

TALK-ABOUT

The official newsletter for the Aboriginal and Torres Strait Islander Health Unit

February/March 2016

Metro North Hospital and Health Service *Putting people first*

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Angela Scotney
Director, Aboriginal and Torres Strait Islander Health Unit

A word from the Director

What works in Aboriginal and Torres Strait Islander health care – it's not rocket science.

Quite often people will approach me and ask the question around what is needed to improve health service delivery? What can I do?

In order to answer this question we must unravel all of the big words, untangle all the research and get back to the simplicity of just being there for the person. Being present is a state of mind that a person must embrace with the thought of "do unto others as you would have them do unto you".

It is important to all humans especially when ill, anxious, nervous and frightened, to be assured that people do care. That what they are going through is being taken seriously. That you have time to sit and talk about what is going on and not rush those who need time to think about what you are saying before they can question it.

Understand the importance of family and be polite and courteous. It is only good manners to let someone know that you need to touch them before doing so. It is only good manners to ask permission to speak in front of others about personal matters, or to ask someone if they would prefer you to speak to a family member or friend.

By being sincere and giving a smile, a kind word and some of your time, then you are almost there. Being compassionate and empathetic is a far greater virtue than being sympathetic and indifferent. Understandably life becomes busy and there are not enough hours in the day to get everything done, but through this don't lose the ability to recognise what is important, which is life. It's not rocket science!

Angela Scotney

Director, Aboriginal and Torres Strait Islander Health Unit

Contact information

Indigenous Hospital Liaison Officers

Royal Brisbane and Women's Hospital,
Floor 5, Ned Hanlon Building Fax: 3646 2284

Wendy Lewis Ph: 3646 5612 or 3647 4173

Bernadette Bird Ph: 3646 1696 or 3647 4171

Dell Hagan Ph: 3646 7489 or 3647 4184

After Hours Service (RBWH) Friday and Monday 12noon to 8.30pm
Saturday and Sunday 10am to 6.30pm

Enquiries (Hospital Switch) Ph: 3646 4154 or 3646 8111

Aunty Janet Layton Ph: 3647 4183

Tyler Lea Ph: 3647 4178

Candice Simpson Ph: 3647 4173

The Prince Charles Hospital, Ground Floor,
corridor leading to the Coronary Care Unit Fax: 3139 5810

Aleacha Hopkins Ph: 3139 5062

Mark Budd Ph: 3139 5165

Caboolture Hospital, Allied Health
Department, Ground Floor Fax: 5433 8730

Stella Laidlaw Ph: 5433 8249

Redcliffe Hospital, Safety Quality and
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Rox-Anne Currie Ph: 3049 6791

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Improving the Patient Journey Email: Improving_the_Patient_Journey@health.qld.gov.au

Manager: Gavin Tye Ph: 0438 794 510

Rayna Cowburn Ph: 3646 5612 or 0408 023 733

Pele Sebasio Ph: 3646 5612 or 0428 110 425

After Hours Liaison Officer (RBWH) Friday and Monday 12 noon to 8.30pm
Saturday and Sunday 10am to 6.30pm

Robert Brown Ph: 3646 5612 or 0409 583 967

The Prince Charles Hospital

Ronald Agie Ph: 3139 6623 or 0439 274 152

After Hours Liaison Officer (TPCH) Friday and Monday 12noon to 8.30pm
Saturday and Sunday 10am to 6.30pm

Temiah Henaway Ph: 3139 6429 or 0429 897 982

Indigenous Acute and Primary Care Team

Manager: Robyn Chilcott Ph: 3492 1823

Sexual Health Team

Manager: Robyn Chilcott Ph: 3492 1823

Indigenous Strategic Development Team

Manager: Isaac Simon Ph: 3139 4117 or email
Isaac.Simon@health.qld.gov.au



Give us feedback

Talk-About

We welcome your feedback, contributions, story ideas and details on any upcoming events. Please contact Aboriginal and Torres Strait Islander Health Unit Communications Manager Renee Simon at Renee.Simon@health.qld.gov.au or phone 0439 719 665.

Aboriginal and Torres Strait Islander Health Unit

If you have any feedback regarding the Aboriginal and Torres Strait Islander Health Unit services, programs and initiatives, you can contact the following:

Mail to:

Aboriginal and Torres Strait Islander Health Unit, Building 26, Chermiside Community Health Centre, 490 Hamilton Road, Chermiside QLD 4032.

Email to:

A_TSIHU_MNHHS@health.qld.gov.au

Alternatively, call and ask for our Safety and Quality Officer on 3647 9531.



Chris Seiboth
Executive Director, Community,
Indigenous and Subacute Services
Metro North Hospital and Health Service

Executive Director Community, Indigenous and Subacute Services

Late last year, as a directorate Community, Indigenous and Subacute Services (CISS) received approval from Reconciliation Australia to join the Reconciliation Action Plan (RAP) program. This is particularly exciting as the RAP program is usually at the broad organisation level, but we've been given the opportunity to lead Metro North Hospital and Health Service in this incredibly important area. Starting work on the RAP is one of my priorities for this year and I'm looking forward to working with our dedicated Aboriginal and Torres Strait Islander Health Unit, our staff, our partners, and the people who access our healthcare services on this vital project.

