reviewed by each region and adaptations made based on feedback (i.e., member checking). The researchers’ coding and interpretations were corroborated among researchers within the Research Team (i.e., multiple coders). Cultural validity of the interpretations was strengthened by Aboriginal research team members and ongoing input from members from the Advisory Group.

RESULTS

The results are reported for each objective. Quotes are used to support key findings.

Objective 1: Exploring the impacts of grief and loss

Seven themes were identified from our analysis that explored the impacts of grief and loss.

Awareness of high prevalence of grieving in the community

There was a high level of awareness that Aboriginal people are constantly grieving as a result of the continuous stream of deaths of family, community members and friends. Despite the small numbers of deaths in absolute terms, because of the small South Australian Aboriginal population, the relatively large family size and closeness between extended family members, it was common to hear that their grief never leaves them.

I was exposed to my first death at 8 and I had no idea what it was but just to see all my parents and my aunts and my cousins, not just crying but howling and wailing. And I thought "What's going on?" But I got told I've got to play outside... So when you're outside, you didn't actually see the impact of the grieving... But, by the time you're 10, you think you're a little hotshot because you were allowed to go to the funeral. So you had to be quiet and see everyone really, really sad. Then, if you're going to funerals at least once or twice a month, by the time you are 14 or 16, you've had enough. By the time my first cousins had lost their kids to suicide, to drugs or car accidents, it hits you in the face, and it breaks you.

We shouldn't be afraid of death, but it shouldn't be a constant friend or a constant presence. So I think when they talk about that 'Close the Gap', I think they underestimate what that actually means. What that gap in reality means is us going to funerals all the time.

Impact of Grief

People in some communities remarked that grief and loss are at the core of their community's dysfunction. Included in the multiple impacts of grief described by interviewees were: exacerbating chronic conditions and physical and mental health; suicide; substance misuse, gambling and crime. Any of these impacts can result in child neglect and threaten child safety.

Not only do people struggle with their own grief but they worry about other family members who may be even more profoundly affected.

After losing my loved one, I really didn't want to be at work and I really struggled, and I still struggle... I've had trouble sleeping ... I haven't talked it over with my sister and I suppose we're all like, 'We've gotta be the stronger ones'. If I'm feeling like this because my (deceased loved one's) been on my mind, and because her grandchild's just performed in their first concert, and if we're struggling, how was our mother feeling, with everything else, cause *she's* the mother.

People explained that grief leaves their emotions fragile so that it is easy to become upset over events that would not have been upsetting in the past, such as hearing about the loss of somebody else that they didn't even know, or hearing a sad story in the news.

Some people explained how they 'just kept going', surviving on 'automatic pilot', not remembering a great deal of what was going on around them or having experienced physical or emotional numbness, some describing this as being immune to grief.

One person explained how immediately after the funeral of her daughter, who had died suddenly leaving behind five children, she was hospitalised for a month with a chronic illness. One of her daughters was so devastated by her older sister's death, that she developed a severe and chronic mental illness requiring hospitalisation.

Grief gets passed down across generations.

My husband went through his life so sad for his dad that anybody who came in his space, he'd get them and knock them out. He was so aggressive. But if anybody was talking bad about their own father, my husband would say, 'You've got a father, I don't'. So he went through his life reminding people that 'You've got a dad, appreciate him'.

My elderly mother just shut down with grief. And I said to her one day, I said, 'Mum come on, get up now, it's time for you to get up and start doing things'. And she said to me, 'Why should I get up? My job's done, I took care of my brother, and now people can take care of me'. And so she's bed ridden, and everything comes to her, she gets showered, she gets fed and everything.

People's responses to grief vary from individual to individual and from community to community. In some communities, *'when they're grieving there's a lot of anger and blame, instead of going through that healthy process of grief.'*

Impact on children

Many people reported concern about how grief impacted upon children. One grandmother, who was caring for both grandchildren and great-grandchildren, and had just lost a daughter explained,

These young fullas (who just lost their mother) don't want to show their emotions and that, and how they feel. My grandson he might be walking past me (making disruptive sounds) and I'll growl him and he'll say, "Oh I wish Mum was here". And his young sister, I think she's hurting. ... Then my daughter's granddaughter, I got (custody of) her as well, and she talks about my daughter all the time so just about every day.

A mother reported that her husband's premature death had a huge impact on her two sons who were about eleven and twelve at the time. She said they went "off track" within a few

months of losing their father, getting into trouble with the police, stealing cars and smoking marijuana. As adults, they have spent a substantial part of their lives incarcerated.

Some believe that children are not protected now, being more exposed to grief and loss through attending multiple funerals at an early age. In one community, a person described how funerals were being incorporated into everyday play,

The community had had 3 funerals in the span of about 10 days and the community is such a tight community and there's a lot of Nunga fellas there. A couple of weeks after that last funeral everyone was back at home. The kids were playing outside. They were walking together and were all holding hands. And I said, "What are you mob playing?" And they were, 'Oh we're playing we're going to a funeral'. And I was 'Awww'. And other kids were sitting around and pretending they were all crying when those mob walked past. And they were all walking stiff and straight. So they're not playing dressups, they're not playing hide and seek like we used to, they were playing 'Let's go to the funeral'.

This could be a coping mechanism for the children, normalising bereavement into everyday life.

Some parents were grasping at straws trying to do what was best for their children after a loss. One mother explained how she tried to protect the surviving children. She said, *"I try to be strong for them and not get upset in front of them and that, but I don't know what to do for them"*.

Worry over suicide

Suicide is a huge worry for many families and for social and emotional wellbeing and mental health workers. And loss of a close family member is clearly a trigger for an attempt. An Aboriginal Health Worker described such a loss.

Actually one day, a fulla was lost the day before his uncle's funeral. He had actually sat on the square and threatened to overdose. Later on that evening, one of the aunties rocked up there and she was saying hello to everybody and when she saw him she said "Hello my darling" and he was ice cold. He'd been dead all that time sitting in the circle. And the loss and grief for that. Then the next day I had to take his mother and his brother in the (health service) van, and we had to go all the way (to a rural community) for his uncle's funeral. There was one vacant seat in the back of the bus and that was his 'cause he only just killed himself the night before. I saw that group of family and friends just come together to support each other as well as they could and a lot of them used alcohol...

One counsellor speculated on possible reasons as to why some of their young clients seemed to be on a trajectory towards suicide, from when they are quite young and remain at risk into adulthood. The question remains as to whether suicide prevention and intervention programs can have success with such clients.

