Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF ADAM BURNS

I, Adam Burns, psychiatric nurse, of 305 Arthur St, Fairfield, Victoria 3078, in the State of Victoria, say as follows:

1   I am authorised by Melbourne Health to make this statement on its behalf.

2   I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND

Please outline your relevant background and experience.

3   I graduated from a Bachelor of Nursing Science in 2007 and began my graduate psychiatric nursing program with NorthWestern Mental Health (**NWMH**) in 2008. I completed a postgraduate diploma in mental health the following year and worked as psychiatric nurse at NWMH's Northern Mobile Support and Treatment Service for the following 4 years. Through this role, I gained valuable experience in working with a complex client population and built skills in assertive community treatment. I was also the Diversion and Complex Care Co-ordinator at NWMH's Secure Extended Care Unit (**SECU**), where I gained valuable skills and experience in community care co-ordination and managed the admissions and discharges from SECU.

4   In 2013, I took the position of senior mental health clinician at Wadamba Wilam, where I remain employed today. Over that time, I have gained valuable skills, experience and cultural competence in working with Aboriginal people experiencing complex traumatic reactions that require targeted assessment, intervention, treatment and evaluation. I have expanded my skills and understanding of many systems involved, including primary health, justice, social, employment, education and family services. Last year, I completed my Masters of Advanced Nursing Practice (Nurse Practitioner) and am in the process of gaining my registration as a Nurse Practitioner. This will allow me to expand my current role at Wadamba Wilam to include prescription, diagnostic testing and advanced practice, as there is currently limited medical coverage at Wadamba Wilam.

WADAMBA WILIAM

What is Wadamba Wilam?

5   Wadamba Wilam translates to 'renew shelter' in the Woiwurrung language of the Wurundjeri people where the service operates. Wadamba Wilam is an integrated, intensive outreach team consisting of healthcare professionals representing four different organisations, the Victorian Aboriginal Health Service (**VAHS**), Neami National, Uniting Care ReGen and Northern Area Mental Health Service (**NAMHS**). The healthcare professionals on the team include an Aboriginal Social and Emotional Wellbeing (**SEWB**) support worker, a senior psychiatric nurse, a senior alcohol and other drug clinician, a community rehabilitation and support worker, a consultant psychiatrist and a service manager.

Please describe your current role and responsibilities with Wadamba Wilam.

6   I am the senior mental health clinician at Wadamba Wilam and my main roles and responsibilities are as follows:

(a)   provide clinical expertise in the assessment, provision of treatment and delivery of targeted interventions to consumers with complex mental health and alcohol and other drug (**AOD**) related needs and their family/carers;

(b)   provide primary, secondary and tertiary consultation services, community development and education, liaison and linkage to other agencies that also provide support to Aboriginal people with a mental illness;

(c)   explore evidence-informed and innovative treatment and care, and facilitate implementation into practice;

(d)   recognise and support the interdependent relationships between Wadamba Wilam and the NAMHS programs (community teams, Northern Psychiatric Unit (NPU), Enhanced Crisis Assessment and Treatment Team (ECATT)/Police, Ambulance and Clinical Early Response (PACER), Community Care Unit (**CCU**), Prevention and Recovery Care (PARC) services) and other partner agencies;

(e)   provide intensive family support to limit the impacts of trans-generational trauma; and

(f)   provide advocacy, direct support and care co-ordination to clients as they navigate many complicated systems.

What services does Wadamba Wilam provide?

7   Wadamba Wilam provides intensive outreach support to Aboriginal and Torres Strait Islander people experiencing homelessness and mental illness. The services it provides are:

(a)   holistic mental health treatment and psychosocial support with a focus on trauma recovery and improving SEWB;

(b)   specialist AOD treatment and support as part of the care;

(c)   case management and care co-ordination, that involves facilitating engagement with necessary social services and community resources such as cultural groups and camps.;

(d)   advocacy and support for navigating the many systems involved in clients care;

(e)   promoting and facilitating engagement in meaningful activity that is identified as important by the individual to improve their SEWB; and

(f)   liaison, education and involvement with the identified family to support and empower the client.

Who receives services from Wadamba Wilam (including groups, ages, locations etc)?

8   Wadamba Wilam targets Aboriginal and Torres Strait Islander people between the ages of 16 and 64 with links to the city of Whittlesea and city of Darebin (NAMHS catchment areas). There is an even spread of ages and gender in the Wadamba Wilam client group.