We are privileged to provide health services to some of Queensland's most vulnerable people. This year we're also working on the transition to the National Disability Insurance Scheme which will be particularly relevant to the families we care for in our residential disabilities centres and people living in the community who access our clinics and home-based healthcare programs. The NDIS will 'go live' in Townsville and Palm Island in the first half of this year, the first Queensland communities using the new service model.

Over the next three years the NDIS will roll out across Queensland and we will gradually see what it means for our residents and patients, for their families and carers, and for our own services and models of care. I'll keep you up to date as I learn more about this new way of accessing healthcare services.

Our Vision for Brighton project has concluded phase 1 with the vision drafted by the Steering Committee. The vision will now inform phase 2, the development of a master plan for the site. This will also incorporate the extensive feedback gathered from the consultation sessions with community, staff, patients, residents, and partners. The master plan will look at the site as a whole and how we can best use the Brighton Health Campus to serve the current and future health needs of our communities. Realistically, to get this next part right will take some time, but I'll continue to provide information about what's happening and opportunities to get involved as they come up.

Chris Seiboth
Executive Director,
Community, Indigenous and
Subacute Services

Safety and Quality

Natasha White discusses the 2016 RBWH Patient Experience Survey

RBWH will be conducting their annual Inpatient Patient Experience Surveys in January, February and March 2016 for those who may be in hospital at this time. Your experience as a patient at the hospital is very important. RBWH are committed to improving the care they provide. To do this they need your help.

If you are an inpatient at RBWH, staff may ask if you would like to take part in completing the survey. It is up to you if you want to participate or not but we would strongly encourage you to share your story (good or bad) to help improve the services.

What are the surveys for?

RBWH has a commitment to deliver patient-centred care and to gain an understanding of patients' views in regards to their healthcare experience within the hospital. This feedback will help RBWH in finding where improvements are needed to provide a better service for patients in the future.

What do the surveys find out?

Patients are asked specific questions about what happened to them during their current healthcare experience. These questions highlight where problems are and what needs to be done to address them.

How are the results acted upon?

The safety and quality unit at RBWH will analyse the results to find out where improvements can be made. They then work with relevant areas to decide the main priorities and draw up an action plan of what needs to happen to introduce the changes.

Who carries out the changes?

Depending on what changes are needed, a range of staff can get involved in introducing improvements. RBWH will also invite patients and representatives from the local community to help in the process to ensure that patient views continue to be included.



Natasha White



Please have your say
by filling out the patient
experience survey.





Indigenous Acute and Primary Care Team with Manager, Robyn Chilcott

The Indigenous Acute and Primary Care Team aims to improve the health status of Indigenous people to a level equal to that of the rest of the population and its activities currently include:

- Improving and increasing access to quality health services and support services
- Assisting clients to manage illness better through culturally appropriate advocacy, support and linking clients to access early intervention and treatments
- Focussing on chronic disease and risk factors
- Promoting good health to prevent illness where possible and to improve the management of existing illness
- Delivering culturally capable and responsive services by targeted Indigenous-specific programs and assisting with coordinated and integrated care across service settings
- Referral to appropriate GP, Allied Health, Specialist Medical services and supporting services.

In 2015, the Indigenous Acute and Primary Care team had approximately 4,000 occasions of service with a steady flow of referrals for follow up of clients requiring chronic disease management and complex health issues.

The team has a 48-hour priority follow up on all clients discharged from hospital, and plays a pivotal role in bridging the gap between mainstream services and the local Indigenous community and supports access to specialists, hospitals, GPs and allied health services for clients that would normally fall between the gap.

Chronic disease services such as cancer, diabetes, cardiac, respiratory and renal are all accessed by Indigenous clients regularly with the support of the Indigenous Acute and Primary Care team.

The Indigenous Acute and Primary Care Team currently comprises three teams: the Adult Health Team; the Sexual Health Team and the Administration Team.

In addition, the team ran a number of community health promotion activities including an arts program and peer mentoring program with the Sexual Health team, and heart health, immunisation, client morning tea and NAIDOC activities with the Adult Health team.

The Sexual Health team had approximately 1,000 occasions of service providing support to at-risk groups and supporting education and clinical testing for clients of this service.

The teams look forward to continuing to support and advocate for the local Indigenous community to achieve better health outcomes.

Pictured left, from top: Indigenous Acute and Primary Care Team Manager Robyn Chilcott; the Indigenous Acute and Primary Care Team; the Sexual Health Team; and the Administration Team.



Indigenous Strategic Development Team with Manager, Isaac Simon

The Indigenous Strategic Development Team will be working on a number of new initiatives in 2016. These include developing a CISS Reconciliation Action Plan (RAP) and increasing the number of Aboriginal and Torres Strait Islander people working within the Metro North Hospital and Health Service (MNHHS) workforce.

We are pleased that approval to develop the RAP has been given by CISS and endorsed by Reconciliation Australia.

The RAP will align with the MNHHS Putting People First Strategy to provide high-quality healthcare, enable, support and professionally develop our people and engage with our partners to improve the patient experience. The RAP will focus on the following key areas:

- Building cultural capability
- Developing and implementing an Indigenous workforce strategy
- Community engagement, and
- Embedding cultural capability into mainstream processes including procurement.

