

General Practice Network NT (GPNNT)

Key to the stories...



Interview with Dr Christine Hampshire, Locum General Practitioner, Ngalkanbuy Health Centre, Galiwin'ku.

Telephone interview conducted on 25 January 2010.

This interview explores the role of Joan Djamalaka, Aboriginal Mental Health Worker, Ngalkanbuy Health Centre, Galiwin'ku.

Can you please provide a brief history of your work at Galiwin'ku?

I've been going to Galiwinku for about a year; fly in fly out as a locum GP. The clinic has three rotational locum GPs. We're trying to get a consistent and sustainable GP presence but with consistent GP faces. There is one GP for 3000 people. The work load is too much for one GP but we get junior medical officers and fabulous remote nurses.

In terms of mental health, any help is terrific. In mental health it's more than just health, particularly cross culturally. As an urban white GP, I don't understand the culture and don't even begin to understand it and mental health is all about stories. I don't know where the cultural story begins and ends and where the mental health stories begin and end.

In terms of medical presentations of mental illness, you can see obvious behaviours. I can't talk in a language that they can relate to or they to me. The Aboriginal Mental Health Workers (AMHW) are unbelievable because they know the language and stories and they can hear them and tell them in their interactions with the people.

They also know more subtle things, as a white person my concept of personal boundaries is very different to an aboriginal person. Joan uses all that in her work and she probably doesn't even realise she does it. Knowing the community and knowing the interactions, she uses all that as she deals with everyone. The assessment is so rich and complete. Half the time I can't get people who aren't mentally ill to talk to me as they don't have English as first language. They may think someone has put a curse on them and I may think that's a symptom of mental illness and it may not be.

In many ways you think this is how mental health should happen more in our society, it's more part of the family and community and out of the hospitals. In this community this is so important and it's really important that it's dealt with mostly in the community. The alienation of the hospital on top of the mental illness is too much.

Can you talk about Joan and how you work with her as part of the team?

I would defer to Joan a lot. She has excellent knowledge, not only culturally but she understands the drugs and the symptoms. We obviously work together. She runs the teleconference we have each week with the psychiatrist in Darwin and she runs it. She runs the mental health program in Elcho (Galiwin'ku = Elcho Island).

I need them to tell me the story. With someone of my own culture, I can access that story with our common language. But 1) not having Yolngu as a language and 2) not having stories of that culture as another language. Joan is the bridge to assist me because the people are much less exposed to how white people do things.

Can you describe the role of the AMHW?

In a community you will have a certain proportion of people who have mental illness. She's the one who knows who they are and facilitates them and our system coming together. She is quite independent. She has a list of people. I touch base with her as soon as I arrive, I find out who she worries about. She goes to them, takes their bloods and gives them their medication and feeds back to me. We do GP plans and mental health plans together so we're on the same page. She does most of the more direct patient contact than I would. She spends every day going through her list of people. She'll voice any concerns or if she thinks it may be useful for me to be involved. She enables us to do it—I'm also usually managing a lot of acute stuff. She does all the groundwork and would bring people to attention if she's concerned. Her ears are to the ground. It's a pretty amazing system where you take mental health.

General practice takes it out of hospitals (white European model). When people are mentally ill they're least able to deal with anything more alien than how they already feel. The care is much more acceptable when it's delivered by someone who talks their language and has the cultural respect. We consult and we consult with the mental health team of East Arnhem Land. It's a tiered thing. We discuss the patients and plan the management and we put that under the umbrella of the psychiatrist and the mental health team. The psychiatrist relates to her as an equal - or even as the leader of the team.

What would you describe to be the challenges for new workers when working with the AMHWs?

The pull of your various loyalties. The pull between your work responsibilities compared to the pull of family/social responsibilities. I don't think white people experience it such the same way, because we don't have such powerful family responsibilities. That's hard to not get and to be able to balance that. That's the same with any Aboriginal Health Worker (AHW), trying to balance what we consider to be responsibilities of health clinic workers versus responsibility of family and community because they can sometimes be opposing. Someone like Joan has to take a stance but she does it in a way where she can manage those relationships. And she does manage them, otherwise she can't be effective. The AHWs need to judge the right thing to balance family and the clinic priorities and to balance that.

What can others learn from the mental health team at Galiwin'ku?

The mental health team work very well. It works with the team and is quite self reliant, because it's run by someone as good as Joan. We don't need to get involved with the more difficult issues.

What lessons have you learnt from working with Joan?

She teaches me every time about how to think about mental health presentations in a different culture. It's a different way of thinking about it and dealing with it and how I can be taught by her.

Mental health is, on a day to day basis, all about listening to people and talking to people and hearing their story and helping them adjust their story because it's a culture that's so different. The way she does things is different, but it's culturally appropriate. I learn all the time - about how to hear the stories and what stories to listen for in terms of mental illness. Often things are said in a symbolic way and I don't understand that. She's fabulous.

You can't go in with an attitude that the AMHW's are there to do your bidding, it's not that at all. You have to come in with a collaborative approach, open and open for instruction. You have to accept that we don't have the key to the stories and we need someone who has the key and that's where the role of the AMHW lies. Where someone fits into the therapeutic scheme of things, we facilitate them in whatever way we can rather than the other way around.

End.

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