9   In addition to homelessness and mental illness, the target group often have other co-occurring attributes such as:

(a)   high levels of problematic alcohol and drug use;

(b)   co-existing disability such as a physical or intellectual disability and/or acquired brain injury;

(c)   history of deep set trauma, including sexual, physical and/or psychological abuse and neglect as a child; and

(d)   an experience of entrenched poverty, profound social exclusion and discrimination, including having little education, poor employment records, poor physical health, and frequent engagement with Victoria Police and correctional services as both victims and offenders.

How is Wadamba Wilam funded?

10   The program was initially federally funded under the Breaking the Cycle initiative and is now currently funded by the Victorian Department of Health and Human Services. We were recently informed that Wadamba Wilam has received another 2 years funding until June 30, 2021.

Where does Wadamba Wilam fit in terms of the service offering available to Aboriginal and Torres Strait Islanders with mental illness?

11   Wadamba Wilam provides a small but significant service offering to people who have fallen through the gaps in standard service provision. It is unique in that it has multi-agency involvement and provide holistic, intensive, long-term support for their multiple healthcare, cultural, social and housing needs. Wadamba Wilam receives referrals from any agency and community and family members that meet our service criteria.

SOCIAL AND EMOTIONAL WELLBEING

From your perspective, what does that phrase "social and emotional wellbeing" mean to Aboriginal and Torres Strait Islander people and how does it impact on the overall health gap experienced by many Aboriginal and Torres Strait Islander people?

12   SEWB is the key principal for working with Aboriginal and Torres Strait Islander people and refers to a holistic view of health that includes connection to culture, country, spirituality, community, family and ancestors in addition to physical and mental health. Mental health is an important component of social and emotional wellbeing and both impacts and is influenced by overall SEWB.

13   Many of the Aboriginal people we support at Wadamba Wilam have poor health and SEWB as they are part of the stolen generations or descendants of the stolen generations. These clients do not have connection to culture, community and may not be aware of their country or have not been on country for many years. This contributes significantly to the physical and mental health gap experienced by many Aboriginal and Torres Strait Islanders people. The numerous interpersonal traumas experienced by many Aboriginal and Torres Strait Islander people has the most significant impact on SEWB and the health gap.

What are the key factors that may protect social and emotional wellbeing?

14   The key factors that protect SEWB are having access to community and community resources, awareness of cultural history, family and country, spending time on

country, access to specific cultural groups (such as women and men's groups), contact with family and engagement in meaningful activity. The factors of SEWB can be utilised to promote healing and resilience from trauma, allowing the person to proactively manage their mental health and well-being using coping strategies that are positive for the individual, family and community.

15   It is important to combine effective medical treatments as an adjunct to enhancing SEWB. Targeted treatment of distressing post-traumatic symptoms with medication can assist in reducing the intensity of symptoms and allow the person to more fully engage in interventions that promote SEWB. More effectively treating the post-traumatic symptoms can reduce addictive behaviours that are often utilised by people to dampen or numb post-traumatic symptoms. Addiction is often a counterproductive coping mechanism and reducing some of the distress can provide some space for the individual to consider changing some of their addictive behaviours.

16   Peer support and access to role models can be an important protective factor for SEWB. Engagement in meaningful activity such as art, physical activity, time in nature, writing and creative expression, sport, music and other hobbies is vitally important for rebuilding self-esteem and confidence that has been eroded by previous traumas, racism, discrimination and chronic grief and loss.

What are the key risk factors that may detrimentally impact on the social and emotional wellbeing of Aboriginal or Torres Strait Islander individuals?

17   The key factor that detrimentally impacts on SEWB is the extensive and pervasive trauma load that many Aboriginal and Torres Strait Islander people live with on a daily basis. This trauma and people's many and varied responses to trauma can impact on SEWB and this is most often evident in addictive behaviours. Addictive behaviours such as heavy, problematic AOD use and gambling often prevent people from accessing the healing and enriching parts of culture, community, country, spirituality, ancestry and family.

18   Another key factor that detrimentally impacts SEWB relates to people not having their basic needs of housing, food, safety and belonging met.

19   Exposure to and experiences of all types of violence and abuse, in addition to the lack of sense of agency, also often forms a major barrier to positive intervention, healing and support.

TRAUMA AND RECOVERY FROM TRAUMA

From your perspective what do the terms 'historical trauma' and 'intergenerational trauma' insofar as they relate to Aboriginal and Torres Strait Islander people mean?

20   Historical trauma refers to all of the impacts of colonisation and numerous oppressive and abusive policies that have had a devastating impact on Aboriginal and Torres Strait Islander culture and health.

21   Intergenerational trauma refers to trauma that is passed on through the generations. There is extensive evidence that intergenerational trauma is passed on biologically, psychologically, environmentally and socially. A combination of nature and nurture provides a large challenge for the health and wellbeing of individuals, families and communities.