Further to the RAP, we will be implementing targeted workforce strategies that focus on recruitment, retention, support and career development.

As at 30 November 2015, only 1.1 per cent (or 289 employees) of the MNHHS workforce identified as being of Aboriginal and/or Torres Strait Islander descent.

Aboriginal and Torres Strait Islander employees make up 0.87 per cent of staff working in a clinical stream, and 1.71 per cent of employees working in non-clinical streams.

The MNHHS Aboriginal and Torres Strait Islander workforce levels have remained steady over the past 12 months.



It should be noted that there are a large number of employees within MNHHS with incomplete equity and diversity statistics, so the number of Aboriginal and Torres Strait Islander employees could in fact be higher than the reported 1.1 per cent.

We look forward to boosting these numbers over the next 12 months and ensuring the pilot RAP is a success. If you would like to discuss any of our initiatives, please don't hesitate to contact me on Isaac.Simon@health.qld.gov.au or 3139 4117.

Indigenous Hospital Services

with Program Manager, Sharni MacNeil

The 2015 year ended with some excellent outcomes for our patients and their families.

Our IHLO weekday services across MNHHS have supported patients from throughout Australia. The After Hours Service at the RBWH extended to support Caboolture Hospital with the vision to further extend to northern communities of in the MNHHS catchment during 2016. The IHLO Services responded to in excess of 600 occasions of service per month in the two larger hospital facilities, the Royal Brisbane and Women's Hospital and The Prince Charles Hospital. Our team responded to more than 300 occasions of service at Redcliffe Hospital and the Caboolture Hospital. Kilcoy has been benefiting from our one day per month outreach with 12 occasions of service reported since the inception of the outreach program.

Occasions of service represent the number of patient-centred liaisons and advocacy provided through the year. These numbers do not include referrals into and out of the service, staff and community engagement or staff in-services and orientation.

We hope that all our patients and colleagues enjoyed a healthy and happy Christmas and that you all welcomed in the New Year reflecting on a year that was with renewed energy and a healthy outlook into 2016.

We take this time to welcome in a new year by appreciating the hard work of our clinicians and staff who have made a positive, life affirming impact in the lives of our patients through the year.

Our IHLO Services are fortunate to cross paths with patients and their families from all walks of life and communities. We feel privileged to have been part of their often challenging journey through hospital and continue to place the patients' and their families' needs at the centre of our work. We also acknowledge the challenging times that many of our patients and families have faced in their journey to wellness and send our respects and best wishes to them for a positive experience in 2016.

This year, the IHLO Services will be building networks and partnerships within the MNHHS hospital structures in a concerted effort to ensure that the patient support services we provide are coordinated, supportive, patient-centred and sustainable.



Sharni MacNeil

With continuous quality improvement strategies a key focus in our work this year, we hope to strengthen our promotion across our health sector and throughout states and territories where many of our patients originate, and to broaden our community engagement in Brisbane.

This will ensure our patients, their families, and the services who support them are involved in the planning and development of our service into a patient support service that responds to the future needs of Aboriginal and Torres Strait Islander people, communities and networked care coordination services.

Together, we are reaching coordinated health targets and building strong healthcare pathways for our patients and their families and our communities.

Indigenous Patient Journey Program

with Manager, Gavin Tye

Wow, how fast our first year of operations for the Improving the Patient Journey Program (IPJ) has gone, and here we are in 2016.

The IPJ Program has seen an unprecedented increase in the total number of patients, escorts and family members needing to come to Brisbane. We have received referrals from staff at Aboriginal medical centres, regional Queensland Health staff and other service providers to let us be of assistance.

In just the last five months alone, we have assisted more than 460 patients with a range of support and provided nearly 1,500 occasions of service, and these total numbers are increasing every month.

Throughout 2015, IPJ staff assisted many patients with a wide range of illnesses, and at other times, patients who have had unfortunate accidents. Whilst it never becomes any easier for staff to witness these events, we know how valued each of you makes us feel by being there to assist and make the patient's journey as comfortable as possible.

We know all too well that there are many challenges each of you have faced to keep your appointments, like ensuring other children and family members are properly cared for during your time away, or even having money for food when you are away from home.

On behalf of the whole Improving the Patient Journey team, I'd like to take this opportunity to personally thank each and every patient who has made the trip from their rural and remote home in Queensland, and even some from interstate to either the Royal Brisbane and Women's Hospital or The Prince Charles Hospital throughout the year.



Gavin Tye

Improving the Patient Journey Aim:

Provide "culturally appropriate" advocacy and support to Aboriginal and Torres Strait Islander inpatients, outpatients, their escorts and carers before, during and after they access services at Royal Brisbane and Women's Hospital (RBWH) or The Prince Charles Hospital (TPCH).

It has been our privilege to be able to assist you in keeping your appointments, providing one-on-one and family cultural support, transport from the bus, airport or train to the hospital to ensure your health journey is as smooth as possible, and you get to receive excellent healthcare in either of the tertiary hospitals.

So often it's these little things that mean so much to patients and their escorts, especially when you have to travel a long way from your

home and communities, when you're not in the best of health. The IPJ team look forward to continuing this much needed service throughout 2016 and beyond.