People's needs during bereavement

From a health practitioner's point-of-view, optimal treatment to support Aboriginal people who are experiencing 'waves of grief' where they have not recovered from one loss before 'the next one's on top of them' requires:

- Intensive healing work with whole families surrounding them with a range of supports
- Helping them to obtain a sense of hope for the future
- Ensuring they are in a safe place to begin the healing
- Facilitating practical support such as transport in order to do 'positive and happy things'
- Providing counselling and 'narrative support' for whole families to heal together
- Enabling people to connect and avoid isolation
- Providing quality, sufficiently resourced wellbeing services
- Ensuring the workers are well supported to cope with the load

The needs of the family

The Aboriginal family is the most important support for people in bereavement. The opportunity for 'healthy' grieving includes family and friends just being there for shared time, yarning, and comfort. The family's immediate needs include food, support in cooking, child minding, house cleaning and transportation to services. Finances, information and support are needed next, to prepare for the funeral and the wake and for transporting themselves and the body to the place of burial, often some distance away in a rural or remote community. It is customary for extended family members to converge on the bereaved to offer condolences. The need to ensure the visitors are adequately accommodated and fed can place considerable financial burden on the bereaved hosts.

Information needed for funeral preparation includes: finding a reliable funeral director, and a trustworthy minister/celebrant for the service; ideas for making the booklet, writing the eulogy, preparing the slide presentation, finding and paying for affordable flowers and organising catering and a venue for the wake; funding information for transportation of the body; bus hire for families; and organising prison release for close family to attend funeral.

Stories were told of one family having to walk some distance to the funeral of their loved one because of no transportation; and of another family attending a funeral where there was no eulogy or funeral booklet.

Families also needed access to social worker-type support in order to ensure the wellbeing of surviving family members, particularly children, including transferring housing tenancy, welfare payments, bank accounts, child custody, and settling the estate.

In the longer term, families and service providers would benefit from information regarding the impacts of grief and loss on individuals, families, children, and communities; the cultural importance of funeral attendance; healthy, cultural ways for dealing with bereavement and pathways to healing; local, relevant support services, activities and programs; reliable funeral insurance and the importance of making wills and superannuation bequests; knowledge of trust accounts; and Advanced Care Directives.

In addition to the above information, non-Aboriginal service providers would benefit from understanding the contextual issues raised earlier in this report including the prevalence of grief in Aboriginal communities and the subsequent impacts on individuals, families, children, and communities. Also, because some non-Aboriginal staff members are disparaging of the number of funerals their Aboriginal colleagues attend, a deeper understanding of the cultural importance of funeral attendance and its healing influence is needed. If particular relatives or at least a family representative do not attend a funeral, it can be seen as disrespectful. 'White privilege' is a concept which is also useful for non-Aboriginal people to be familiar with.^{xiii}

The needs of Elders

The critical need for Elder support was raised in most communities because of the role that senior Aboriginal community members play in looking after children who have been removed from their family or whose parent has died.

It's not uncommon to have a household of 4-6 children living with a grandmother or an aunty who's already raised a dozen or more children. And, these are children who are highly traumatised, often with foetal alcohol syndrome and other conditions such as ADHD. And even though they've got a social worker involved from the agency or they've got AFSS who come to visit to support poor aunty or grandma, they're really, really burnt out. ... In fact, I would sit and listen a lot to elders and aunties and senior people around how they feel unsupported ... and just how worn out they are, and how much longer they can or can't do this.

Because of the high mortality rate in the Aboriginal population, Elders worry a great deal that they won't live to see the children in their care, grow up. They worry about the children being put into institutionalised care and have concerns about the serious shortage of foster families.

We've already worn those few out, and there are so few Aboriginal foster families because we're talking about a generation who are struggling themselves. They may have been the ones who had their own children removed. ... It's practical support they often need. And as much as (the agencies will) try and get them respite regularly and like a bigger car to take all the children out at once, I think you're talking about Elders who are often still struggling with their own experiences... that they haven't had time to deal with themselves. So they take these children on and

then these children trigger these things for them emotionally. So we have this whole like social and emotional continuum that goes around in a circle and it never, ever takes time to heal.

Objectives 2 and 3: Available supports during bereavement

We investigated 39 programs with a Social and Emotional Wellbeing or mental health focus, including 12 incorporated Aboriginal Community Controlled Services (ACCS). Nine of the services were government designated Aboriginal programs.

Twenty programs were classified as exemplary on the basis that they had high Aboriginal engagement. (See Appendix B for a list of these programs.) However, very few programs targeted bereavement-related grief and loss specifically. Of the 20 exemplary programs, we identified three which specifically provided bereavement-related support:

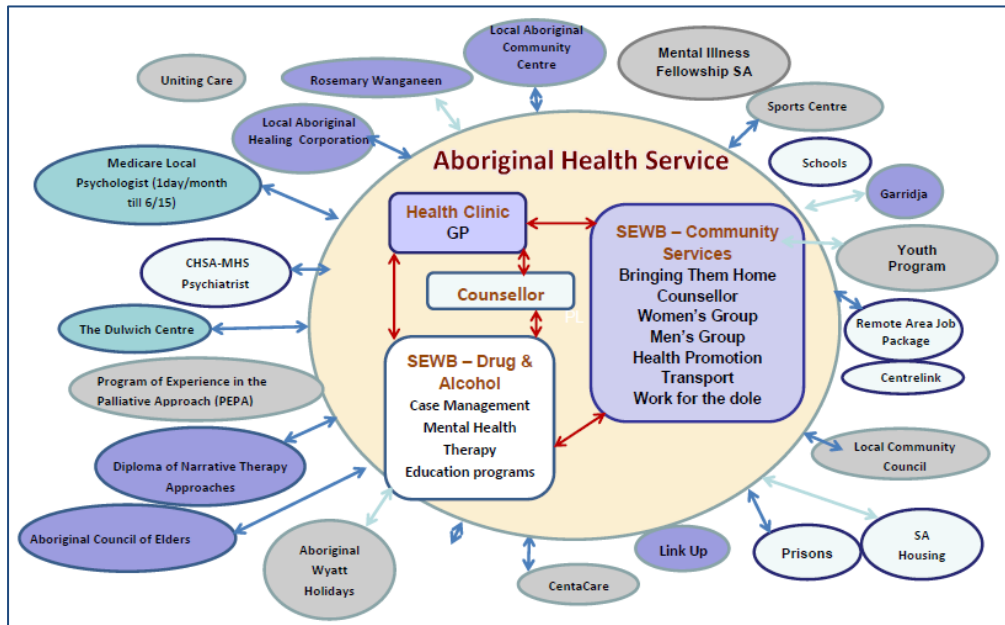
1. The Grief and Loss Support Group at Port Lincoln Aboriginal Health Service
2. Rosemary Wanganeen's Australian Institute for Loss and Grief
3. The Program of Experience in the Palliative Approach (PEPA) course run through Palliative Care SA, which has a culturally safe, Aboriginal designated program, in addition to a mainstream program

The 20 exemplary programs provided holistic support for grief whether it was bereavement-related or historically generated by colonisation and dispossession. Two of the programs selected for close investigation were in ACCHSs and this sector itself provided an ideal setting for them.

