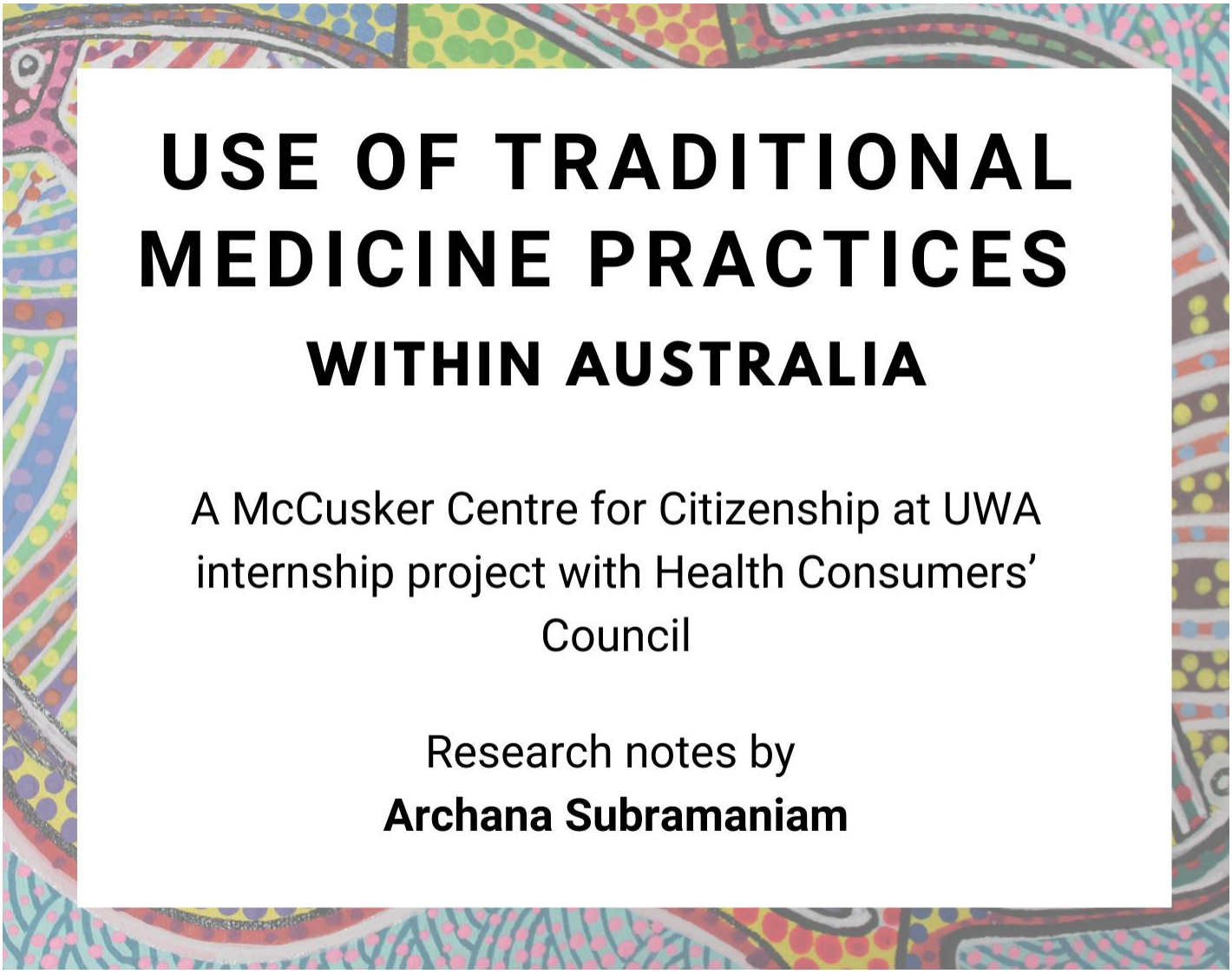
HEALTH CONSUMERS' COUNCIL



USE OF TRADITIONAL MEDICINE PRACTICES

WITHIN AUSTRALIA

A McCusker Centre for Citizenship at UWA internship project with Health Consumers' Council

Research notes by
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SUMMARY (USE OF TRADITIONAL MEDICINE PRACTICES IN WESTERN AUSTRALIA)

Both federal and state level laws, policies and policy recommendations have acknowledged the importance and need for traditional healing services, especially in the realm of mental health. At the federal level, the Australian Commonwealth Inquiry into Aboriginal Health in 1979 recommended the incorporation of Aboriginal traditional healers and therapists in healthcare service development and provision (Parliament of the Commonwealth of Australia, 1979, as cited in Dudgeon & Bray, 2017). This recommendation is expressed within West Australian law through Principle 7 of the West Australian *Mental Health Act 2014*, which states that mental health services must provide Aboriginal and Torres Strait Islander people with access to traditional Healing services (Mental Health Commission, 2015, cited in Dudgeon & Bray, 2017). However, access to traditional healing services is uneven and limited in many areas of the state and country.

Prevalence of Traditional Medicine Practices

At the national level, Oliver's (2013) review of the role of traditional medicine in primary health care within Australia found that between 2010-2011, 19.7% of Aboriginal and Torres Strait Islander Biomedical Health Services that received funding from the Office of Aboriginal and Torres Strait Islander Health (OATSIH) offered traditional healer services. Bush medicine was only offered at 12.4% of such clinics.

At the West Australian level, there is a lack of published data on the prevalence of traditional medicine services across the state. Two potential sources for this data may be the Mental Health Advocacy Service's Inquiry into Services for Aboriginal and Torres Strait Islander People and Compliance with the Mental Health Act 2015 (not published as of yet) and the North Metropolitan Health Service's Submission to the Post-Implementation Review of the Mental Health Act 2014 (not published either). A summary of the Mental Health Advocacy Service's Inquiry did indicate that they found only a limited number of health services that could provide examples of cases where traditional healers had been involved.

Moreover, their inquiry stressed that that there was very little data on traditional medicine practices collected/available. Many health clinics and consumers reported difficulties in identifying and accessing traditional healers and there was no clear system of payment. These results are corroborated by a smaller study done by Shahid et al. (2010) which looked at the use of bush medicine in the Perth area. Out of the 37 interviews conducted, slightly more than a quarter of the interviewees made significant mentions of bush medicine use. The study highlighted several barriers to traditional medicine use in urban Indigenous communities including a lack of traditional healers living in urban areas (and the associated costs with travelling to or organising travel for a traditional healer), lack of knowledge on how to contact a traditional healer, lack of connection with culture and tradition amongst urbanised Aboriginal people and the culture of secrecy that surrounding the use of bush medicine.

Future Directions

The Department of Child Protection and Family Support is a potential user of traditional healing services (Western Australia. Department of Child Protection and Family Support, 2015). Their 'At Risk Youth Strategy 2015-2018' indicated that programs directed towards Aboriginal youth should have a "strong focus on culturally relevant activities and, where possible, be developed in consultation with community elders" (Western Australia. Department of Child Protection and Family Support, 2015). There is no information provided on the specific programs provided.

Two research projects, one by the University of Western Australia (UWA) and the other by the University of Southern Queensland, also may yield more information on the prevalence of traditional healing and incorporation into healthcare services.

The study by UWA titled "Joint Approach to Wicked Problems" is led by Pat Dudgeon and aims to work with Indigenous consumers to develop culturally capable models of mental health care. They also claim to consider the use of cultural healers in bettering prevention methods for mental health issues and suicide.

The second study, by the University of Southern Queensland, was led by Don Gorman which aimed to study the incorporation of traditional healing practices into treatment by medical practitioners working in Aboriginal medical services. The results for this study have not been made publically available, despite the research starting in 2005.