If you, or a family or community member is required to come to Brisbane for treatment, we look forward to you contacting us in the first instance by emailing and letting us know your travel plans: Improving_the_Patient_Journey@health.qld.gov.au

Family donates artwork to TPCH

“I would like to start with a very warm thank you to the wonderful doctors, nurses, social workers in ICU, also to Indigenous Hospital Liaison from The Prince Charles Hospital.

On the behalf of Auda family, we would like to donate the painting to ICU with many thanks for all the support and medical support that myself and family received while being an inpatient.

My nephew, Thomas Auda, is the artist of the painting. The meaning of the painting is that the Dugong is a food source like the turtle and other sea animals. It's also a totem in Boigu Island. The headpiece represents different meanings for different clan groups in the Torres Strait Islands.

Thank you,

James Auda, Anita Auda, Suelia Fewquandie, Thomas Auda.”



Patient experience

Carol Ross from Emerald

“My story and journey begins when I went to Emerald Hospital for shortness of breath. Staff at Emerald Hospital were excellent in providing the best care and two way communication for me to ask questions of what was happening to me.

Staff also ensured that meals and a clean ward environment was also to its best. Due to my diagnosis, I was transferred to The Prince Charles Hospital via Royal Flying Doctor Service. Without the service it would have been a different outcome for me. Thank you Royal Flying Doctor Service, I continue to donate.

I was transported to The Prince Charles Hospital via Queensland Ambulance and good to go, the driver said to me “Are you Aboriginal?” and I said “yes”. He reckons “I’m married to an Aboriginal woman, welcome”.

I felt better. Even though the driver was non-Aboriginal, he knew ‘our way’ – being able to speak with me and where I come from.

I arrived at TPCH feeling scared and bewildered about what was happening to me. I’m away from home, got no family here in Brisbane. My younger sister works in Queensland Health and got in touch with Ron – Rural and Remote Patient Journey. Ron sat with me, explained I’m not alone, our mob is here and works here too. Ron explained what the service does and got in touch with the service for Indigenous Hospital Liaison Officers.

Michelle (IHLO) introduced herself to me and, within a short time, we was yarnning like we knew each other for a long time. I even knew some of her family names. Michelle took care of me and explained what she does and how they can speak up for us.

It made me feel better to have ‘our mob’ around, working hard and strong for us is something I don’t take lightly, but I feel stronger knowing our mob is in positions like this to connect, contact, advocate and yarn plus we are still able to have a laugh.

In the Rural and Remote Patient Journey Ron contacted a staff member – Temiah – who followed up on me. Good lady, respectful and settled me further in, updating me on services at Rural and Remote Patient Journey and what happens at The Prince Charles Hospital.

Thank you staff at the Prince Charles for also giving me two-way communication and to the staff who gave me meals and ensured I was in a clean environment.

For me, this illness that occurred to me, travelling away from my family not knowing any of ‘my mob’ in Brisbane, I am blessed and proud to be of Aboriginal decent and to know that no matter where I go, I will always have ‘our mob’ with me.

Special thanks to my supportive family, Barbara Hatfield, Ron (IPJ), Temiah (IPJ) and Michelle (IHLO), and to the others I have mentioned.”

In unity,
Carol Ross

Indigenous Sexual Health Team

with Program Coordinator, Ronald Abala

The Indigenous Sexual Health Team participated in Homeless Connect, a Brisbane City Council program to connect services with people experiencing homelessness.

There were approximately 50 service providers, enabling guests to access services in the areas of accommodation, legal assistance, employment, youth, health and medical support.

Other services on the day included natural therapists, hairdressing, arts and crafts and other recreational activities.

The Indigenous Sexual Health program provided an information stall with resources and free hand outs. We also conducted a short survey to assist with providing future clinical support.



Ronald Abala

OUT&ABOUT



Above left: Ward staff at 7A North at RBWH are pleased to promote the IPJ Program. Pictured left to right (back) Karen, Atima, Gordon, Paula, (front) Sally, Kristina and Abby. Above right: Pharmacy staff at RBWH.



Wearing support on their sleeves

Staff at the Royal Brisbane and Women's Hospital are showing their commitment for Indigenous health services. Gavin Tye, Manager of the Improving the Patient Journey (IPJ) program, said the t-shirts are designed to promote the IPJ program and Indigenous Hospital Liaison services for patients travelling from rural and remote communities across the state.

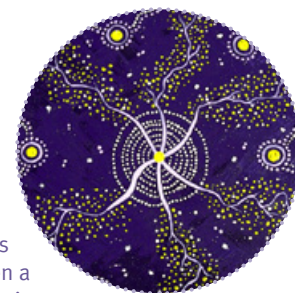
Ngarrama wins Innovation Award at Health Round Table

The Ngarrama Royal Midwifery Group Practice received an Innovation Award at the Health Round Table Conference in November.

Ngarrama commenced in January 2016 as an extension of the Aboriginal and Torres Strait Islander (ATSI) Maternity Service which has been providing antenatal and postnatal care at RBWH since 2011. When a new continuity of care model was introduced for the Aboriginal community, Ngarrama was launched to provide care to mums throughout pregnancy, childbirth and six weeks after birth.