The Aboriginal Community Controlled Health Sector (ACCHS)

The ACCH sector provided an exemplary model for SEWB support, including but not exclusively during bereavement. We approached each clinic with an open mind and objectively documented what was said to exist. The typical ACCHS model operates around a holistic view of health with referrals flowing to and fro between various programs within the centre and between various external agencies, including community controlled, small community enterprises, not-for-profit and government agencies. (See Figure 3.)

Figure 3: Model of a typical ACCHS



The ACCHS and their feeder communities are small where 'everyone knows everyone'. In addition, most staff are members of the community. Because of this relative intimacy, the workers are usually aware of who 'isn't travelling well' and is in need of monitoring. In such situations, they will often follow up with 'gentle referrals' and informal house calls. In many of the ACCHS staff know how to approach the recently bereaved, doing so sensitively, and waiting for guidance from the bereaved family about what they need and when.

Many of the ACCHS tend to support their community and their staff during bereavement including having flexible bereavement leave policies compatible with Aboriginal cultural expectations and obligations around attending funerals. Although they do not have excess finances to be able to provide significant financial support, some ACCHS provide transport to the funeral for some clients, where needed, and may provide petty cash for tea and coffee for the wake. One ACCHS has provided the venue for the wake and assisted in preparing funeral booklets and eulogies, despite the absence of a SEWB program. Staff in most ACCHS have developed their knowledge of where clients can receive local financial support for funerals as a result of the ongoing and regular requests to help clients during this emotional and stressful time.

Workplace supports

Those ACCHS with SEWB programs encourage their SEWB workers to attend their EAP programs for emotional support. However, no worker interviewed felt comfortable about attending these. Some ACCHS refer workers to local trusted counsellors outside their clinic.

In many cases, SEWB staff support each other by keeping an eye on one another. They debrief regularly and share counselling experiences so they can learn from one another.

Professional Development

Staff in all ACCHS were satisfied with their professional development options and the courses they were encouraged to undertake. In some ACCHS non-Aboriginal staff are mentored by Elders or by senior Aboriginal staff. Some are closely monitored in their work by managers who systematically place them in particular situations with debriefing afterwards to ensure they are learning how to work in culturally sensitive ways. Some non-Aboriginal staff have cultural mentors who they meet with regularly for debriefing and sharing of experiences.

Four courses were highly recommended by SEWB workers and their managers for equipping workers with the necessary skills and knowledge to support clients through grief and loss whether bereavement-related or more broadly.

- The Diploma in Narrative Approaches to Therapy
- Certificate IV in Family Wellbeing
- The Program of Experience in the Palliative Approach (PEPA)
- Rosemary Wanganeen's Loss and Grief workshops

Two exemplary programs

The following two case studies are of social and emotional wellbeing programs located within ACCHS and as a consequence interconnected with a variety of primary health care services. Both programs provide holistic support to local Aboriginal people in bereavement although the first one, as indicated above, was one of only three with an exclusive focus on grief and loss.

Port Lincoln Aboriginal Health Service(PLAHS) Grief and Loss Support Group

The aim of this group is to support the Port Lincoln Aboriginal community to share in a healing journey by providing a forum for people to talk about how grief has affected them and their family and community. The Group supports clients through steps along a healing journey involving many well thought through activities. The program receives very little funding but is staffed by a combination of Aboriginal and Non-Aboriginal PLAHS staff who provide in-kind support, volunteer workers, and petty cash from PLAHS provided for tea, coffee and biscuits, and art and craft materials. PLAHS provides photocopying facilities and stationery, and a bus for ferrying participants and for trips.

The program developed in response to community need and was developed in close consultation with representatives from each of the Aboriginal families in the region. It is held monthly over half a day and the participants help select the activities which have included:

- **Group counselling.** The main ‘drawcard’ of the program is at the beginning of each meeting when there is an hour of ‘yarning over a cuppa’ about how people are travelling on their healing journey. A worker explained,
Over time people come to be optimistic that their grief can heal and they will not stay with anger forever... By talking about it, they realise they’re not alone and come to understand the cycle of grief more. It’s about sharing and making connections and tapping into each other’s strengths.
- **Creative activities and pamper days.** Art and craft work and music, including the composing and recording of an inspirational song about healing were popular. The group created a large mural reflecting the theme of *‘grief is a consequence of love’* which is hanging in a prominent position within PLAHS. Pamper days involved massage and the applying of natural beauty products.
- **Visiting the graves.** Because most members of the group do not have private transport, one session involved the group being bussed for a rare visit to the cemetery to spend time at the sites of their loved ones to decorate the graves with ornaments and flowers. The counsellor also takes individual people out to the cemetery as part of her job role, and when clients feel they are ready, they do balloon releases with messages attached for deceased loved ones.
- **A balloon release.** A large balloon releasing ceremony was held one year, where about 80 people linked together during the release which symbolised the setting free of their grief, and the beginning of their journey towards healing. One participant explained, *‘That was really, really, really important... I had tears in my eyes when we released the balloons at Mallee Park... It was really good.’*
- **Information sessions** about topics related to grief and loss including the types and stages of grief, lateral violence, funeral plans, power of attorney and living wills, ways for supporting youth to address grief, self-care, yoga and relaxation.

Umoona Tjutagku Health Service Drug and Alcohol Program

The UTHS Drug and Alcohol program constitutes the social and emotional wellbeing service of the Clinic. In addition to the manager who is an experienced counsellor, there are two other male and female counsellors and two Aboriginal drug and alcohol counsellors, one male and a female to respect cultural protocols. They all use narrative approaches in their counselling and the *Bringing Them Home* counsellor also provides grief and loss counselling. A drug and alcohol mentor brings invaluable experience to the team. They perform ‘assertive outreach’ work daily, on the streets of Coober Pedy, providing support to any Aboriginal person who is perceived to be in need. They check on medication management,

and the wellbeing of clients, making referrals where needed and inviting people for showers and breakfast, where discreet further monitoring can occur.