GENERAL INFORMATION ON TRADITIONAL HEALING

- *What is traditional healing?*
    - 1979 Australian Commonwealth government inquiry into Aboriginal health defined the role of traditional healer and therapist as "an amalgam of the roles of doctor, spiritual adviser and psychiatrist in Western society" (Parliament of the Commonwealth of Australia, 1979, as cited in Dudgeon & Bray, 2017)
    - The Mental Health Act 2014 defined a traditional healer to be a "person of Aboriginal or Torres Strait Islander descent who uses traditional (including spiritual) methods of healing and is recognised by the community as a traditional healer. The act requires assessment and examination of a person of Aboriginal or Torres Strait Islander descent

to be conducted in collaboration with Aboriginal or Torres Strait Islander mental health workers and significant members of the person's community, including elders and traditional healers. The same collaboration is required in relation to the provision of treatment" (as cited in Dudgeon & Bray, 2017)

- A central part of Indigenous spiritual healing is a reconnection with country through stories of dreaming (Dudgeon & Bray, 2017, p. 8)
- Traditional healing (specifically Ngangkari healers) can involve the use of psychic medicinal tools and often aims to restore the vitality of the spirits or karanpa (Dudgeon & Bray, 2017, p. 9)

- *Why should it be used?*
  - Australian commonwealth inquiry in 1979 recommended the involvement of Aboriginal traditional healers and therapists in the development and delivery of health care services (Parliament of the Commonwealth of Australia. 1979, as cited in Dudgeon & Bray, 2017)
  - Traditional therapeutic interventions have been recognised as important tools in dealing with historical trauma due to colonisation (Dudgeon & Bray, 2017)
  - Traditional healing is "widely believed to be the most efficacious way to assist distressed First Nations individuals due to the inherent potency of these traditions achieved through long pre-contact histories of therapeutic refinement (Gone, 2013, as cited in Dudgeon & Bray, 2017, p.2)
  - There is a broad consensus across Indigenous psychology that traditional healers and Indigenous health workers are far better equipped to deal with psychological and emotional distress and should be included with non-Indigenous professionals providing services (Dudgeon & Bray, 2017, p.3)

USE OF TRADITIONAL MEDICINE PRACTICES NATIONWIDE (OLIVER, 2013)

- Oliver (2013)'s review of role of traditional medicine practice in primary health care within Australia found that in the year 2010-2011, the percentage of health clinics that offered services of traditional healers was 19.7% and that of bush medicine 12.4% (study only looked at Aboriginal and Torres Strait Islander Biomedical Health Services that received funding from the office of Aboriginal and Torres Strait Islander Health (OATSIH) for provision of primary healthcare)
    - 2009-2010 14.8% and 9.9%
    - 2008-2009 17.9% and 10%
- Within government funded established primarily health care clinics in Aboriginal Australia, roughly **one fifth offer traditional healers** and **one tenth offer bush medicine** as part of their healthcare service (Australian Institute of Health and Welfare, 2012, cited in Oliver, 2013)
- **Only 4% of primary health-care services employed full-time equivalent traditional healers**
- There is a lack of detail within the report surrounding this service provision — how often? When? Why? And how? Not reported (Oliver, 2013)
- 88% of stand-alone substance use services used approaches that involved traditional cultural elements such as bush camps, traditional healing, arts and crafts and mentor programs with elders (Australian Institute of Health and Welfare, 2012)
- 85% of services that provided group activities to treat and prevent substance use, used cultural group activities (Australian Institute of Health and Welfare, 2012)

- OATSIH report is the only formal study on the use of Traditional Medicine Practices within Primary Health Care clinics in Australia
- There are no national government organisations for Aboriginal traditional medicine practices (Oliver, 2013)
- There is one national non-government organisation (Oliver, 2013)
    - **Aboriginal and Torres Strait Islander Healing Foundation Ltd**
        - Have supported the "Angangkere Healing project" in Akyulere Healing Centre, Alice Springs and the "Rumbulara Traditional Healing Centre" in Victoria which will be established separate to the current medical service primary healthcare clinic (Oliver, 2013)

SOUTH AUSTRALIA

USE OF TRADITIONAL HEALING IN SOUTH AUSTRALIA (NGANGKARI)

- Elders who work as healers are called Ngangkari (Korff, 2019)
- Ngangkari traditionally always worked for free (The Australian, 2013)
- Ngangkari healers in SA work with doctors and medical staff in community clinics and hospitals and often visit Adelaide to attend to Aboriginal hospital patients (Korff, 2019)
- In SA, Ngangkari healers are used in mental health and in the prison system
- **Patients access traditional healing through an electronic referral from a doctor, nurse or other healthcare worker (**Knowles, 2019)
- Deal with everything from childhood illnesses, pain relief and pain management (Korff, 2019)

LAWS & POLICY

- **The South Australian Prison Health Service 'Model of care for Aboriginal Prisoner Health and Wellbeing for South Australia'**
- Identifies "Culture, spirit and identity" as a core element of the model and recommends the "consideration of Ngangkari and other traditional healer services" (p.9) (Sivak et al., 2017)
- South Australia recognises traditional healers in its **Mental Health Act 2009** which says that mental health services for Aboriginal patients can, "when practicable and appropriate, involve collaboration with health workers and traditional healers front their communities" (Korff, 2019)

PAYMENT OF NGANGKARI HEALERS (BOTH WITHIN AND OUTSIDE SA)

- Despite the legal acknowledgement, Ngangkari **are engaged and paid in an ad hoc fashion** with funding directed through NGOs and other agencies (Korff, 2019)
- They have **no official status or pay scale, and what they earn for work varies a lot** (Korff, 2019; Kenyon, 2016)
- In other states, a general practitioner is free to recommend that a patient sees a Ngangkari if they are depressed or feel disconnected from their culture, but the cost is not covered in the same way as medical treatments (fees vary widely) (Kenyon, 2016)
- **If contacted privately, Ngangkari healers set the price according to what they think the patient will be able to pay which sometimes means the Ngangkari works for free** (Kenyon, 2016)
- In SA, the state health department does cover the Ngangkari treatments but there is **no coordinated payment system** (Kenyon, 2016)

- Many Ngangkari do not have bank accounts to pay checks into and many live in poverty because payment is so irregular (Kenyon, 2016)

PLACES THAT PROVIDE TRADITIONAL HEALERS IN SA

ANTAC

- 2013 Aboriginal healers from central Australia in Adelaide formed **Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC)** a corporate body to coordinate provision of healthcare services (Korff, 2019)
- Healers from ANTAC visit major hospitals and rural clinics in Victoria, NSW, South Australia and WA (Korff, 2019)
- Corporation proposed a two-way framework for health care to help Ngangkari health care services work together with Western medicine (Korff, 2019)
- Ngangkari healers offer 3 main techniques — a smoking ceremony, bush medicine and spirit realignment (Korff, 2019)
- Ngangkari work hand in hand with mainstream health services both in primary and tertiary health care and are recognised by the mainstream medical doctors, working alongside and in co-operation with them (Oliver, 2013)

PLACES THAT USE TRADITIONAL HEALERS REGULARLY IN SA

CEDUNA DISTRICT HEALTH SERVICES NGANGKARI SERVICE (MCKENDRICK ET AL., 2017)

- Instituted by the Ceduna District Health Services (CDHS) (McKendrick et al., 2017)
- Can call Ngangkari to work with patients (McKendrick et al., 2017)

- The Ngangkari see inpatients and see people on a private basis as outpatients (McKendrick et al., 2017)
- Resulted in regular visits by Ngangkari to mainstream health centres and the Aboriginal community (McKendrick et al., 2017)

PROJECTS WITHIN SA

THE UTI KULINTJAKU PROJECT (TOGNI, 2016)

- Led by Aboriginal women
- Took an innovative approach to developing a process to strengthen shared understandings of mental health between Aboriginal people and non-Aboriginal health professionals with the long-term aims of increasing help-seeking, strengthening health services' cultural competency and Aboriginal leadership (Togni, 2016)
- Resulted in the development of a model (Uti Kulintjaka Iwara: the path to clear thinking) which enables clear thinking, safe ways to talk about difficult issues, fosters healing and empowerment, and promotes finding new ways to enhance mental health and wellbeing
- Also resulted in increased bi-cultural understanding of mental health, emphasis on the importance of culture in enhancing Aboriginal mental health and wellbeing