“The goal of the model is to help close the gap in health outcomes of Indigenous women and their families,” said Janine Farquharson, Ngarrama Midwifery Unit Manager. “Since Ngarrama commenced, 88 per cent of our clients attended eight or more antenatal visits and the average length of stay for Indigenous women after giving birth has decreased to two days.”

Importantly, the incidence of low birth weight (less than 2,500g) is now on par with non-Indigenous babies born at RBWH. Low birth weight is identified as affecting survival and may contribute to the development of chronic diseases in later life.



Race to the Roof

Honouring the Centenary of the ANZACS, the RBWH Race to the Roof raised much-needed funds for cardiac research and awareness of heart disease. The Aboriginal and Torres Strait Islander Health Unit completed the race in record time.



Above: clockwise from left are Gavin, Isaac and Paul; Kim and Gene at the BBQ; CISS Executive Director Chris Seiboth; and the A&TSIHU team.

Murri Rugby League Carnival

The Aboriginal and Torres Strait Islander Health Unit provided a different type of service when they sponsored the Saguci Tigers from Badu Island to compete in the QAIHC Arthur Beetson Foundation Murri Rugby League Carnival. The unit's Safety and Quality Officer Natasha White also competed with one of the women's teams.



Above: The Saguci Tigers (left) and Spectators wearing the Improving the Patient Journey t-shirts.

Caring Together Video

Cultural Capability Officer Elwyn Henaway and Indigenous Hospital Liaison Officer Stella Laidlaw became movie stars last month shooting scenes at Caboolture Hospital for a new Caring Together video.

The film scenario was focused on reducing Discharge Against Medical Advice (DAMA) for Aboriginal and Torres Strait Islander patients.

The Caring Together initiative is a project at Caboolture and Kilcoy Hospitals to ensure staff and patients feel heard, valued, supported and respected. Project Manager Suzanne Michaels said the video would be used for staff training and will be played in public waiting areas throughout the hospital.

“It aims to show many of the small but important ways Caring Together is practised every day, in everything we do,” Suzanne said. “It is important we show how diverse we are here at Caboolture and Kilcoy Hospitals.”

For information contact Suzanne Michaels at caringtogether@health.qld.gov.au



Above: Elwyn Henaway and Stella Laidlaw at Caboolture Hospital.

IN FOCUS

Staying strong in mind

Life is too short to be bitter, angry, sad or selfish said Wayne Iselin, a Mununjali Noonuccal man who was making his own funeral plans four years ago.

In 1987, Wayne was a fit 21-year-old, an avid footy player and cricketer with a solid job with the Beaudesert Council when he received the news that he had kidney disease – the silent killer.

“I was a non-smoker, social drinker, fit as a fiddle, young and bullet-proof and here I was being told I had crook kidneys. I was in disbelief,” said Wayne. He had suffered some tiredness and had kidney pains but hadn’t thought the problem was serious until a battery of tests told otherwise.

“It took time to accept, but when I did, I knew I had to look after my kidneys to stay off dialysis as long as I could.”

Wayne remained a non-smoker, minimised his drinking, got regular medical check ups, changed his diet, maintained his active life style and kept a strong work ethic. He started on dialysis in 2007, 20 years after being diagnosed. At that stage, he only had 12 percent kidney function.

“I felt sorry for myself, but I kicked myself in the backside and picked up my lip and thought these are the cards I have been dealt, so get on with it.” Wayne was placed on peritoneal dialysis (PD) and dialysed 10 hours each night at home. He did this for four and a half years. “Doing PD at night meant I could still keep working driving trucks and keep connected to my family and friends,” he said.

He admits to going through some rough times but his mum and his partner at the time kept him strong. He said it was a testing time for everyone. Wayne was placed on the kidney transplant list and, in 2011, he received his call from the Renal Transplant Unit at the Princess Alexandra Hospital that a matching kidney from a donor had been found for him.

“I had been deteriorating and I had got to point where I had made my own funeral arrangements even choosing what music I wanted played. I was in disbelief when the call came; it’s a gift I thought I’d never get.”

Wayne’s transplant was successful but his mum died suddenly less than a month after his surgery closely followed by two mates who took their own lives. “I went to three funerals in 10 days and I can say it knocked me around a bit,” said Wayne. Wayne said that it hasn’t been all plain sailing but he has come a long way and still has further to go, but he maintains that he gets his strength from within.

“We all have strength but we need clear head space to bring it out so we can meet the challenges that life throws at us. There are people out there who are willing to help but don’t expect other people to do for you what you can do for yourself because you can surprise yourself if you really try.”

For more information about organ and tissue donation go to www.donatelife.gov.au



Wayne Iselin



Taking an Indigenous approach to wellbeing

Metro North Mental Health launched an enhanced mental health and addiction service in this year to support efficient, effective and responsive health services for Aboriginal and Torres Strait Islander consumers.

The Way Forward Project: An Indigenous Approach to Wellbeing is a joint initiative with Metro South Addiction and Mental Health Services, and funded by The Aboriginal and Torres Strait Islander Health Branch.

Kimina Andersen, Program Director of the Way Forward Project, said the project aims to improve mental health and addictions outcomes for Indigenous community members across Metro North and Metro South Hospital and Health Service catchments by developing a culturally sensitive mental health framework underpinned by Indigenous leadership.