The weekly women's group provides a safe environment for women to share their stories and obtain support, referrals and health information while performing painting, or gathering and cooking bush tucker. The Mamaku (father's) group provides similar support for Aboriginal men while undertaking leather work, writing lyrics and composing and performing songs which reflect their journeys. They also go hunting and fishing and cook their quarry in traditional ways. UTHS provides transport to and from these groups as most people do not have private vehicles.

Ngangkari visit regularly and, in addition to health care, they also provide advice about and perform smoking ceremonies of buildings and offices as deemed necessary.

The SEWB team provides referrals to other sections of the clinic including the mental health nurse and the visiting psychiatrists.

Youth basketball and cycling programs provide opportunities for the SEWB team to keep an eye on the wellbeing of youth and provide referrals as needed.

People who are recently bereaved are closely monitored. If they wish to attend 'sorry business' on country, a team member will transport them to the desired location and provide them with shelter, food and water and pick them up afterwards.

Summary. These two exemplary programs are intrinsic to their respective ACCHS which deliver the holistic primary health care that we found to be typical in all ten ACCHS. There were differences in the size of the programs and the number of services offered depending upon the size of the client population but also the wealth of the local community. One of the ACCHS has no SEWB program, despite providing intense unresourced SEWB support regularly to the community and unsuccessfully applying for funding for one through the recent federal government Indigenous Advancement Strategy funding scheme.

Other grief and loss support programs

Another 18 support programs were also highly recommended by people interviewed, being considered exemplary in providing SEWB support for Aboriginal people during bereavement. (See Appendix B.) These activities demonstrate the considerable resilience of Aboriginal people in looking after their own.

- Six support activities were entirely initiated and maintained by Aboriginal people, themselves, including private providers who generated their own funding through charging a fee-for-service, or obtaining funding from various not-for-profit and government grants.

- Twelve programs were offered in Government services and not-for-profit programs which were developed in close consultation with the local Aboriginal communities and employed Aboriginal workers and culturally sensitive non-Aboriginal workers

These supports included the types of activities displayed in Table 2, with some programs incorporating several of these.

Table 2: Types of activities within the support programs

Informal	Elder, family member or friend providing emotional, cultural and/or practical support
Support groups	'Yarning over a cuppa' in a safe place - could be specific to Elders, women, men or youth
Therapeutic support	Counselling
Creative activities	Art, craft, song writing, singing, poetry, music
Cultural activities	Dot painting, ceremony, hunting, bush food gathering, sorry camps, 'back to country' trips
Outdoor activities	Sport, camping, trips
Case management & referrals	To support services and activities
Information	Around the nature of grief, loss & bereavement, funeral planning and financing, will writing and power-of-attorney
Education/training/professional development	Formal accredited courses, short courses, in-service upskilling and mentoring
Practical support	Food, funding, transport, childcare, information
Monitoring wellbeing	Discreet monitoring of person known to be in bereavement
Psychiatric intervention	By psychiatrist or mental health ward

The exemplary programs were often part of larger services. The most common of these are presented in Table 3 along with other activities that were mentioned as having provided joy and inspiration, but which were not investigated by this research.

Table 3: Types of programs the activities were nested within

Specific bereavement-related Grief & Loss programs
Holistic Social & Emotional Wellbeing support including bereavement support
Drug & Alcohol related Grief & Loss support
Suicide prevention, intervention & post-vention programs
Mental Health/Illness programs
Other activities associated with stress reduction e.g. Aboriginal Wyatt Holidays travel grants, the Boandik Language course, an Elders Choir, gym work

Objective 3: Barriers and gaps

Many barriers were documented which impede Aboriginal people's access to appropriate and quality social and emotional wellbeing support. Barriers were categorised and were consistently reported throughout the project by community members and service providers.

Barriers to Aboriginal family wellbeing and services access

As explained earlier, the prevalence of loss and the compounded grief within Aboriginal families and communities creates a huge need for support. Families often lack the finances, resources and knowledge needed to organise the funerals of their loved ones. There is a severe lack of counselling and social work services which Aboriginal people feel safe and confident in attending. Some Aboriginal people feel anxiety about their confidentiality and acceptance within services, or about the competence of the practitioner to understand how they are feeling and what they need.

Barriers in the workplace

Barriers to exemplary practice in social and emotional wellbeing programs include the severe shortage of SEWB workers and heavy workloads of existing workers. The consequent high burnout rate and high staff turnover results in loss of corporate knowledge by the services and lack of continuity of service for clients. The short-term funding cycles which characterise programs in Aboriginal health lead to job insecurity for workers.

In mainstream services, Aboriginal workers feel that their expertise is often under-valued and misunderstood. Their attempts at fulfilling the expectation of their clients that they offer flexible services including outreach are criticised by some managers who believe that if they are not 'in the office', they are not 'on duty'. With regard to bereavement leave entitlements, many government workers complain that they are inflexible and do not take into account the structure of extended Aboriginal families and non-blood relationships.