WESTERN AUSTRALIA

PLACES THAT CURRENTLY PROVIDE TRADITIONAL HEALERS

KAPULULANGU ABORIGINAL WOMEN'S LAW AND CULTURE CENTRE IN SOUTH EAST KIMBERLY REGION

- Established by Balgo Women Elders to assist them in fulfilling their obligations as Senior Law Women, healers, providers and protectors for their families and peoples (Kapululangu Women Centre, 2016)
- Traditional healers making up the community are Tjarrtjurra women and Maparn men
- They are two different systems, but they belong together (Kapululangu Women Centre, 2016)
- The women's side puts the spirit back into the body and men work more with cleaning the blood and shifting blocks inside the body (Kapululangu Women Centre, 2016)
- The healers are vital contributors to health here (Kapululangu Women Centre, 2016)
- **The Tjarrtjurra and Maparn are not included in the local medical centre** (Kapululangu Women Centre, 2016)
- **They are not paid for their skills and time like doctors and nurses are** (Kapululangu Women Centre, 2016)

PALYALATJU MAPARNA HEALTH COMMITTEE (DOES NOT EXIST ANYMORE)

- Formed by Elder women in the Western Australian Kutjungka community Balgo Hills (Wirrimanu)

- Provides bush medicines to the local biomedical health clinic at Balgo, the local community and surrounding communities
- Bush medicine was used on its own or in combination with modern medicine
- In April 2011, the funding was ceased, and committee dissolved

PLACES THAT CURRENTLY USE TRADITIONAL HEALERS

YIRIMAN CULTURAL HEALTH SERVICE IN WEST KIMBERLY (YIRIMAN WOMEN BUSH ENTERPRISES, N.D.)

- Provides traditional healing services
- Delivers complementary health programs and services to mainstream health care network
- Uses products made by Yiriman women serviced from traditional sources in its healing and therapeutic activities
- Unclear how they contact/pay healers
- E: info@yirimanwomen.org

STATEWIDE SPECIALIST ABORIGINAL MENTAL HEALTH SERVICE (WESTERN AUSTRALIA. DEPARTMENT OF HEALTH, 2017)

- SSAMHS model offers both specialist clinical interventions and engages traditional healers identified by people with mental illness and their families through community networks
- Wungen Kartup Specialist Aboriginal Mental Health Service located at De Grey House, Graylands Health Campus offers "brokering of Elders, and traditional healers to participate in particular clinical cases"

YORGUM ABORIGINAL CORPORATION (ANTAC, N.D.)

- ANTAC has partnered with **Yorgum Aboriginal Corporation** to provide one-on-one healing treatments to their community in Perth over the last 2 years

PLACES THAT INCORPORATE ELEMENTS OF TRADITIONAL HEALING & SPIRITUALITY (MAY NOT NECESSARILY USE TRADITIONAL HEALERS)

WISDOM IN YOUR LIFE: PSYCHOLOGICAL AND ABORIGINAL WAYS

- Incorporates Aboriginal ways of story, song, art, movement and language into healing programs
- E: info@wisdominyourlife.com.au

THE KEEPING OUR SPIRIT HEALTHY AND STRONG PROJECT (HEALING FOUNDATION, 2017)

- Run by the Yorgum Aboriginal Corporation
- Involves facilitating cultural activities and practices, therapeutic healing activities and interactive sessions
- Provides fortnightly healing days, delivered in the metropolitan area and healing camps in the South West region

MARNINWARNTIKURA FITZROY WOMEN'S RESOURCE CENTRE (HEALING FOUNDATION, 2017)

- Runs on-country healing camps
- Aims to address issues of violence, addictions, intergenerational trauma, sexual abuse, suicide and stolen generation pain

KIMBERLY STOLEN GENERATION ABORIGINAL CORPORATION (HEALING FOUNDATION, 2017)

- Supports Stolen Generation members to come together for healing trips on country, one day excursions and participate in yarning circles
- Participants will have the option to sell the products they create, keep them or make donations to a worthy cause
- Encouraged to enter art exhibitions and competitions

RESEARCH ON TRADITIONAL HEALING WITHIN WA

UWA PROJECT — "JOINT APPROACH FOR WICKED PROBLEMS" (CBPATSIP, 2019)

- Lead researcher = Pat Dudgeon
- Project will test models in "real world" mental health service settings which will then be developed for primary mental health and specialist services
- Models will feature integrated mental health, alcohol and drug, suicide prevention and social and emotional wellbeing services and enhanced workforce capabilities to meet complex needs
- Researchers will work with Indigenous service users to develop clinically and culturally capable Indigenous mental health service models and establish how they can best work within families and communities
- They will also look at how services can better prevent mental health difficulties and suicide and consider cultural healers' work with service users

LAWS & POLICY REGARDING TRADITIONAL HEALERS

MENTAL HEALTH ACT 2014

- The policy recommendation from the Australian commonwealth inquiry can be said to be expressed in Principle 7 of the 2014 West Australian Mental Health Act which states that

mental health services must provide Aboriginal and Torres Strait Islander people with access to Elders and traditional healers (Mental Health Commission, 2015, as cited in Dudgeon & Bray, 2017)

POST IMPLEMENTATION REVIEW OF 2014 MENTAL HEALTH ACT

- Aboriginal Advisory group provided input and advice into the development of the Clinicians' Practice Guide, including addendum 5, Working with people of Aboriginal and Torres Strait Islander Descent
- MHAS (Mental Health Advocacy Service) advised it would be useful to inquire into the extent to which the Act is being complied with, and has considered developing a list of all Aboriginal mental health workers and services available at, or to, each authorised hospital
- DoH issued the Aboriginal Health and Wellbeing Policy (2017) —> requires all HSPs to address the DoH's WA Aboriginal Health and Wellbeing Framework 2017-2020
- **Data:**
    - HSPs (Health Service providers) provided data indicating that engagement is occurring with Aboriginal mental health workers, elders and traditional healers
    - **NMHS provided detailed commentary that engagement by mental health services with these key roles had increased prior to the commencement of the act and remained elevated over the six month period post-implementation of the act —> NHMS submission to the Mental Health Commission Post-Implementation Review**
    - NMHS advised that this engagement appeared to reduce gradually after this time up until December 2016 (data is unreliable)
    - **Given lack of data and validation it is not possible to ascertain the state-wide extent to which engagement is occurring**

- Key issues raised
    - In their 2015-2016 report, MHAS noted that mental health services are not consistently undertaking examinations and providing treatment to Aboriginal consumers in collaboration with Aboriginal mental health workers and/or significant members of the person's community

MHAS'S SUBMISSION TO THE MENTAL HEALTH COMMISSION

- Based on their inquiry into Services for Aboriginal and Torres Strait Islander People and Compliance with the Mental Health Act 2014
- **There did not appear to be a common collaborative approach of treating teams working in partnership with traditional healers, elders and other significant community members in the mental health assessment, examination and care of Aboriginal people**
- **Very few mental health services could point to examples of elders and traditional healers being involved with consumers and there was little data collected or available**
- **Problems were reported in identifying and accessing traditional healers and there was no clear or uniform practice for the payment of traditional healers or elders involved in assessment, examination or treatment**
- **It appears there is no procedure in most mental health wards to guide clinical teams on the process for collaboration in assessment, examination and treatment required under the act**

MENTAL HEALTH PRODUCTIVITY COMMISSION DRAFT REPORT (OCTOBER 2019)

- Draft recommendation 20.3
- Recognised that traditional healers have the potential to help improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people

- In the medium term (2-5 years):
    - Australian government should evaluate best practices for partnerships between traditional healers and mainstream mental health services for Aboriginal and Torres Strait Islander people
    - This evaluation should include the knowledge and views of Aboriginal and Torres Strait Islander people and seek to improve the evidence about how a partnership between traditional healers and mainstream mental healthcare can most effectively support Aboriginal and Torres Strait Islander people with mental illness

PRISONS

- Article 17 clause 4 of the **2008 Inspection Standards for Aboriginal Prisoners** (WA) states that Aboriginal prisoner should have access to traditional healers where appropriate and practicable
- Article 95 (Part IX) of the **Prisons Act 1981** states that:
    - The chief executive officer may arrange for provision of services and programs for the wellbeing and rehabilitation of prisoners
    - Services and programs may be designed and instituted with the intention of …(d) maintaining and strengthening supportive family, community and cultural relationships for prisoners