In what ways can historical and intergenerational trauma impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander People?

22   The major impact of historical and intergenerational trauma is that it affects access to support. The historical trauma experienced by many communities, families and individuals contributes to a distrust of all mainstream support services and a reluctance to access any services that may assist with SEWB.

23   Additionally, the experiences of historical and intergenerational trauma have robbed people of many of the key elements of SEWB and they do not feel comfortable in accessing culturally specific services and supports.

24   Historical and intergenerational trauma is all-pervasive and influences every interaction with support services and systems.

What is 'trauma-informed care' or 'trauma recovery informed care'?

25   Trauma-informed care refers to healthcare that is aware and sensitive to trauma and individual and community responses to trauma. It involves a consideration of trauma on all levels of care from staff knowledge, attitudes and training to policy, the clinical environment and assessment tools.

In your experience, how does trauma-informed care contribute to the mental health outcomes experienced by Aboriginal and Torres Strait Islander people?

26   Trauma-informed care contributes significantly to mental health outcomes and SEWB. As the mental health outcomes are often underpinned by past traumatic experiences, the knowledge, awareness, assessment and treatment options need

to be considered through a trauma lens. Trauma-informed care extends to awareness of historical trauma, trans-generational and individual trauma, including sexual, psychological, physical abuse and neglect. Trauma-informed care also involves awareness that people may still be living in positions that are insecure and unsafe. It involves targeting the intervention at the relevant stage of trauma recovery for each individual.

Do Aboriginal and Torres Strait Islander people in Victoria face any barriers, at a systemic level, to accessing trauma informed care? If so, what are the barriers?

27   Aboriginal and Torres Strait Islander people face many barriers at a systemic level in accessing trauma-informed care. This is because the main factor for effective treatment of trauma is a consistent, trusting and therapeutic relationship. The time it takes to build this trust is usually longer than the prescribed hours available in that episode of care. At Wadamba Wilam, the engagement and trust-building phase can take over 12 months of a minimum weekly outreach support. The large volumes of people accessing mainstream mental health services means that the contact can be limited and a person may have multiple points of contact with many different workers. Unfortunately, this makes it hard for workers and systems to provide the time, consistency, flexibility and responsiveness required to build meaningful, trusting and therapeutic relationships.

28   Appointment-based services are a type of systemic barrier for many people as the factors discussed previously can significantly impact on a person's capacity to attend appointments. This results in the high non-attendance rates in people experiencing complex Post-traumatic Stress Diorder (**PTSD**). The fragmented nature of service provision and focus on crisis intervention means that the person has to tell their story and be assessed by numerous services at different times, resulting in the increased possibility of re-experiencing and re-traumatising. Most systems require the person to fit to the service rather than the service fit to the person. Assertive outreach can overcome many of these barriers and take the service to the person in an environment where they feel safe and comfortable.

29   The other systemic barriers to trauma-informed care for Aboriginal and Torres Strait Islander people are at the level of concept, process and instrumentation of many mainstream mental health services:

(a)   the concept usually has the medical model dominating and does not consider the more holistic concepts of SEWB;

(b)   the process does not provide access to cultural competence training, and the environments in which people are accessing help do not necessarily promote cultural safety and knowledge of the many ways in which trauma can present and manifest; and

(c)   there is a lack of culturally specific instrumentation, whereby the systems utilise mainstream assessment tools that are not culturally validated or have not been developed with Aboriginal and Torres Strait Islander people.

CULTURALLY COMPETENT AND CULTURALLY SAFE SERVICE DELIVERY

What is meant by "culturally competent" and "culturally safe" service delivery?

30   Culturally competent service delivery refers to a commitment by all staff and services to engage respectfully with people from other cultures. It encompasses and extends to elements of cultural respect, cultural awareness, cultural sensitivity and cultural safety. Cultural competence requires ongoing knowledge, education, training and experience and takes time to develop.

What role does cultural safety and community play in the prevention and recovery of mental illness?

31   Cultural safety is paramount to prevention and recovery of mental illness as it allows the provision of care consistent with and respectful of holistic concepts of health and SEWB. Practicing with cultural safety and competence allows the healing elements of SEWB to be facilitated and accessed at the right time by Aboriginal and Torres Strait Islander people.

In your view, what skills, knowledge or initiatives could help service providers deliver culturally safe and culturally competent mental health services for Aboriginal and Torres Strait Islander people?