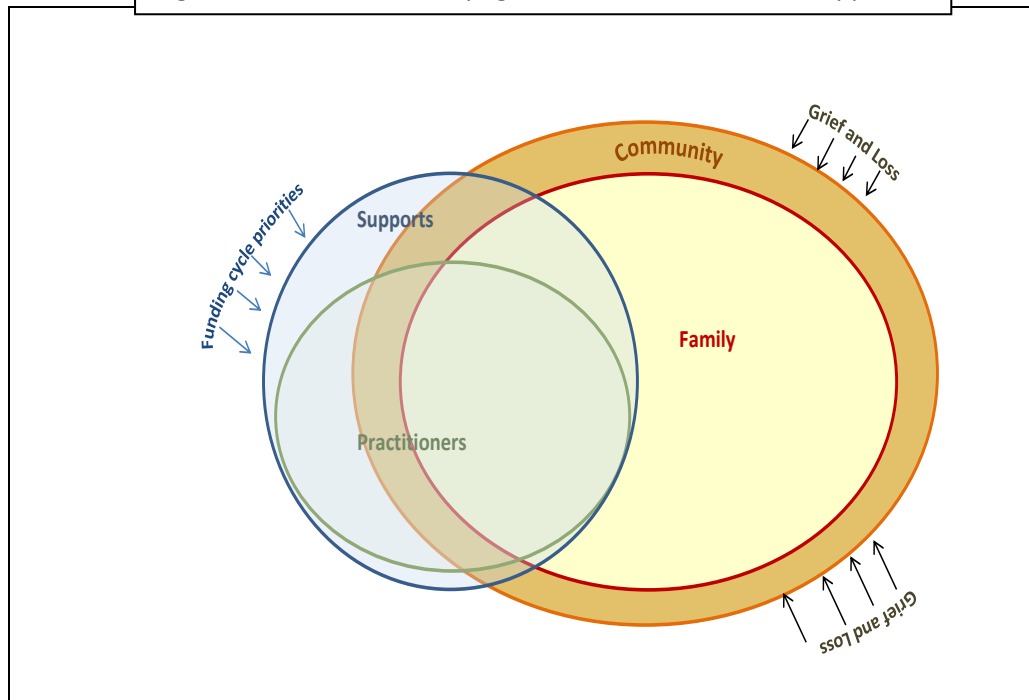
Barriers for SEWB services

The major barrier for Aboriginal SEWB services and programs is the uncertainty and lack of sustainability created by the constantly changing priorities and short-term nature of funding cycles. Clients' needs do not diminish when a program is defunded. There are insufficient SEWB programs and some ACCHS are without one. Existing SEWB programs are under-funded and needing of more counsellors. Mainstream programs are often not considered safe by Aboriginal clients. More culturally safe counsellors are needed in all regions whether in mainstream services, NGOs or ACCHS. However, some regions have very few services of any kind at all, let alone Aboriginal services.

In some culturally safe mainstream programs, changes in management can threaten the viability of the program where the new manager does not understand the program's history and intent.

Figure 4 depicts the scenario where the impact of loss and hence grief remain fairly constant in Aboriginal communities and families whereas the funding and consequently the availability of practitioners and bereavement supports fluctuate.

Figure 4: The need is always greater than the available supports



Objective 4: Community readiness to address grief and loss

Gauging the readiness and capacity of the South Australian community to address Aboriginal people's grief and loss was based on key stakeholders' perceptions around the seven dimensions outlined on page 7. The findings are detailed below.

Knowledge of Efforts

Aboriginal Community members living in small communities with a strong sense of community knew most of the services that were available,

"Most of our Aboriginal community members who live in our community absolutely know about the [Aboriginal community-controlled service] but in terms of the other services [mainstream] a few would know. Generally everyone knows about Lifeline and the mental health service but when you're talking about MIND or other services like that I would say few. You're going to get a small percentage who is not aware of the [Aboriginal community-controlled service] or what they provide."

People were also aware if the services were not available, "Our nearest doctor is 60 kilometres away." Community members living in an urban centre which may not have a strong sense of community were also likely to know what's available.

Non-Aboriginal staff within mainstream services often do not know where culturally safe services and supports are in their area.

Perceived Concern

Aboriginal stakeholders interviewed consistently expressed high levels of awareness and concern about the prevalence of bereavement:

“There is a real ongoing concern and a lot of our community members out there talk and they know it is a real concern, especially when we have ongoing preventable losses”.

Although staff in mainstream services expressed concern with Aboriginal community members’ struggle with grief and loss, they were perceived to be less concerned and aware of its meaning and impacts on Aboriginal people.

Management of Impacts

There was a consistent perception that many Aboriginal people in the community struggle to cope with grief and loss given the high prevalence, limited bereavement-related supports and the complex issues that arise from grief and loss.

“... people are trying to deal with it and cope with it but in ways it’s almost like people are becoming desensitized to it as a coping mechanism.”

“The capacity to grieve appropriately and within community has lessened to some extent our Elders are passing and it tends to become very complicated when people are having back to back losses and don’t have the capacity to grieve and get through one before they get hit with another one.”

The unfortunate consequence of unresolved compounded grief is that people often only visit the health service when they have lost their job, are using drugs or are in financial trouble:

“I don’t think that a lot of people understand why they behave in some ways... there’s probably not really a lot of knowledge out in the community ... when they realise they need support it’s more at the drastic end or they deal with it when it’s becoming more disruptive to their life.”

In every region, Elders expressed concern about the capacity of young people to cope. They talked about young people turning to social media and using drugs and alcohol to cope instead of sitting down and talking with their aunties and uncles.

Family Resource

As explained earlier, the family was consistently identified as a community strength in providing bereaving families with support when a loved one passed away:

“The first port of call for any family facing serious grief and loss is family. Unfortunately, family is not supported to be able to provide this support because it’s not just about going somewhere to an organisation or a service provider, it’s about the confidence that is expected of you in terms of culture and tradition to off load for someone who is experiencing grief and loss first hand, someone else automatically, depending on your family and your extended family circumstances, takes on that role of looking after you while you are in that state. And, it’s different for everybody but the process is something that needs to be respected.”

However, the high prevalence of preventable deaths can place a significant burden on some family members which can impact their health and well-being, and their capacity to provide support.

Community Motivation to Take Action

A range of responses were expressed in relation to the motivation of community members to organise and take action to support bereavement-related efforts.

In some communities, there was clear evidence of community members providing input into planning, volunteering their time to build a garden for a healthy grieving space and provide emotional and healing support for community members who were in real need. In some cases, staff who had left programs came back to volunteer their time to run support group sessions in the community. Despite the interest, there was some consistency across the regions in community members being interested in volunteering and providing support but wanting the administrative support to run the programs.

In areas with no access to grief and loss services, community members rely on each other. This comes at a cost with some community members being ‘burned out’ from volunteering their time while coping with their own issues. In one area, a long-time volunteer was no longer able to contribute and no one in the community was willing to step forward.

It was additionally noted that some regions have “the same group of movers” and whilst concern was expressed that some community members “could be doing more” there was recognition that the impacts of grief and loss affect the capacity of community members to contribute.

Infrastructure

There was not a single health service or community where existing infrastructure and staffing met Aboriginal people’s grief and loss needs.

Aboriginal community controlled health services addressed bereavement-related grief and loss within a flexible model of care that strongly align with comprehensive primary health care principles. Services are chronically under-resourced; there is insufficient staff to meet the community case-load; dedicated space to run culturally safe programs is problematic; and the short-term unstable funding cycles contribute to ongoing instability leaving staff and managers scrambling to bundle multiple small pockets of funding to resource a single project.

“You need the right resources at your disposal to get the job done. You need the right training and you need the right supports in place. You take any one of those things away and things become tough, overwhelming, you move on. You bring someone else in to start the cycle all over again and unless you fix those things, it’s just going to happen six months down the track ... and then you have the community wondering who this new bloke is in town, building up that trust, finally getting to a place where they come to work with him or her and then they move on.”