CHILD AND COMMUNITY SERVICES ACT 2004

- In part 8 of the act, titled 'Determining Best interests of a Child', it is stated that "the child's cultural, ethnic or religious identity (including any need to maintain a connection with lifestyle, culture and traditions of Aboriginal people or Torres Strait Islanders" should be taken into account in determining the best interests of a child

- One of the three key focus areas of the strategy is "local solutions" which includes the aim to "support local solutions to address the overrepresentation of Aboriginal young people involved in the child protection and/or juvenile systems through the provision of culturally appropriate alternatives that reduce the likelihood of youth engaging in at risk behaviours"
- The department acknowledges the importance of Aboriginal young people having Aboriginal role models and a strong connection with their culture and community
- **"Programs directed to at risk Aboriginal young people should have a strong focus on culturally relevant activities and, where possible, be developed in consultation with community elders.** When a young person is not linked in with the local community or lacks Aboriginal role models, programs should endeavour to make these connections. A strength-based model should be utilised to respond to the emotional, developmental and cultural needs of the young person and activities should be in line with their expressed hopes and aspirations."
- Action 10: Implement additional strategies to recruit, train, and retain Aboriginal staff at all classification levels
- Action 12: Support the development and delivery of local solutions that emphasise cultural and community links

NORTHERN TERRITORY

LAWS & POLICY — TWO WAYS

- In the 1970s the concept of "two ways" was introduced in NT, incorporating both traditional healthcare and biomedical health care, but was dismissed in the late 1990s for unknown reasons
- Reported that Traditional Healers were employed by the Northern Territory Department of Health in the early 1970s, however a training course to teach traditional healers about Western medical practices was soon replaced by a training program for AHWs (Oliver, 2013)
- It was soon realised that it would be better to train a separate group as Aboriginal Health Workers and to leave traditional healers to their vitally important roles (Devanesen & Briscoe, 1980, as cited in Devanesen, 2000)
- Soong (1983) states that these Aboriginal Health Workers (AHWs) provided most of the primary healthcare in Aboriginal communities and often played the role of cultural brokers
- Trudgen (2000) described that he does not know of one traditional doctor employed in a health clinic, knows only one herbalist who is employed as a cleaner, and one AHW who has learned both traditional healing and Western medicine in Arnhem Land (as cited in Oliver, 2013)
- Ivanitz reported that in 1999, individuals often visited both a traditional healer and the biomedical health clinic (Oliver, 2013)
- Two-way medicine is the term coined by Aboriginal health workers to describe a bicultural approach to health care (Devanesen, 2000)

- Reid (1983) showed that although Aboriginal Australians living at the Yirrkala in NT choose Western biomedicine to treat the majority of their sickness, they continue to explain these sicknesses through their traditional beliefs (cited in Devanesen, 2003)

CRITICISMS OF 'TWO WAY' MEDICINE

- Has been criticised for favouring biomedicine and not adequately incorporating Aboriginal views (Burnett, 1996; Humphrey, Dixon and Marrawah, 1998; Nathan and Leichleitner, 1983; Saggers and Gray, 1991, as cited in Saethre, 2007)
- In 1997, a nurse who had worked for 15 years in the Aboriginal community clinics remarked that "two way" medicine had "never worked" (Saethre, 2007)

PLACES THAT OFFER TRADITIONAL MEDICINE SERVICES IN NT

AKEYULERRE HEALING CENTRE IN ALICE SPRINGS

- Offers standalone traditional medicinal practices (traditional healing and bush medicine) in a culturally safe space (Oliver, 2013)
- ABC interview explained that many people in the local community as well as visitors from other communities come to get bush medicines for a range of ailments such as colds and flus, sore muscles, wounds, headaches and skin rashes (Oliver, 2013)

NPYWC

- Traditional women healers in the central dessert of Australia, specifically the **Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY)** Women's council, have led the revival of Ngangkari healing in Australia (Dudgeon & Bray, 2017)

- The Ngangkari program began in 1998, in 2000 over 50 Ngangkari healers met at Uluru and resolved to strengthen their work by forming alliances with mainstream health system (Woods et al, 2000, as cited in Dudgeon and Bray, 2017, p.9)
- Ngangkari program offers health and mental health outreach services within NPY lands which covers 25 communities in the tri-state area of NT, SA and WA (Oliver, 2013)
- In contrast to ANTAC, the NPY prefer to keep traditional healing outside of mainstream healthcare
- *"The Ngangkari here are part of an old belief system. They don't want regulation, but prefer to operate as a parallel health service…Many are happy not to be part of the health system"* — Angela Lynch (Program manager at NYPWC) (Kenyon, 2016)

PROGRAMS THAT INCORPORATE SOME ELEMENTS OF TRADITIONAL CULTURE

"WORKING BOTH WAYS" PROGRAM

- Aboriginal mental health worker program provided AMHWs in 6 Indigenous communities with support and training to enable them to work alongside general practitioners in their own community (Garvey, 2008)
- Promote two-way learning
- Provide general practitioners with someone who could assist them with cultural and local knowledge and to provide AMHWs with someone who could assist them with medical knowledge (Garvey, 2008)

QUEENSLAND

STUDY BY THE UNIVERSITY OF SOUTHERN QUEENSLAND

- To investigate the interface between Indigenous healing practices and Western medicine (Gorman & Best, 2005) —> (research results not publicised)
- The project is a pilot study to explore the incorporation of patients' traditional healing practices into treatment by medical practitioners working in Aboriginal medical services (AMS) throughout Australia (Gorman & Best, 2005)
- Phase 1 commenced in May 2005 will survey AMS practices in Australia to determine what degree patients' utilisation of traditional medicines is considered in treatment planning (Gorman & Best, 2005)
- Phase 2, will start in early 2006 and involve interviews of practitioners who indicate their involvement in prescribing or incorporating traditional practices within health service (Gorman & Best, 2005)
- The pilot study will only focus on a small sample of interviews within Queensland (Gorman & Best, 2005)

ASTHMA MANAGEMENT USING DIDGERIDOOS, SONGS AND BOOMERANGS (ELEY, GORMAN & GATELY, 2010)

- Two studies undertaken in 2007 and 2009 offered music lessons to Indigenous asthmatics in primary school and high school, an Aboriginal Medical service and a community centre
- Males were taught the didgeridoo and females singing and clap sticks
- Painting and boomerang throwing also offered

- Results of the study:
  - Respiratory function improved in males
  - Males and females reported increased wellbeing
  - Awareness of asthma and compliance with asthma management plans increased
  - Increased engagement of both participants and their families with medical services
  - Social skills and cultural awareness also increased on Country in Australia

BIRTHING

WHAT IS BIRTHING ON COUNTRY?

- The birthing experience of Aboriginal and Torres Strait Islander women is fundamentally culturally different from that of non-Aboriginal women
- Birthing is a cultural rite of passage where knowledge, practices and beliefs are transferred from older to younger women, identity and links are established to land, and connections with country are shared and celebrated (AIDA submission Maternity Services Review (MSR))
- In a joint position statement, the Congress of Aboriginal and Torres Strait Islander Nurses and midwives (CATSINaM) and Australian College of Midwives (ACM) and CRANAplus described Birthing on Country as "a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families" which provides an appropriate transition to motherhood and parenting, an integrated, holistic and culturally appropriate model of care (as cited in Keast, 2016)
- Rhonda Marriott, Professor of Aboriginal Health and Wellbeing in the School of Psychology and Exercise Science at Murdoch University and a descendent of the Kimberly Nyikina Aboriginal People, says Birthing on Country is traditionally considered a model of birth in a remote community, outside of a hospital with a traditional midwife in attendance (as cited in Keast, 2016)
- No one-size approach to models of Birthing on Country (Keast, 2016)
- Not limited to remote settings
- According to CATSINaM's position statement, Birthing on Country Models encompass some or all of the following:

- Community based and governed
- Provide for the inclusion of traditional practices
- Involve connections with land and country
- Incorporate a holistic definition of health
- Value Aboriginal and/or Torres Strait Islander as well as other ways of knowing and learning
- Encompass risk assessment and service delivery and are culturally component

LAWS AND POLICY

IN 2008, THE AUSTRALIAN GOVERNMENT'S NATIONAL REVIEW OF MATERNITY SERVICES

- "Improving Maternity Care in Australia: The Report of the Maternity Services Review" was released in 2009 (as cited in Felton-Busch & Larkins, 2019)
- Maternity services should acknowledge and, where possible, accommodate-the cultural beliefs concerning childbirth held by many Indigenous families, including a preference for birthing on country (as cited in Felton-Busch & Larkins, 2019)

THE NATIONAL MATERNITY SERVICES PLAN (NMSP)

- Launched in 2011
- The NMSP's five-year vision include actions to develop and expand culturally competent maternity care for Aboriginal and Torres Strait Islander people (as cited in Felton-Busch & Larkins, 2019)
- Calls for further research and development of "international evidence-based" examples of "birthing on country programs" (as cited in Felton-Busch & Larkins, 2019)

- Felton-Busch & Larkins (2019) argue that the NMSP discourse centres on solutions within a Western modernist epistemological framework that values science over Indigenous culture, resulting in little opportunity for development of culturally informed models of care

MANDATORY PATIENT TRANSFERS

- Government sanctioned birthing in remote communities is still not a reality (Felton-Busch & Larkins, 2019)
- Introduction of mandatory patient transfer policy makes birthing on country difficult (Felton-Busch & Larkins, 2019)
- Since its introduction, mandatory patient transfer continues to be the only government sanctioned birthing option for Aboriginal women from remote communities (Felton-Busch & Larkins, 2019)
- Anecdotal evidence suggests that many health providers and policy makers believe that it is far too dangerous, especially for primiparous women, to birth in remote areas that do not have onsite medical practitioners or facilities for Caesarean sections (Kildea, 2005)
- Also believed that all Aboriginal women are a high-risk group and therefore are much safer when birthing in regional settings (Kildea, 2005)
- The authoritative knowledge around birthing that exists in remote Indigenous communities in not being acknowledged or incorporated into health service provision (Kildea, 2005)
- Deliberate policy decision of progressive governments across all states and territories — that women should go into regional centres to birth their babies (Kildea, 2005)

BIRTHING AT ALUKURA CENTRE IN ALICE SPRINGS

- In the mid-1980s, a project was undertaken to consult with Aboriginal women to discuss their beliefs, practices and preferences around childbirth business

- This consultation led to the establishment of the Alukura Centre in Alice Springs
- One of the goals of this centre = provide birthing services that incorporated Aboriginal culture, law and languages (Kildea, 2005)
- However, there have been no births there since 1997 (Kildea, 2005)
- Alukura planned to reintroduce birthing services in the future (Cater et al, 2014, as cited in Kildea, 2005)
- Built on a special women's site for women only (Central Australian Aboriginal Congress, 2008)
- Employs 3 midwives who are primarily responsible for the antenatal care
- In recent years, there has been an agreement with Alice Springs Hospital that has enabled midwives employed by Alukura to attend to low risk women in labour and birth (CAAC, 2008)
- The Alukura model places midwifery care within the realm of primary health care (CAAC, 2008)
- They are well placed to provide other equally important aspects of care (culturally appropriate for Aboriginal women, continuity of care through named midwife and group practice models, community based primary health care approaching pregnancy and birth as a normal process) (CAAC, 2008)
- However, they are rarely if ever funded to provide full midwifery services and focus tends to be on antenatal care only (CAAC, 2008)

KEY ELEMENTS TO APPLYING ALUKURA'S BIRTHING MODEL

- Needs to be a sustainable way of funding community-based midwifery (CAAC, 2008)
- This could be achieved through needs-based grant funding on a population basis

- Combination of grant funding and Fee for Service (mixed mode funding) would be ideal (CAAC, 2008)
- For a true midwifery led model of care, midwives working in midwifery led models of care such as group practice or case loading need to be able to work independently (instead of relying on GP claims) (CAAC, 2008)
- All women should have the option of community-based birthing centres, separate to the hospital, known as "stand alone birth centres" (CAAC, 2008)

EXISTING EFFECTIVE MODELS FOR MIDWIFE-LED MATERNITY SERVICES

- Group Practice: a named midwife provides majority of care (CAAC, 2008)
    - Labour and birth will be attended by named midwife when on call or a midwife from the group practice (usually 4-6 midwives)
- Case Loading: a named midwife provides full care for each woman on her case load, on call 24/7 (CAAC, 2008)
- Midwifery-led models of hospital care: where women are in the care of a midwife unless referral to an obstruction is required (CAAC, 2008)

POSSIBLE RISK-MANAGEMENT APPROACHES

- In biomedical terms, the term "maternal risk" does not consider social or emotional risks (Kildea, 2005)
- The aim of risk scoring is that once identified, women with specific risk factors can have action plans developed to minimise the likelihood of an adverse event occurring (Kildea, 2005)
- International studies have shown both psychological and social factors can be important to pregnancy outcomes (Saxell, 2000, as cited in Kildea, 2005)

- The risk assessment tool should include questions like: (Kildea, 2005)
    - Will you have support in labour from someone you know?
    - Are you able to take your other children with you to the regional centre of birth?
    - Will you have an interpreter with you during your interactions with the health system?
- If any of these questions were answered with no, then a woman with risk factors who may need additional support has been identified

STRONG WOMEN, STRONG BABIES, STRONG CULTURE PROGRAM

- The SWSBSC Program is a bi-cultural, community developmental program (Northern Territory. Department of Health and Families, 2009)
- Aboriginal women deliver the program to Aboriginal women (Northern Territory. Department of Health and Families, 2009)
- Combining traditional Aboriginal and current Western Knowledge (NT DHF)
- According to traditional Grandmothers Law (NT DHF, 2009)
- Started late 1993 after a prospective study of pregnancy outcomes in 3 Top End communities (Milingimbi, Galiwinku and Port Keats) (NT DHF, 2009)
- Currently running in 10 NT communities (NT DHF, 2009)
- The number of participants has varied considerably over the years (Lowell et al., 2015)
- Largest in any one year = 14 (Lowell et al., 2015)
- However, it has not run consistently or sustainably in all communities in which it has been started (Lowell et al., 2015)
- Grant funding stopped on 1 July 2008 and Strong Women Workers were transferred to direct employment through the NT DH either on a part-time or full-time basis
- Program is administered and governed separately to local health services

- In some locations, the Strong Women Workers are in community health centres and in other communities they operate from other locations
- Program staff work collaboratively with local and visiting health staff, develop work plans every 2 weeks and provide for nightly activity reports
- Senior Strong Women Workers provide cultural education to younger staff

PROGRAM OBJECTIVES: (NT DHF, 2009)

- Increase involvement in cultural ceremonies and tradition for women
- Ensure that families support and care for women during pregnancy
- Encourage women to access early pregnancy care
- Increase nutritional status and weight gain during pregnancy
- See full document for all objectives

KEY STAKEHOLDERS: (NT DHF, 2009)

  - Department of Health and Families — Maternal and Child Youth Health program
  - Strong Women Coordinators
  - Strong Women Workers
  - Remote Communities
  - Remote Health Centre Staff
- **Role of the Department of Health and Families (NT DHF, 2009)**
  - Employs Strong Women Workers according to current conditions of employment and salary in Public Sector Policy
  - Provides job descriptions, duty statements and recruitment process

- Evaluates each position through the Job Evaluation System
- Works in partnership with SW coordinators to define core business of SWSBSC program
- Manage the program through SW coordinators and Maternal Child Youth Health Coordinators and program director
- Inform employees of conditions of employment etc
- Provide resources needed to support program
- Provide an evaluation framework to guide future direction of the program
- Develop a community strategy to promote the SWSBSC program across NT and foster improved understanding of program
- Support professional development