“Aboriginal and Torres Strait Islander people with mental illness continue to be over-represented within mental health, alcohol and other drugs (MHAOD) services,” Kimina said.

“Indigenous Queenslanders are 30 per cent more likely to be hospitalised for mental illness and three times more likely to be hospitalised for substance misuse.

“The mental health needs of Aboriginal and Torres Strait Islander people are different. We have to ensure they have access to culturally responsive and meaningful services that will assist in improving treatment outcomes and encourage ongoing participation in care.”

In addition to enhancing health outcomes through improved access to services and streamlined culturally safe referral pathways in and out of mental health and addiction service, the project seeks to improve the experience of healthcare services for Indigenous mental health consumers, their families and carers.

Project priorities include:

- Improving access and transition to and from addictions and mental health services by working in relation with community controlled health services and other agencies
- Increasing the cultural capability of non-Indigenous clinicians
- Establishing suitable governance arrangements for Indigenous addictions and mental health workforce.

A major initiative as a result of the project will see Metro North Mental Health services transition the cultural supervision and operational reporting arrangements for Indigenous MHAOD workforce to Indigenous leadership under the Way Forward team.

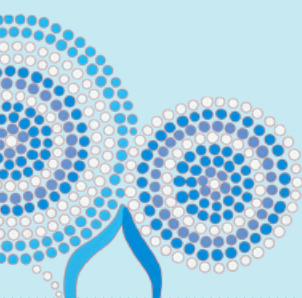
Pictured above: Kimina Andersen (centre) with colleagues at the RBWH Symposium.

Cultural message: Why call 26 January Survival Day

What does 26 January mean to you? A day off, a barbecue and fireworks? A celebration of who we are as a nation? A day of mourning and invasion? A celebration of survival?

Australians hold many different views on what 26 January means to them.

For many Aboriginal and Torres Strait Islander people, it isn't a day for celebration. Instead, 26 January represents a day on which their way of life was invaded and changed forever. For others, it is Survival Day, and a celebration of the survival of people and culture, and the continuous contributions Aboriginal and Torres Strait Islander people make to Australia.



IN THE NEWS

Former mayor studies to improve Indigenous health

The former mayor of Palm Island, Robert Blackley, is a paramedic now studying medicine to help improve the health of Indigenous Australians. <http://www.abc.net.au/news/2015-12-02/former-mayor-turned-paramedic-starts-medical-degree/6990908>

Indigenous Australians more likely to be at risk of chronic health issues

A study by the Australian Institute of Health and Welfare has found that Aboriginal and Torres Strait Islander Australians are more likely to develop heart disease, diabetes and kidney disease.

Cardiovascular disease, diabetes and chronic kidney disease-Australian facts: Aboriginal and Torres Strait Islander people

\$3 million for Indigenous languages and arts

The Australian Government has allocated \$3 million to help keep Indigenous languages alive and showcase Australia's traditional and contemporary Indigenous cultural and artistic expressions. <http://arts.gov.au/topics/indigenous-arts-languages-and-culture/indigenous-languages-and-arts>

Elcho Island women to start traditional health retreat

A group of Indigenous women on a remote island off Australia's northern coastline are working to start their own health retreat, after overcoming chronic disease by returning to the land and the ocean. <http://www.abc.net.au/news/2015-11-28/aboriginal-women-want-to-open-nt-community-health-retreat/6971012>

Indigenous culture embedded into school curriculum

A Melbourne school is seeing great results after embedding Indigenous culture into its curriculum. Beaconhills College students will learn from Indigenous teachers and leaders, and incorporate Indigenous knowledge into drama, art, history, music, outdoor education and humanities classes. <http://www.smh.com.au/national/education/school-transforms-a-generation-by-embedding-indigenous-culture-into-its-curriculum-20151124-gl78m0.html#ixzz3svm8FM75>

Pormpuraaw kids loving school

Pormpuraaw State School has one of the best Cape school attendance rates, with a community supporting learning. <http://statements.qld.gov.au/Statement/2015/11/27/pormpuraaw-kids-loving-school>

Doctors warn of poor health and jail link

Australian doctors are warning that poor health is linked to high jail rates, with Indigenous Australians 13 times more likely to be imprisoned. The Australian Medical Association says undiagnosed mental illness, alcohol and drug dependence, and foetal alcohol disorders are contributing to a health and justice crisis. <http://www.theguardian.com/australia-news/2015/nov/25/indigenous-australians-suffer-health-and-justice-crisis-doctors-group-warns>

Preventable blindness programs closing the gap

Rural Health Minister Fiona Nash says preventable blindness may be eradicated by 2020, thanks to work in reducing trachoma in Indigenous communities. <http://www.theaustralian.com.au/national-affairs/indigenous/closing-the-gap-preventable-blindness-on-track-to-being-eradicated-by-2020/story-fn9hm1pm-1227620782004?sv=7caf6a85de1a9b55bc4430fc97236896>

Aboriginal health workers know how to close the gap

Aboriginal health workers in New South Wales are closing the gap with programs to encourage childhood immunisation. <http://www.theage.com.au/national/health/in-nsw-these-aboriginal-health-workers-already-know-how-to-close-the-gap-20151104-gkqt4n.html#ixzz3setElybk>

Word of the Month:

“Gundoo”

Used by Aboriginal mobs in southeast Queensland and northern NSW referring to child or children (plural).