The broken professional relationship can make it more difficult for clients to re-engage and tell their story with a new staff member, funded under the guises of another program.

Moreover, there is a need for a skilled Aboriginal workforce in all programs:

“Even though you’ve got family members (we need) someone that specialises in and that’s got skill to relate to people that’s going through that trauma.”

Despite this, these services ‘stretch’ existing resources to respond to community needs in small but meaningful ways as explained earlier in the section on ACCHS.

Although there are some excellent culturally sensitive counsellors in the mainstream system, these are ‘far and few between’; overall the system was identified as in need of significant improvements to deliver culturally safe services. Aboriginal staff in government services, describe how they identify community members who are ‘not travelling well’ and keep an eye on them. However, these workers are spread very thinly throughout the government health services.

In some regions with Aboriginal community-controlled services, community members wanted the option of accessing culturally safe mainstream services for support due to family conflicts and concerns about confidentiality. So too, health service staff recognised the need to provide a range of options for community members.

Leadership

Leaders were identified as Elders, Aboriginal Chief Executive Officers, Boards of Management and health service staff in Aboriginal community controlled and government services. Leadership was referred to in the interviews as dedicated, compassionate and

active in keeping grief and loss on the agenda in addition to pursuing options to fund local efforts. In some regions, there was a strong sense of local ownership arising from inclusive processes that engaged the Aboriginal community:

“ and the board is very inclusive in terms of including our community members to provide feedback and seek information of what they see as the priority areas and for what the service could better do and from all that collated information and findings that’s where the leader will endlessly inject some energy to get something done in that area positively.”

Despite the political will and advocacy efforts of leaders, it was recognised that they could only do so much without adequate resourcing:

“The elders have meetings with leadership and they get heard. They’re not scared to vocalize it and the community – when we do try to get some actions happening in community, yeah it gets heard. It’s just what resources we can put in.”

There are communities where leaders struggle to manage the impacts of their own grief and loss so then they are less able to proactively support their communities or the leaders have passed away.

“Things have come to a standstill because of the deaths and the leaders have passed away, or the people that usually do that can’t because of grief.”

Conclusions

Our findings suggest that resources are needed for health services infrastructure and provisions for gender balanced and skilled Aboriginal staff to enable health services to address the impacts on Aboriginal people of grief and loss using a holistic framework. Within mainstream services there is a clear need to strengthen the awareness, knowledge of impacts and knowledge of supports for grief and loss of non-Aboriginal providers. Moreover, resources are required to support the cultural responsibilities and good will of families, community members and leadership to take action. The Aboriginal community has expressed interest and demonstrated a capacity to be involved in community programs but they are in need of structure and administrative support for these activities to be operational. The level of infrastructure relative to community need has been consistently identified as inadequate.

IMPLICATIONS

The findings of this project have implications for South Australian state and federal government policy makers, for service providers whether government, private, not-for-profit or community controlled in the field of Aboriginal mental health and social and emotional wellbeing. It demonstrates the importance of the Aboriginal community controlled health sector from the small one-person or family-based programs, to the larger

ACCHS. The length, priorities and vagaries of funding cycles seem impervious to Aboriginal client needs and the quality of the programs. Their short term nature and constantly fluctuating targets impact negatively on the long term outcomes of programs, the morale of committed workers and the confidence and trust of the Aboriginal clients. The significance of these issues is not limited to South Australia but is of relevance to all Aboriginal social and emotional wellbeing programs in Australia.

RECOMMENDATIONS

In view of the high prevalence of grief experienced by Aboriginal people in South Australia, 32 recommendations were developed from the findings of the Rising Spirits Project and in consultations with Aboriginal Leaders, community members and service providers. The recommendations are grouped into the areas of Policy, Workforce, Information and Bereavement Support. (See Appendix C.)

This project has exposed a number of gaps which can only be filled if Aboriginal social and emotional wellbeing and mental health programs:

- Are developed according to the guiding principles of the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing
- Employ at least 75 % Aboriginal staff, wherever possible
- Apply the South Australian Health Aboriginal Health Impact Statement Policy for programs within South Australia
- Support their staff to undertake training in a SEWB course recommended by the state ACCHS peak body
- Increase the number of skilled male and female Aboriginal workers in counselling, postvention and suicide
- Provide culturally-appropriate information to be adapted for use by Aboriginal communities/services and Funeral Directors about Aboriginal cultural safety; writing wills and advanced care directives; establishing trust funds; funeral funding, planning and insurance; cultural ways of grieving and bereavement.

FURTHER RESEARCH:

1. A participatory action research project to create a culturally safe approach to the funeral process and planning for Aboriginal families by developing and delivering:
 - a. A resources kit for Aboriginal families and service providers
 - b. A training package on Aboriginal cultural safety for mainstream funeral providers

2. Develop a culturally appropriate mediation framework to support families to resolve conflict arising from funeral disputes.
3. Develop a training package to enhance culturally-safe bereavement-related grief and loss counselling practices and culturally appropriate referral pathways.

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APPENDIX A

EXEMPLARY PROGRAMS

Aboriginal Community Controlled SEWB programs

Program name	Program type	Organisation	Region
Grief & Loss Support Group	Healing through yarning & therapeutic, creative & educational activities	PLAHS	Port Lincoln
Umoona Tjutagku Drug & Alcohol Program	Holistic, PHC, out-reach, Yarning Groups, bush trips,& information	UTHS	Cooper Pedy
Rosemary Wangeen	Individual & family counselling, workshops	Australian Institute of Loss & Grief	Statewide
Warna Manda Aboriginal Women's Corporation	Healing through bush camps, yarning & creative activities	Not-for-profit ACC foundation	Port Lincoln
Garridja	Youth suicide prevention through camps & cultural activities	Private consultant	Statewide
Kura Yerlo	Healing through Elders & Men's Yarning Groups & creative activities	Not-for profit ACC corporation	West metro
Kornar Winmil Yunti	Healing through a Men's Yarning & therapeutic Group	Not-for profit ACC corporation	Adelaide