➢ **Role of Strong Women coordinators (NT DHF, 2009)**

- Chosen through culturally appropriate community consultation and are employed at different levels reflecting their individual levels of cultural knowledge
- Provide management support through assisting SWW
- Link SWSBSC program to relevant programs in DHF
- Act as an advocate in DHF forums
- Travel to the communities each month to provide face-to-face management
- Present at conferences, workshops, annual girls cultural camp and education

➢ **Role of Strong Women workers (NT DHF, 2009)**

- Share the SWSBSC program story with pregnant women and young girls
- Work with community women/health staff to have traditional ceremonies for women and babies

- Work with pregnant women and new mothers to practice and pass on midwifery knowledge
- Support women during pregnancy
- Support and assist young mothers and their babies with Grandmothers Law
- Develop a yearly work plan in collaboration with their strong women coordinators
- Meet with community stakeholders to report on program's activities and discuss community support
- Etc

- **Remote Health Centre Staff (NT DHF, 2009)**
  - Recognise and respect the community-based role of the SWW and negotiate the use of the SWW in providing cultural brokerage or other work through a formalised agreement to ensure adequate remuneration for services provided
  - Refer pregnant women to the program
  - Work collaboratively with the SWW
  - Meet with the SWSBSC program staff to discuss program outcomes and activities
- **Remote communities (NT DHF, 2009)**
  - Be informed of the program and support activities
  - Support use of existing office space and facilities within community where able
  - Meet with staff regularly to discuss program

CRITICISMS OF THE SWSBSC PROGRAM

- Participation in and control over program activities by Aboriginal women in remote communities has been limited by several factors (Lowell et al., 2015)

- Difference between the goals of the program and the priorities of the Department and of other organisations = contributed to the variation in control over program activities (Lowell et al., 2015)
- Even when the cultural knowledge of Strong Women Workers is recognised and valued by others, it is often viewed as a means to meet the priorities of the mainstream health system more effectively rather than as a valuable tool to improve health and wellbeing in its own right (Lowell et al., 2015)
- Absence of recognition and/or respect for cultural knowledge and practice by some health staff = barrier to successful implementation of program (Lowell et al., 2015)
- In some communities, SWW feel like they rarely get the opportunity to use their traditional knowledge and skills related to nutrition and medicine and other areas of cultural education (Lowell et al., 2015)
- Some health centre staff expect SWW to work primarily in the health centre whereas SWW often want to go out and use their skills in the wider community outside of the clinic (Lowell et al., 2015) (e.g. taking women and children out hunting and for cultural education in an appropriate environment)
- The "two-way learning" model where both Aboriginal and non-Aboriginal workers shared knowledge between each other did not occur consistently across all locations (Lowell et al., 2015)
- High turnovers of remote staff and inadequate understanding about the philosophy and scope of the program and lack of cultural competence = barriers towards effective relationships (Lowell et al., 2015)
- In some communities however, the collaborative relationships were very successful (Lowell et al., 2015)

- Cultural knowledge of health staff, recognition of local cultural strengths and collaborative working skills was important in successful relationships (Lowell et al., 2015)
- Strong Women Workers also often feel overloaded due to excessive demands from various service areas (Lowell et al., 2015)
- Another major barrier to the program's successful implementation = lack of transportation and lack of working space for SWW (Lowell et al., 2015)

BIRTHING ON COUNTRY PROJECT

- Goal is to establish Aboriginal Birthing on Country models of maternity care, whether it be Aboriginal Midwifery group practices, birthing in hospital with a known midwife, or stand-alone Aboriginal birth centres (Clifford, 2018)
- In collaboration with community members, Australian college of Midwives, support of health services, health professionals and State and National Government (Clifford, 2018)
- Birthing on Country provides culturally appropriate pre and postnatal care with each participant allocated an indigenous midwife who will stay with them through their pregnancy (Clifford, 2018)
- Midwives make home visits and advise women on how to incorporate culture into their babies' births (Clifford, 2018)
- Project currently in NSW but will be expanded to other areas (notably Brisbane) if successful (Clifford, 2018)
- Currently two centres in Nowra, NSW & Brisbane, QLD (Australian College of Midwives, n.d.)

- The one in Brisbane is a partnership between two ACCHOs (Institute for Urban Indigenous Health, Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd) and a mainstream service (Mater Health Service)

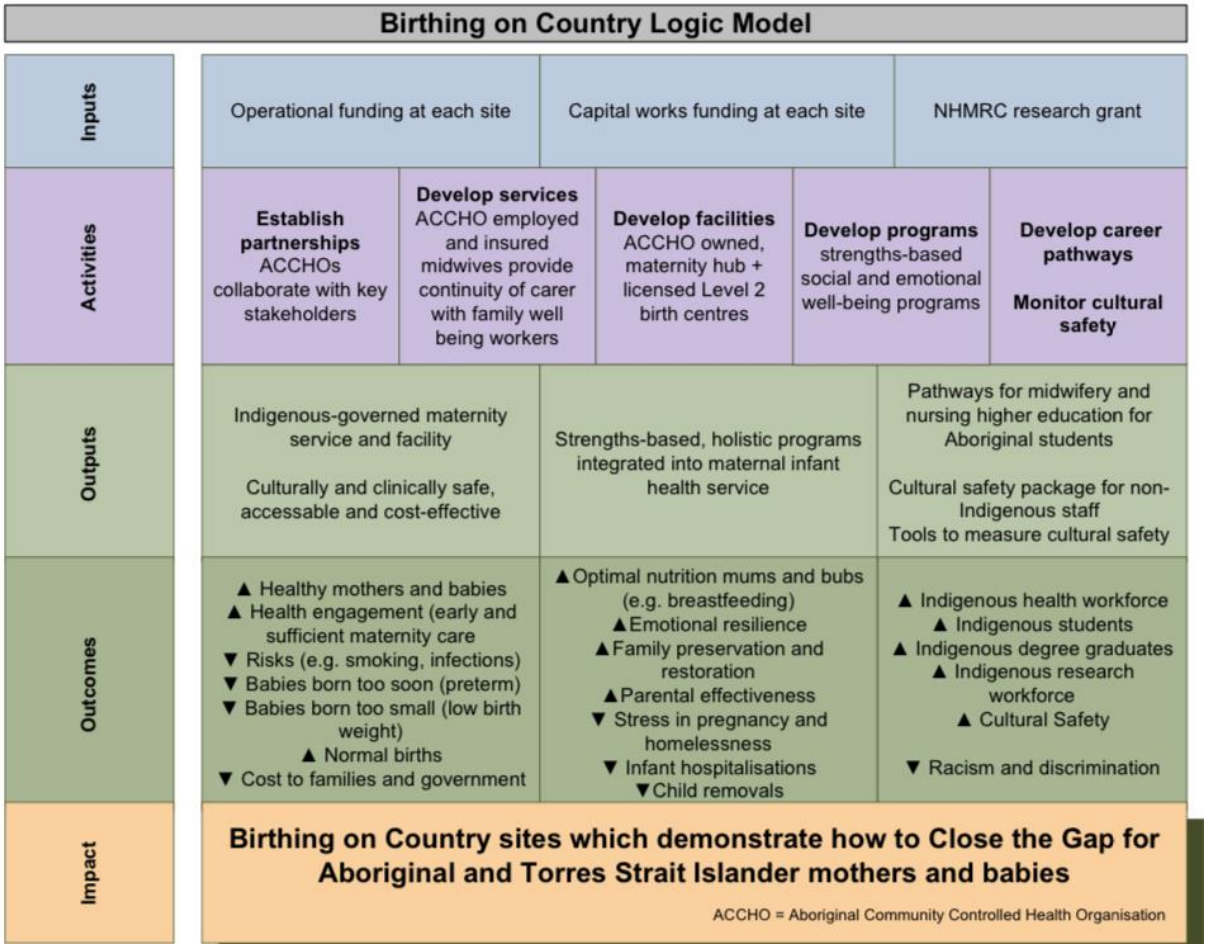
MODEL OF CARE (AUSTRALIAN COLLEGE OF MIDWIVES, N.D)

- Gold standard midwifery is provided to all women
- Those with normal risk pregnancies birth at the standalone Aboriginal and Torres Strait Islander Birth Centre that is networked into the closest maternity hospital
- Women with complex care needs will birth with access to their own midwife provided their clinical care

KEY STRATEGIES (AUSTRALIAN COLLEGE OF MIDWIVES, N.D.)