32   Service providers should have access to education and training provided by Aboriginal and Torres Strait Islander people in conjunction with culturally competent non-Aboriginal and Torres Strait Islander health care professionals. The training needs to involve practical strategies and scenario-based learning. The initiatives that have placed Aboriginal Liaison Officers (**ALO**) at services have been an important step in modelling cultural safety and cultural competence (however more systemic and employment support for these roles is required to ensure these positions are sustainable).

33   For example, the NPU has implemented a weekly cultural formulation session where an Aboriginal patient on the ward is discussed using the SEWB wheel with

focus on cultural factors contributing to the presentation. The psychiatric nurse from VAHS attends the NPU every week and attends the cultural formulation sessions. The psychiatric nurse also meets with Aboriginal patients on the ward and provides support to the ALO and improves cultural safety and competence of NPU staff through modelling and discussion with the treating team. This interaction and collaboration between mainstream and culturally specific services is very important for enhancing the cultural competence of mental health services.

In your experience, what are some examples of best practice models of care and services that ensure cultural safety for Aboriginal and Torres Strait Islander people?

34   VAHS provides a number of services that promote cultural safety for Aboriginal and Torres Strait Islander people. The partnerships formed between the partner organisations of Wadamba Wilam have improved and ensured cultural awareness and cultural safety when Aboriginal clients who aren't current clients of Wadamba Wilam access the partner services. Northern PARC has also increased its admission of Aboriginal clients significantly and has developed a culturally safe space and practice model.

35   I believe that these interagency and inter-professional relationships, as well as the combination of culturally competent Aboriginal and non-Aboriginal staff, are examples of best practice models that ensure cultural safety for Aboriginal and Torres Strait Islander people.

HOLISTIC SERVICES

How does access to and the provision of coordinated services between mental health and other social services impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander individuals and what are the impacts of fragmented services?

36   The coordinated and collaborative nature of the service delivery is very important to Wadamba Wilam service provision. Using assertive outreach as the mode of service delivery by a clinician or health care professional is imperative as accessing fragmented services can further traumatise the person who must constantly re-tell their story.

What can be done to support Aboriginal and Torres Strait Islander individuals to access the breadth of services required?

37   At Wadamba Wilam, we facilitate access to the breadth of services required to provide support, advocacy and minimise the impacts of trauma. It is important to not overwhelm the individual as there are usually numerous services that need to be accessed. It is important to access the areas most important to the individual first. Attending the services with the person can help present the person's needs in a supportive manner and improve follow up and implementation of interventions recommended by the services accessed.

In your experience, are there any examples of coordinated and interlinked services that are working well, particularly to support Aboriginal and Torres Strait Islander individuals living with mental illness?

38   Wadamba Wilam is an example of coordinated interagency and collaborative services that are very effective.

What are the key features of such models?

Trauma-lens with cultural competent care delivery based on the principles of SEWB while considering the phase of trauma recovery.

39   The model has operationalized the key features of SEWB and considers all treatment options that may be beneficial to the client. Incorporating the International Society of Traumatic Stress Studies (**ISTSS**) task force model for treating complex PTSD. The ISTSS recommended treatment model involves three sequential phases of treatment for trauma recovery, each with a distinct function as follows:

(a)   phase 1 focuses on ensuring the individual's safety, reducing symptoms, and increasing important emotional, social and psychological competencies;

(b)   phase 2 focuses on processing traumatic memories with emphasis on the review and re-appraisal of traumatic memories so that they are integrated into an adaptive representation of self, relationships and the world; and

(c)   phase 3, the final phase of treatment, involves consolidation of treatment gains to facilitate the transition from the end of the treatment to greater engagement in relationships, work or education, and community life.

Interagency partnership within the team

40   The interagency partnership within the team break down some of the systemic barriers to accessing relevant parts of the organisations involved in a timely and

targeted manner. For instance, Wadamba Wilam can facilitate admissions directly to the acute psychiatric inpatient unit when required or the inpatient withdrawal unit for AOD support or Neami National services such as PARC or relevant service components of VAHS and access to cultural groups and camps.

Assertive outreach

41   The delivery of services through assertive outreach allows for flexibility and responsiveness in a space where the person is at the time. This allows the service to fit to the person and reduces the impact of systemic issues discussed above. Assertive outreach allows the client to develop coping skills in the moment when they are triggered and develop awareness of how trauma impacts them and how they can develop self-soothing strategies.

Low case numbers and long-term interventions

42   The low case numbers (25-30 clients at any one time between 4 workers) allows for the time to develop strong and meaningful therapeutic relationships. The long-term focus allows the team to target interventions at the person's pace with consideration to the relevant stage of trauma recovery. The low case numbers allow the intensity of contact to be responsive to need, for instance daily contact during periods of crisis.