Government SEWB & Mental Health Programs

Program name	Program type	Organisation	Region
Aboriginal Liaison Officers	Practical support to grieving families – food, travel, referrals, moral support	SA Health hospitals	Statewide
Ngartunna Patpangga	Therapeutic counselling involving families, teachers & carers; psychiatric assessments; referrals; assertive follow-up	CAMHS	South metro
Nanko-Walun Porlar Nomawi	Therapeutic counselling involving families, teachers & carers; psychiatric assessments; referrals; assertive follow-up	CAMHS	Murray Bridge
CAMHS APY Lands	Therapeutic counselling involving families, teachers & carers; psychiatric assessments;	CAMHS	APY Lands

	referrals; assertive follow-up		
Journey Home Programs: Journey to Respect and Sister Girl	Therapeutic counselling & education, & creative activities founded in culture.	CAMHS/Cavan Juvenile Detention Centre	North metro
Aboriginal Liaison Coordinator	Therapeutic counselling, practical support, psychiatric assessments, residential care & recreational activities	Country Health SA, Mental Health Service	Statewide
Psychiatrists	Psychiatric assessments, therapy and referrals in remote areas	Country Health SA, Mental Health Service	Statewide
Meningie Self Help group (MASH)	Healing through yarning & therapeutic, creative, cultural & educational activities & referrals	Country Health SA	Meningie Raukkon
Finding Life After Sadness Hits (FLASH)	Healing through yarning & therapeutic, creative, cultural & educational activities & referrals	SA Health	North metro

Mainstream Not-For-Profit Programs and Private Provider

Program name	Program type	Organisation	Region
The Listeners Programs	Informal counselling through listening and yarning	LifelineSE & Mt Gambier Prison	Mt Gambier
The Station	SEWB support through yarning, educational, creative & outdoor activities and cultural trips	Community mental health Program	Wallaroo, Yorke Peninsula
Kym Schellen	Psychological counselling & referrals	Private Provider	Riverland, Murray, Coorong

Recommended Courses

The following courses were highly recommended by managers and social and emotional wellbeing workers as being important for both personal and professional development.

- **The Diploma in Narrative Approaches to Therapy** which provides a culturally safe model for discussion groups and healing programs; addresses historical factors and colonisation issues and has specific units on grief and loss. Counsellors stated that

this course was crucial for them to be able to step out of their own personal grief and concentrate on the strengths of their clients and in turn on their own strengths. Managers stated that they would like their non-Aboriginal staff to be able to do this course, which would require it to be delivered more often.

- **Certificate IV in Family Wellbeing** was described as being exceptionally helpful for both community members and counsellors in understanding and consequently addressing their own grief and loss. It is currently being delivered through TAFE without high Aboriginal participant engagement.
- **The Program of Experience in the Palliative Approach (PEPA)** provides '*culturally relevant and culturally safe*' educational learning opportunities for Aboriginal Health Workers, doctors and nurses in palliative care plus two to five day placements in specialist services, post-placement support, and access to a network of providers who share information and linkages.
- **Rosemary Wanganeen's Loss and Grief Workshops**

APPENDIX B

RELEVANT RESOURCES

Useful websites:

<http://www.beyondblue.org.au/resources/for-me/aboriginal-and-torres-strait-islander-people> - video and document resources for Aboriginal people regarding various SEWB issues

www.blackdoginstitute.org.au - specialist expertise in depression and bipolar disorder.

<https://groups.psychology.org.au/atsipp/resources/> - Aboriginal and Torres Strait Islander Peoples and Psychology. APS Special interest group and resources.

www.anangutjukurpa.com - Ngangkari Traditional Aboriginal Spiritual Healing Services - Anangu Tjutaku Tjukurpa Aboriginal Corporation. Mo: 0424 486 883 E: coordinator@anangutjukurpa.com

<http://www.grieflink.asn.au/support-organisations-by-category.aspx?id=37> Grieflink, SA, page specific to Aboriginal people regarding bereavement.

www.kidshelp.com.au free, 24 hour counselling service for young people aged 5-25 years, offered by phone, email and over the web

www.moodgym.anu.edu.au cognitive behaviour therapy skills for preventing and coping with depression

www.sane.org - young people, mental illness, help themselves.

<http://tgn.anu.edu.au/> - Trauma and Grief Network for Indigenous Australians

Useful documents:

Howard, D. 2012. *Staying strong stories*. Darwin.

http://www.healthinonet.ecu.edu.au/uploads/resources/23707_23707.pdf

Lifeline Information Service. 2010. *Lifeline Toolkit, Coping with sorrow, loss and grief*. A self-help resource for Aboriginal and Torres Strait Islander people.

Norville, I. Sorry Business – Grief and Loss. Aboriginal Drug and Alcohol Council (SA) Inc. Ph:(08)8351 9031 Fax:(08)8352 4546

Westerman, T. 2001. *Grieving Aboriginal Way*. Indigenous Psychological Services at: ips@ips.iinet.net.au

Parenting SA. 2011. *Kids Grieve Too. Parent SA, Aboriginal Easy Guide 11*. Adelaide: SA Health

Mental Health First Aid. *RU OK Cultural Guide*. <http://www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=24116>

Useful Youtube resources:

Life Giving Music and Dance/Walna-gurrupanamirr manikay ga bungul - looking at the ways traditional and contemporary music and dance maintain mental health and wellbeing.

<https://www.youtube.com/watch?v=d76gUf82GjE&list=PLREQ8tTZanWhfXWMhZmBGab2xOluVFMhG&index=2>

Keeping Strong – an urban story (beyondblue)

<https://www.youtube.com/watch?v=rS9gxLZu9YI&index=1&list=PLm88fe1MluDbui9r5RhitzwCBB0hFSsfU>

Bangarra Rekindling (beyondblue & Bangarra Dance Theatre)

The film features explores how dance and connection to culture has helped keep youth healthy and strong. <https://www.youtube.com/watch?v=82pvd84hrZg&list=UUhdVDaoJX2jqP95OhXhNT1g>

What is depression (World Health Organisation)

<http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it?c=ufb1>

Caring For Your Mind/Djaga nhunuwuy nhe mulkurrgu'

A video promoting good mental health for Yolngu people aimed at preventative measures before mental health issues become a chronic problem.

<https://www.youtube.com/watch?v=BOX8-nfRXzM&index=1&list=PLREQ8tTZanWhfXWMhZmBGab2xOluVFMhG>

APPENDIX C

RISING SPIRITS RECOMMENDATIONS

In view of the high prevalence of grief experience by Aboriginal people in South Australia 32 recommendations have been developed from the Rising Spirits Project as a result of consultations with Aboriginal Leaders, community members and service providers. The recommendations are grouped into four areas, Policy, Workforce, Information and Bereavement Support. The recommendations have been numbered 1 through to 32 and are listed as follows. The recommendations are presented according to theme and main topics within each theme.