- Relationship-based care with a known midwife

- A free-standing birth centre (for low-risk pregnancy women planning a normal birth)



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- Ms Cherissse Buzzacott

- Birthing on Country Project Officer
- Australian College of Midwives
- 0488 288 667

BIRTHING ON NOONGAR BOODJAR PROJECT

- Five-year study, funded by the NHMRC and conducted through Murdoch University (Reibel, 2019)
- Aimed to investigate Aboriginal women's experiences of maternity care and childbirth when this occurs on Country located in urban environments (Reibel, 2019)
- Investigated the experiences of 39 Aboriginal women (Kildea, Magick Dennis & Stapleton, 2013, cited in Dragon, 2019)
- Over half the women involved in the study reported having a negative birthing experience (Kildea, Magick Dennis & Stapleton, 2013, cited in Dragon, 2019)
    - Many reported experiencing or witnessing racism or culturally unsafe practices
    - Many women felt like they could not ask midwives questions or engage with midwives during their birthing experiences in maternity wards
- The study concluded that more Aboriginal midwives and culturally secure care were essential for improving maternity care and childbirth outcomes for Aboriginal mothers and children (Kildea, Magick Dennis & Stapleton, 2013, cited in Dragon, 2019)

ANTENATAL CARE

WA GOLDFIELDS ABORIGINAL COMMUNITY ANTENATAL PROGRAM

- Aboriginal community antenatal program is a community midwifery led strategy (Munns, Mahony, Miller & Whitehead, 2016)
- Aims to increase accessibility of pre-conception and antenatal care in the Goldfields region of WA (Munns et al., 2016)
- Based on a partnership between midwives, Aboriginal Maternal Support Workers and other service providers (Munns et al., 2016)
- Funded under the Council of Australian Governments (COAG) National Priority Partnership Agreement for Indigenous Early Childhood (Munns et al., 2016)
- Program is based in the areas of Kalgoorlie-Boulder, Coolgardie and Leonora-Laverton (Munns et al., 2016)
- Flexible model of community support (Munns et al., 2016)
    - Community midwife and Aboriginal maternal support worker contact the pregnant women and partners in their homes or community health centres (depending on client preference)
    - Liaison with schools and community youth support agencies to organise health education groups
    - Antenatal referrals are made by many groups including general practitioners and local hospitals
- Aboriginal Maternal Support Workers (Munns et al., 2016)
    - Local Aboriginal mothers who are respected within their communities

  - Chosen for having good communication skills in order to liaise with the local community and provide a culturally supportive role for the community midwife and clients
  - Recruited locally through local Aboriginal community networks
  - Local health service provides training
  - Higher credentials desirable but not necessary
- Provision of antenatal clinical services (education, support and advice) increased in frequency in Kalgoorlie, Boulder and Coolgardie but decreased in Leonora-Laverton (Munns et al., 2016)
  - Kalgoorlie-Boulder had an increase in clients from 23 to 29 and occasion of service increased from 130 to 240 (January-December of 2011)
  - Leonora saw a decrease in clients from 10 to 6 and occasions of service decreased from 35 to 25
- The decrease may be due to delays in recruitment of a community midwife in the area (Munns et al., 2016)
- Both sites saw increases in group educational activities (Munns et al., 2016)

STRENGTHS OF THE PROGRAM:

  - Allocation of time and resources to build formal and informal relationships with clients and partner agencies
  - Ability to provide early education for pre-conception care was seen as important
  - Clients liked that they could seek advice from the community midwife without having to wait to attend a medical clinic
  - Employment of local Aboriginal maternal support workers and community midwives with culturally relevant practice

- Community development framework in which staff worked

DIFFICULTIES FACED:

- Recruitment of staff (due to midwifery shortage in rural areas)
- Quality and availability of interagency antenatal handheld client records
- Intermittent relationship issues between midwives and support workers
- Length of time to develop trust and effective communication with clients (especially in relation to pregnancy disclosure)
- Issues with duplication of services

ABORIGINAL MATERNTITY GROUP PRACTICE PROGRAM IN PERTH (AMGPP)

- Employed Aboriginal grandmothers, Aboriginal health officers and midwives to work with existing antenatal services (Department of Health, 2019)
- Provided care for pregnant women in south metropolitan Perth (Department of Health, 2019)
- Results of this program (Department of Health, 2019)
    - Babies born to women in the program were significantly less likely to be born prematurely, to require resuscitation at birth or to have a hospital length of stay greater than 5 days
    - The model improved the level of culturally appropriate care provided by other health service staff
- Used two-way learning (Department of Health, 2019)
- Community networks were used so that grandmothers could bring young pregnant women into the program and encourage healthy lifestyle behaviours in these women (Department of Health, 2019)

BUSH MEDICINE

BUSH MEDICINE PROGRAM IN NT

- In 1973, the NT Department of Health started collecting information regarding Aboriginal use of plants (Devanesen, 2003)
    - The collection was systemised and by 1982 over 50 different medicinal plants had been recorded (Devanesen, 2003)
    - Aboriginal health workers and tribal elders were key personnel in this program (Devanesen, 2003)
    - The project was limited to Yuendumu (Warlpiri) and Docker River (Pitjantjatjara) in the short term (Henshall & Devanesen, as cited in Australian Institute of Aboriginal Studies, 1982)
    - Contact was made with the settlement councils and the meeting was determined after a series of meetings (Henshall & Devanesen, as cited in Australian Institute of Aboriginal Studies, 1982)
    - Doctors of the NT DH discussed the project with health workers on settlement health centres and out stations (Henshall & Devanesen, as cited in Australian Institute of Aboriginal Studies, 1982)
    - The Warlpiri Medicines were printed in a bilingual publication at Yuendumu (Henshall & Devanesen, as cited in Australian Institute of Aboriginal Studies, 1982)
    - This booklet is now a textbook at Yuendumu School (Henshall & Devanesen, as cited in Australian Institute of Aboriginal Studies, 1982)

THE ABORIGINAL PHARMACOPOEIA NT

- In 1988, the first Aboriginal Pharmacopoeia for NT was published (Devanesen, 2000)
- 40 Aboriginal communities contributed to the project (Devanesen, 2000)
- All plants were carefully identified by botanists and screened for essential oils, minerals, saponins, tannins, triterpenes and steroids (Aboriginal Communities of the Northern Territory, 1988, as cited in Devanesen, 2000)

RESEARCH INTO TRADITIONAL HEALING IN NT

- In 1995 a remote Health Centre in NT carried out a study to compare the effectiveness of wound healing by the use of a traditional remedy (Bauhinia root) and use of Western preparation in the treatment of boils, sores and scabies (McLean et al., 1996, as cited in Devanesen, 2000)
- Study concluded that the herbal medicine was as effective as the Western preparations (McLean et al., 1996, as cited in Devanesen, 2000)

BUSH FOOD PROGRAM NT

- In 1981, the NT DH launched the program to establish a durable record of traditional Aboriginal food practices and beliefs and develop a more relevant and acceptable style of nutrition education (Devanesen, 2000)
- Publication of the nutritional composition of 42 bush foods collected through the program had lots of interesting results
    - Example: the green plum was found to be the richest source of vitamin C in the world (Brand et al., 1983, cited in Devanesen, 2000)

TRADITIONAL AUSTRALIAN MEDICINAL PLANTS AGRIBUSINESS PROJECT IN NT (MENZIES SCHOOL OF HEALTH RESEARCH, N.D.)