Care co-ordination part of direct service provision

43   This model allows for a nuanced approach and the ability to target and evaluate the multiple services usually involved with clients experiencing complex PTSD such as child protection, justice, education, family and employment. It also allows one service to have the resources within the team to meet the majority of the needs of the client group.

Continuity of care

44   Remaining a key part of the treatment when clients are in various parts of the service system (such as long-term recovery and rehabilitation, AOD services, corrections and justice) promotes continuity of care and a sharing of knowledge and resources with regard to the client narrative. Providing continuity of care allows the team to maximise the interventions provided by those services and promotes meaningful discharge planning and co-ordination.

Working with multiple family members at the same time to promote parallel healing from trans-generational trauma

45   The team works with multiple family members at once, which allows support and healing to multiple generations as the family trusts the service and the workers and accesses support they otherwise wouldn't.

What lessons or aspects could be considered in the context of the way mental health services and other social services work together?

46   The lessons or aspects that could be considered in the context of the way mental health services and other social services work together are:

    (a)   improving referral pathways and partnerships between mainstream services and culturally specific services;

    (b)   having care coordination as part of direct service provision; and

    (c)   delivering care through outreach, which would allow mental health services to attend other social services with the client and improve communication and collaboration between services.

PARTNERSHIP AND COMMUNITY INVOLVEMENT

How can Aboriginal and Torres Strait Islander communities be empowered to become more involved in the design and delivery of mental health services?

47   Co-design, carer and consumer consultation and peer support could all be valuable ways of involving communities in the delivery and design of mental health services. The number and roles of the ALOs in mental health services, including community mental health services, should be expanded, as they are currently only based on inpatient units.

How can mental health service providers ensure sustained engagement with Aboriginal and Torres Strait Islander communities?

48   Mental health service providers can ensure sustained engagement with Aboriginal and Torres Strait Islander communities by:

    (a)   having active relationships, referral pathways and exchanging of resources and knowledge between mainstream organisations and culturally specific services;

    (b)   having culturally specific services as part of interagency teams; and

    (c)   continuing to expand on the Aboriginal and Torres Strait Islander workforce.

49   The most important component of ensuring sustained engagement with Aboriginal and Torres Strait Islander communities is to give mental health service staff time and resources to build trusting therapeutic relationships. Outreach is important in this, as it allows workers to be in the community and have a visible presence that will give individual workers and mental health services an opportunity to be vouched for. Until the community vouches for the individual or the mental health service, it will be a challenge to keep sustained engagement. Having a community presence will provide opportunities for early intervention and empower the community to seek and access support in a proactive manner.

50   As Wadamba Wilam has been through this process over the last 5 years, a great number of our referrals are from community or family members for support. In the first few years of our service, we did not receive any referrals from community or family members while this vouching process was happening. As the community and family trust the individual worker and service, even if Wadamba Wilam cannot provide direct support, the community member can be pointed in the right direction for support and follow up.

What reforms and innovations would you recommend to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people in Victoria now and in the future?

51   I recommend implementing the concepts, processes and instrumentation of mainstream mental health services to focus on cultural competence and SEWB – particularly with the instrumentation, as until recently there were very few culturally specific assessment and screening tools available for use. The recent validation of the Aboriginal Resilience and Recovery Questionnaire (ARRQ) has been an important development. The focus of this tool is strengths-based and covers many of the domains of SEWB. The continued development of other tools for use in Victorian communities should be a focus going forward. These tools should ideally be developed by Aboriginal and Torres Strait Islander people and if they are not, they should involve extensive consultation and validation with local communities to capture the uniqueness of all the communities across Victoria.

52   In addition, service delivery using assertive outreach is paramount as it addresses many of the systemic barriers and provides the best opportunity to build trusting therapeutic relationships. Assertive outreach allows the provision of more time with a focus on engagement and trust-building first, with consideration to the stage of trauma recovery. Acknowledging the time it takes to recover and heal from

significant interpersonal trauma will allow mental health services to focus and adapt their practice and intervention to the individual and community.

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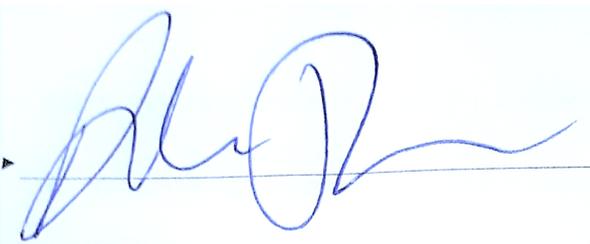
print name   Adam Burns

date   08/07/2019.