Example:

“Take them Gundooos down the park and chuck away that stinkin’ Xbox.”



UPCOMING EVENTS

March

20 March: Anniversary of the signing of the Close the Gap Statement of Intent on Indigenous Health Equality

The government and Aboriginal and Torres Strait Islander health leaders signed a Statement of Intent in the Great Hall of Parliament House to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030.

April

2 April: National Close the Gap on Indigenous Health Equality Day

The day gives people the opportunity to show their support for the Close the Gap Indigenous Health Equality Campaign which calls for closing the 17-year life expectancy gap between Aboriginal and Torres Strait Islanders and other Australians. <http://www.indigenous.gov.au/health/>

May

26 May: National Sorry Day

The Bringing Them Home report recommended (Recommendation No 7.a) that a National Sorry Day be held each year on 26 May 'to commemorate the history of forcible removals and its effects'. As a result of this recommendation the community-based organisation the National Sorry Day Committee (NSDC) was formed. See www.nsdcc.org.au

27 May 27 – 3 June: National Reconciliation Week

National Reconciliation Week is held annually and celebrates the rich culture and history of the First Australians. National Reconciliation Week began in 1996 to provide focus for nationwide reconciliation activities. National Reconciliation Week coincides with two significant dates in Australia's history which provide strong symbols of the aspirations for reconciliation. May 27 marks the anniversary of the 1967 Referendum and June 3 marks the anniversary of the High Court's judgment in the 1992 Mabo case. <http://www.reconciliation.org.au/>

27 May 27 – 3 June: Commemorating Aboriginal and Torres Strait Islander war veterans

Ceremonies commemorating Aboriginal and Torres Strait Islander veterans are held in the major capital cities during Reconciliation Week. Organised by the Department of Veterans' Affairs, see <http://www.dva.gov.au>

June

3 June: Mabo Day

Mabo Day is held to celebrate Eddie Mabo, who helped overturn 'terra nullius' in a ten-year campaign through the courts ending in the historic High Court Mabo Judgment.

July

7-14 July: National NAIDOC Week

NAIDOC originally stood for National Aborigines and Islanders Day Observance Committee. It has since taken on the acronym NAIDOC and the celebrations begin on the first Sunday in July and run for one week. See <http://www.naidoc.org.au>

August

4 August: National Aboriginal and Islander Children's Day

An annual event established by SNAICC in 1988 to highlight the significance of Aboriginal and Torres Strait Islander children. SNAICC encourages all Aboriginal and Torres Strait Islander community organisations, mainstream child and family services, government and early childhood services, schools and any other key stakeholders to celebrate this day.

9 August: International Day of the World's Indigenous People

In 1994, the United Nations General Assembly decided that the International Day of the World's Indigenous People will be observed on 9 August every year, during the first International Decade of the World's Indigenous People.



A Day in the Life of Paul Drahm

1. What does your role involve?

My role as Deputy Director is to provide leadership, guidance, direction and support to the unit Managers on all service operational priorities and issues. This includes the planning, implementation and reporting of the unit performance to the Director as well as coordinating the submission of the MNHHS Queensland Aboriginal and Torres Strait Islander Health Investment projects reports to the Department of Health.

I also provide leadership and advice to CISS Exec, MNHHS facilities, services and programs across the MNHHS and CISS on Aboriginal and Torres Strait Islander health priorities. I also represent the Director and the unit at relevant high level strategic meetings, forums and events as necessary. At present, unit managers report directly to me on a day-to-day basis. I ensure and monitor relevant processes are maintained so that the Director is well informed of current activities at any time.

2. You started your career working in community-controlled health at the Aboriginal Medical Centre in Woolloongabba. What was this experience like and how did it shape your career path in health?

My entire career has been spent in Aboriginal and Torres Strait Islander health. After completing year 12 in 1991 and then studying child care education in 1992 and justice studies the following year, I commenced my career in 1994 working for The Aboriginal and Torres Strait Islander Community Health Service, then located in Hubert St, Woolloongabba, in total for 14 years.

My first role was as the Youth Health Worker until 1996 when I then had the opportunity to progress to the Branch Manager of the Youth Health and the Family and Child Health Services. In 2005, I took up a secondment position with the Department of Communities for three months and on my return I transferred to the position of Practice Manager of the health service clinical teams. I held this position until October 2007 when I commenced my employment with Queensland Health.

A strong community development framework was instilled in me having spent all those years working directly with community and with such wonderful strong people, some who had been working there since the service started in the 70s. I have never forgotten where I started my career and always look back fondly on that time in my life.

Those years have not only instilled my community development framework but also my high ethical standards and professionalism and respect that I still maintain today. I am grateful for all the opportunities I have had throughout my career in direct community engagement positions, policy and strategic level and management.

I have worked with and still work with many wonderful people who I respect and value.

3. Whilst working at Metro North you had the opportunity to take up a secondment with The Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA). What did your role involve?

I had the pleasure of taking up a temporary secondment for six months in 2013/14 as Acting Regional Director (South East Queensland – North Region). The position was ultimately responsible to ensure effective coordination and the delivery of services to Aboriginal and Torres Strait Islander communities within the region, through the development of quality partnerships with communities and organisations, and state and commonwealth agencies.