- $1.01 million research and commercial partnership that aims to explore the development of a sustainable agribusiness model for traditional Australian medicinal plants growing in Northern Australia (Menzies School of Health Research, n.d)
- Partnership includes Menzies School of Health Research, Traditional Homeland Enterprises (THE), Integria Healthcare, The University of Queensland and the Cooperative Research Centre for Developing Northern Australia (CRCNA)
- Traditional medicinal plants will be evaluated to develop prototype healthcare products
- Sustainability of potential marketable plants will be assessed
- A long-term aim of the project is to develop on-country economic opportunity for Indigenous communities

WORKING TOGETHER: CASE STUDIES FROM THE NCIM HEALTH RESEARCH INSTITUTION (PACKER ET AL., 2019)

- Two case studies — collaborations of NICM Health Research Institute at Western Sydney University with two Aboriginal Australian communities
- NCIM worked with the two community liaisons and communities to build capacity and get a better understanding of the potential medicinal value of selected customary medicine
- The communities were able to use biomedical analyses (by accessing scientific research personnel and lab facilities) to increase their understanding and further develop and promote their medicinal resources

MBABARAM COMMUNITY AT FAR NORTH QLD (PACKER ET AL., 2019)

- Tropical Indigenous Ethnobotany Centre (TIEC) was established in 2010 as a partnership between Australian Tropical Herbarium, Traditional Owners, the Queensland Government, CSIRO and the Cairns Institute at James Cook University
- TIEC is the first Indigenous-led government funded Ethnobotany centre in Australia
- TIEC approached NCIM through a community liaison to conduct laboratory analysis of culturally significant medicinal plants identified by the community
- Selected plant extracts were assessed for the antioxidant activity and antimicrobial potential of the extracts were assessed against certain bacteria strains
- Results communicated to the community by the liaison
- Further analyses of these plants are ongoing through short student projects funded through NICM
- Results remain confidential and are only communicated to the community

YIRRALKA RANGERS (YR) OF NORTH EAST ARNHEM LAND, NT (PACKER ET AL., 2019)

- The Yirrkala Rangers are a business unit of the Laynhapuy Homelands Aboriginal Corporation (LHAC)
- YR formed in 2003 in response to the desire of Traditional Owners to protect the cultural and environmental values of their land and control its management
- The Yirralka Miyalk (Women's) Rangers additionally collect and grow native plants for their homeland communities and have developed a successful body products business using natural ingredients found in Yolngu country
- Several pharmacopoeias of local bush resources in Yolngu country have been published
- Yolngu people also have shown longstanding interest in the "both ways" approach
- YR started their bush product enterprise in 2011 with the assistance of the Aboriginal Bush Traders

BARRIERS TO INCORPORATING BUSH MEDICINE INTO HEALTHCARE (KENYON, 2016)

- According to the Australian Therapeutic Goods Administration, compounds require rigorous clinical testing or a proven record of over 75 years of safe use before they can be marketed and used as medicines
- Traditional use by Aboriginal people is not in itself proof of safety
- Impossible to show effectiveness without extensive documentation — not practical in a culture with an oral tradition and no written records
- Alternate approach — to register Ngangkari healing as a complementary therapy which only requires proof of safety (this route led to acceptance of acupuncture in Australian health care)
- But this is an expensive, laborious process and it would be difficult to account for different practices among the Ngangkari

INFORMAL USE OF BUSH MEDICINE TO TREAT CANCER IN WA (SHAHID ET AL., 2010)

- Shahid et al. (2010)'s study found that some Aboriginal Australians use traditional medicine for treating their cancer
- Out of 37 interviews conducted, 22 mentioned bush medicine in some form
- 11 interviews made significant mention of bush medicine

COMMON REASONS FOR USING BUSH MEDICINE:

- Relieves stress
- Provides a connection to spirituality and holistic health worldview
- Adverse reaction from biomedicine
- Last resort and desperation to try everything

REASONS WHY BUSH MEDICINE WAS NOT USED

- Not easy to get
    - Most traditional healers lived in rural and remote areas which meant they either had to travel or organise for the traditional healer and supplier of bush medicine to travel to where they lived = time consuming and expensive
    - Some did not know who, how or where to contact a traditional healer
- Lack of connection with culture, heritage and traditions amongst urbanised Aboriginal people
- Dilemma of usage — secrecy and mystery surrounding the use and availability of bush medicine and lack of accurate information

SMALL BUSINESSES IN WA

BINYAARNS BUSH MEDICINE FROM KELMSCOTT

- Vivienne Hansen runs the business
- Focus on collecting bush herbs for health remedies (Wheatbelt Natural Resource Management, n.d.)
- Uses plants and herbs from the Wheatbelt and the Darling Scarp to create soaps, ointments, bath salts and tea bags (Wheatbelt Natural Resource Management, n.d)
- Part of a four-year project funded by the Australian government to meet growing demand for bush tucker and other native species in the Wheatbelt (Wheatbelt Natural Resource Management, n.d.)

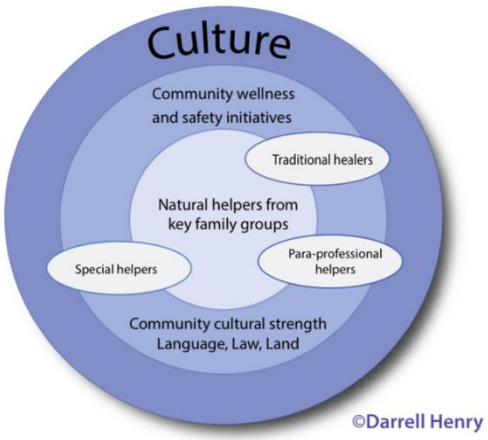
YIRIMAN WOMEN

- Also sells bush food and skin and healthcare products made from native plants and traditionally used herbs (Yiriman Women Bush Enterprises, n.d.)

CONCEPTUALISING THE INCORPORATION OF TRADITIONAL HEALING

- DARRELL HENRY'S MODEL OF COMMUNITY HEALING (as cited in Dudgeon, Milroy & Walker, 2014)

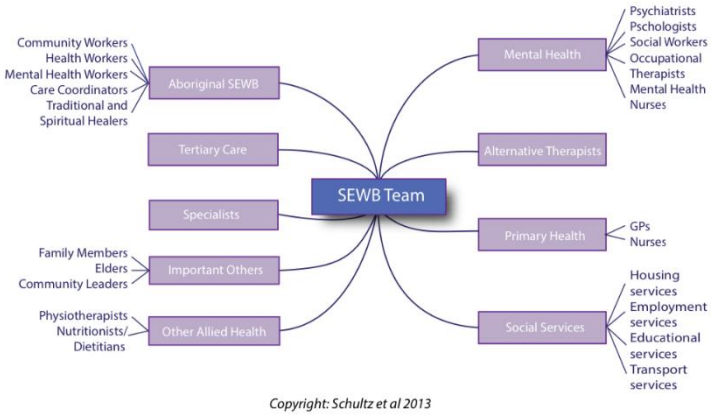
Figure 9.4: Henry's Three Level Model of Community Healing and Helping



- Involves a three-step strategic response to suicides and suicidal behaviour which aims to build the capacity of community people as they key "first-response" service providers
- Uses traditional practices such as being taken to country and "held" through a formal community process with strong men and women for cultural, spiritual and personal learning
- Re-creating traditional rituals of healing using smoke, water, stones, leaves and plants to cleanse the spirit and clear aberrant and distorted spirits from the being
- Inclusion of these practices depends on availability of natural helpers and recognised traditional healers

ESTABLISHING INTERDISCIPLINARY PARTNERSHIPS (Dudgeon, Milroy & Walker, 2014)

Figure 13.2: Potential Members of an Interdisciplinary SEWB Team



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- A Typical interdisciplinary team would in value several different workers

DEFINING THE ROLE OF AN ABORIGINAL HEALER WITHIN INTERDISCIPLINARY TEAMS

(Dudgeon, Milroy & Walker, 2014)

- Assists in the healing of the mind, body and the spirit through practices which use the natural environment, the spirit world and plants in addition to advice about attitude, behaviour and faith in their spiritual connections
- They may
  - Assist a client who is experiencing spiritual issues of a cultural nature
  - Support and strengthen a person's identity and understanding of culture
  - Conduct healing ceremonies such as a smoking to make person well
- To be successful an interdisciplinary team needs to
  - Have a well-structured organisational context that encourages teamwork and have a well-defined role

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