Policy	
Funding	<ol style="list-style-type: none"> 1. That the guiding principles of the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing (SEWB) are embedded into future funding policy designated to programs for Aboriginal people. 2. Advocate for all agencies with funding for designated Aboriginal programs to include the following criteria in their calls for funding: <ul style="list-style-type: none"> • Employment of 75 % Aboriginal staff within programs • Apply the South Australian Health Aboriginal Health Impact Statement Policy for programs within South Australia http://www.sahealth.sa.gov.au/wps/wcm/connect/9c60250042d0f19091b2fdab5a7b992c/Guideline_Aboriginal+Health+Impact+Statement_Feb2013.pdf?MOD=AJPERES&CACHEID=9c60250042d0f19091b2fdab5a7b992c
Leadership	<ol style="list-style-type: none"> 3. Identify appropriate government and peak body entities to develop and support community leadership in areas where needed.

Cultural Safety	<ol style="list-style-type: none"> 4. For Health Services and providers to adopt and implement cultural safety training, tailored to local regions. This training must include appropriate grief and loss information. 5. Implement a state-wide cultural safety audit of mainstream health services to inform ongoing monitoring and continuous quality improvement processes.
Workforce	
Aboriginal workforce	<ol style="list-style-type: none"> 6. Employ gender specific skilled Aboriginal SEWB workers in all health settings. 7. Increase the number of skilled Aboriginal SEWB workers in all health settings. 8. Increase the number of skilled Aboriginal workers in counselling, post vention and suicide prevention support.
Social Workers	<ol style="list-style-type: none"> 9. Employ social worker type roles with knowledge relevant to recently bereaved Aboriginal families in SA Health services, Non-Government Organisations and the Aboriginal Community Control Health Services as part of a multidisciplinary approach to SEWB.
Professional Development	<ol style="list-style-type: none"> 10. Advocate for increased support and resourcing for Nunkuwarrin Yunti of SA Inc. to offer the Diploma in Narrative Therapy more often to meet the demand. 11. For organisations to support SEWB workers and counsellors to undertake at least two of the following courses and regularly provide opportunities to up skill their workforce: <ul style="list-style-type: none"> • Diploma in Narrative Therapy Approaches • Certificate IV in Family Wellbeing • Australian Institute for Loss and Grief (Rosemary Wanganeen) • Indigenous Psychological Services (Dr Tracy Westerman) • Seasons of Grief • Mental Health First Aid • Applied Suicide Intervention Skills Training • Program of Experience in the Palliative Care Approach
Employee Assistance	<ol style="list-style-type: none"> 12. In view of the high prevalence of grief and loss experienced by Aboriginal people, it is recommended that organisations review bereavement leave entitlements in consultation with Aboriginal employees. 13. For Employee Assistance Programs to engage culturally safe counsellors.

Cultural Support for Non-Aboriginal Staff	14. Employ Cultural Advisors to support Non-Aboriginal workers in engaging with clients in a culturally safe way. *This is not a substitute for Aboriginal staff.
Information	
Bereavement Information	<p>15. Develop and share culturally appropriate bereavement information for the Aboriginal community, including elders, children (including children in state care), youth, families, support people and service providers about:</p> <ul style="list-style-type: none"> • The impacts of grief and loss on individuals, families, children, and communities • The prevalence of loss in Aboriginal communities • The cultural importance of funeral attendance • Ways for dealing with bereavement and pathways to healing • Ways to support people who are bereaved • Local, relevant support services, activities and programs including contact details • Funeral planning and financing • Reliable funeral support information <p>16. Promote healthy healing journeys for the Aboriginal community.</p>
Grief and Loss Website	17. Develop and maintain an Aboriginal bereavement / grief and loss website to share information about healthy grieving, links and resources for the Aboriginal community with reliable information on culturally safe service providers.
Funeral Support	<p>18. Develop an Aboriginal resource kit to assist community members and service providers with organising a funeral.</p> <p>19. Develop a culturally appropriate mediation framework to support families to resolve conflict arising from funeral disputes.</p>

Bereavement Support	
Groups	<p>20. Provide resources to existing Aboriginal grief and loss support groups and more broadly focussed Aboriginal support groups.</p> <p>21. Establish and resource new Aboriginal grief and loss support groups and more broadly focussed Aboriginal support groups for men, women, youth and families.</p>
Holistic Healing Services	<p>22. Increase access to timely, cultural and holistic support options to the APY lands, metropolitan, rural and remote in South Australia.</p> <p>23. Promote traditional healers and Ngangkari as a service option.</p> <p>24. Advocate for local Aboriginal initiatives that practice ways of grieving that incorporate local cultural practices and that provide opportunities for people to come together in a safe place for yarning and cultural and creative activities</p> <p>25. All mainstream SEWB workers, counsellors and psychologists utilise systemic, holistic counselling practices to offer Aboriginal clients a family centred approach to counselling where preferred</p>
Counselling	<p>26. Make available culturally competent SEWB workers, counsellors and psychologists in all communities.</p> <p>27. Establish an afterhours Aboriginal SEWB support phone counselling service.</p>
Safe Healing Spaces	<p>28. Establish healing places in communities based on the <i>Fountain of Tears</i> model at Colebrook, Adelaide.</p> <p>29. Advocate for support and infrastructure to establish local spiritual and healing community / family drop in centres in communities.</p>
Funeral Support	<p>30. Funeral support is offered in SEWB programs to assist people in preparing for and attending funerals:</p> <ul style="list-style-type: none"> • Transport • Funeral planning • Social support and Advocacy • Funding for funerals <p>31. Promote training in cultural safety and promote available cultural support options for mainstream funeral providers.</p> <p>32. Establish an Aboriginal owned and operated funeral services.</p>

Supporting information	
<p>National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2004-2009, page 6;</p>	<ul style="list-style-type: none"> • 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 while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist. • Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services. • Culturally valid understandings must shape the provision of services and must guide assessment, care, management of Aboriginal and Torres Strait Islander people's health problems generally and mental health Problems in particular. • 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 continue to have intergenerational effects. • The human rights of Aboriginal peoples must be recognised and respected. Failure to respect these human rights constitutes consistent disruption to mental health (as against mental health). Human rights relevant to mental illness must be specifically addressed. • Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors, and have negative impacts Aboriginal and Torres Strait Islander peoples' mental health and wellbeing • The centrality of Aboriginal and Torres Strait Islander family kinship must be recognised as well as the broader concepts of reciprocal affection, responsibility and sharing. • 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. • 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.