The department provided whole-of-government leadership in Aboriginal and Torres Strait Islander policy, coordination and monitoring, and the delivery of services to Aboriginal and Torres Strait Islander Queenslanders, particularly focussing efforts to deliver increased economic participation as a key enabler to improving social outcomes.

I was also responsible to ensure appropriate systems, processes networks and relationships were established to enable the department to lead, influence and provide collaboration between local, state and commonwealth agencies. At the time, the region was still going through somewhat of a transition from two regions into a single region and I was able to contribute to the effective alignment of internal business processes and service planning processes and priorities.

4. A&TSIHU recently merged with CISS. How has this benefited the Unit?

It has provided enhanced governance and support to the unit. This alignment will allow the unit to further research, plan and implement improved models of care that are patient centred focussed and allow for flexibility. It will continue to benefit the unit in ensuring Aboriginal and Torres Strait Islander Health priorities and considerations are imbedded in patient flow as well as maintaining and implementing initiatives identified as part of the MNHHS Putting People First Strategy.

5. Can you tell me about your family history and where you grew up?

My mother, Aunties and Uncles are from Innisfail in North Queensland. They moved to Brisbane in the 60s when my Grandfather was stationed here as a serviceman for the Korean War. There are still plenty of family living in Innisfail and in Cairns connected in one way or another.

My Great Great Grandfather (whose name was Sonny Sunflower), on my mum's mother's side, was removed from Shoalwater Bay in Darumabl Country (Rockhampton) and taken to Barambah (known as Cherbourg) in the early 1900s.



My Great Grandmother (Nanna Ettie Meredith) was born in Woodford and was then also removed to Barambah. My Grandfather is of Indonesian and Aboriginal heritage. His father was born in Indonesia and his mother was born at the Boulders, Babinda in North Queensland.

I was born and bred in Brisbane myself and grew up in the Wynnum Manly area. I bought my first home in the area and now live on the Northside of Brisbane. My heart may remain in Wynnum but I am now lucky to live and work in my local Brisbane North community.

6. In 2014 you participated in the Pan Pacific Masters Games on the Gold Coast. Have you always played football and enjoyed an active lifestyle?

I have played Rugby League since I was 12 years old and, prior to this, AFL for Wynnum. I played Junior Rugby League for Wynnum Manly and Capalaba, and Senior Rugby League for Brothers St Brendan's (Rocklea), Cannon Hill Stars and the mighty Bulimba Valleys, and in the last six years I have been playing Masters Rugby League for Arana Hills. I also obtained my 1st Degree Black Belt in Rhee Tae-Kwon Do in 1998 whilst I was playing league. I went on to instructing Tae-kwon Do for a few years as an assistant but decided to give it away in 2006 due to too many footy injuries. Yes, I am getting on and the ongoing soreness and injuries make it harder to back up, so I am not too sure I'll continue to play footy this year. But you never, never know.

7. What other hobbies do you enjoy outside of work?

I don't really have any hobbies as such but I love spending time with my wife, children (aged 21, 3 & 1/2, and 1 & 1/2), my cousin, brothers and sisters as well as my extended family.

8. Finally, can you reflect on some of the proudest moments last year for the Unit and your plans for 2016?

I think the thing I am most proud of is the resilience and determination demonstrated by the unit staff last year, especially during the transition phase into the CISS directorate. This hasn't been easy at times but we continue to identify opportunities and ways to improve our services for our mob. I look forward to exploring new initiatives and ways in which we can develop or further enhance our projects, programs and services. I also hope that we can improve our community engagement and partnerships through existing processes as well as creating new opportunities.

RECIPE

Pasta and tuna salad

serves 6



INGREDIENTS

- 375g macaroni or pasta tubes (penne)
- 2 eggs
- 2 large tomatoes
- 185g canned tuna in water
- 12 pitted black olives (optional)
- 1 green capsicum
- 2 teaspoons olive oil or canola oil
- 2 teaspoons of vinegar or lemon juice
- 1 small bunch basil, chopped (optional)

EQUIPMENT

- Large saucepan
- Small bowl
- Large bowl
- Fork
- Large knife
- Chopping board
- Teaspoon
- Can opener
- Serving spoons

METHOD

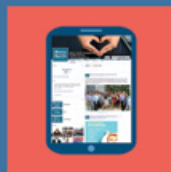
1. Prepare eggs using hard boiled method. Allow eggs to cool and remove shells.
2. Cut eggs into quarters.
3. Put pasta into a large pot with plenty of boiling water and boil until soft.
4. Drain tuna and mash with a fork.
5. Chop up vegetables.
6. Drain the pasta and place in a serving bowl. Stir in the olive oil or canola oil and vinegar or lemon juice.
7. Add vegetables and tuna. Toss.
8. Put the egg slices on top and serve.

Source: Good Quick Tukka

Metro North Hospital and Health Service *Putting people first*

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www.facebook.com/MetroNorthHHS

We welcome your feedback, contributions, story ideas and details on any upcoming events.

Please contact Aboriginal and Torres Strait Islander Health Unit Communications Manager Renee Simon at Renee.Simon@health.qld.gov.au or phone 0439 719 665.



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