

Transcript (edited)

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TATJANA CLANCY: Now you may be familiar with my first guest today. Louise Samways is a clinical health psychologist and senior supervisor of other mental health practitioners in the centre. Louise spoke to me a short time ago to discuss what she believes are the reasons that mental health practice in the Alice are currently not where they should be, and the implications of this on not only staff, but particularly the effects on Indigenous health workers who are working in the sector, and also clients who are wishing to seek help.

We began our conversation by my asking Louise what the most challenging thing a mental health practitioner in Central Australia may be currently experiencing.

LOUISE SAMWAYS: The first thing you need to sort of perhaps look at is the ...what the role is of professionals in our sort of community. And one of the most important roles is that professionals and professional standards and professional organisations really are the only protection that ordinary people often have against abuse of power by organisations or bureaucracy or government. Their ...it's their code of ethics and their code of practice which can protect people against that kind of abuse.

So one of the biggest problems in Central Australia is not that people, bureaucracies or organisations do anything here that other organisations don't try and do anywhere else in the country or rogue organisations – rogue managers. But there isn't a critical mass of the checks and balances that usually puts some kind of brakes on that kind of behaviour and a restraining hand. And by that I mean, sufficient or critical mass of sufficient senior supervisors with sufficient experience and the right training to be able to sort of supervise that sort of process effectively.

You don't even have a very big presence of the professional organisations. You know, all the - whether the it's the APS, the AMA, the nursing ... all their head offices are elsewhere in Australia and it's out of sight, out of mind, so it can be very difficult for professionals to get support when they ask for it.

You don't even have a very strong presence of unions. They may have a rep, but they don't actually have industrial officers in Alice Springs. So those checks and balances are missing.

TC: So if I was a young mental health professional who just graduated in a bigger city. I come to Alice Springs, what are some examples of some of the issues that I may face?

LS: Well one of the biggest problems is that young professionals often find themselves being offered jobs here that are way beyond their skill and their knowledge base or their experience. And they take them on in good faith thinking well I've been offered the job so I must be able to do it.

TC: Yeah.

LS: And then they often don't know what they don't know. And that creates problems as they get into the job and more complex scenarios and scenes.

TC: So what are some examples of things that are perhaps going wrong?

LS: Well one of the difficulties particularly, I've found in the Central Desert is that there isn't a separation of corporate or line management from clinical supervision, So you have line and corporate managers managing the clinical practice of professionals.

Sometimes they're health professionals themselves, but they may not be in the same health profession. So their own knowledge base is very poor and often there's a direct conflict of interest; a line manager and a corporate manager's looking after budgets, and perhaps political considerations, whereas a health professional is an advocate for best treatment, best practice for the patient.

TC: So what does it mean for someone who is suffering from a mental illness seeing a health Practitioner here?

LS: Well they may not receive the best treatment available because it doesn't suit management for some reason. And I'm certainly aware of a number of people, professionals in Alice Springs, whether they be in NGOs or whether they be in government, who are being intimidated and bullied into not following best practice procedures.

I know of patients who have been put at risk because of that. Sometimes people are even been coerced and intimidated into allowing their patient records to be manipulated so that it presents....

TC: In what way?

LS:a different view of statistics.

Well, that can then change the statistics of the program and that may suit management's purposes in some way, but the problem is that it misrepresents what is actually happening.

So you often then find that the best programs that we know could work are not happening. Money is - the outcomes aren't what you hope for....

TC: Because it's a competitive market, isn't it, applying for this sort of funding?

LS: Oh, and they've got organisations using their statistics to prove their case, and particularly in Central Australia you have got a lot of organisations all competing to do

basically the same job. And that then, unfortunately can lead to misrepresenting what the actual case is.

Now the problem is that when the outcomes aren't what they want, the scapegoat is usually the patient, or the client, and unfortunately...

TC: Are they aware of what's going on?

LS: The client? No, because there's often people - see one of the difficulties of not having separate corporate and/or line management and clinical management is that the person that you should be complaining to or saying; "hey, this is not right" ...is the person who controls whether you have a job or not.

So that's very difficult, whereas if you've got separation of those two streams of management people can,

TC: Someone else to go to.

LS: Yeah, people can go to the clinical managers and they advocate for the patient, It's not so hard trying to stand up ... really, their jobs are at risk,

TC: If

LS: If they stand up and try and do something if there are breaches occurring.

TC: These are some fairly serious allegations that you're making today. Are you willing to name any of the organisations you believe are involved?

LS: It's not really appropriate for me to name particular organisations at the moment. But what is a concern is the number of professionals who are bringing consistent stories to me about particular organisations and different types of organisations.

So I think we need to look at this more broadly than any one particular organisation in terms of the how we approach it on a systems basis,

TC: (indistinct) .

LS: And I want to stress that this is not all managers, and it's not all management and there's some wonderful people out there who are doing an amazing job under very difficult situations.

But ...this lack of checks and balances, as I described before, is causing a systemic problem that is .. and I'm being overwhelmed with professionals being referred because of stress resulting from bullying and intimidation in the workplace feeling incredibly compromised in knowing they're not doing the best for their clients, knowing they're not doing best practice in a clinical sense, But knowing if...

TC: Are there peop... are people's mental health being put at risk?

LS: Oh absolutely. It's a huge - it's either - it could also be the amount of work they're expected to do, which is inappropriate and not in accordance with codes of practice and

best practice, So it's not just - it's the amount and it's often the way they're expected to work. And that definitely is affecting the mental health and, if not, physical health of a number of health practitioners that have certainly been referred to me.

TC: What are the implications now of these sorts of issues occurring here in Central Australia?

LS: Well one of the problems is that the, I actually feel sorry for the senior bureaucrats and the politicians; they've been the scapegoats for why things aren't changing and why things aren't any better. But they can't make good decisions unless they're getting good information.... And when that information is often distorted...

TC: Fundamentally.

LS: Yeah, when that information they're getting is distorted and manipulated, then they're left scratching their heads saying; well look, we're giving all this money, we're doing the best we can and nothing's happening. And there's also often a whole lot of gate-keeping going on where managers may get the ear of politicians or particular clinicians get the ear of management.

TC: Well we've certainly had some high profile politicians through Alice this year, certainly the PM, Indigenous Affairs Minister.

LS: Yeah, And often though it's very tightly controlled who they're allowed to speak to, You often find that the people who really know the best way to tackle some of these issues are the professionals at the coal face, and particularly the Aboriginal professionals. They they're ...often with their instincts and knowledge of their culture and knowledge of their people they know the right thing to do.

But actually.... what they are often advocating is backed up with an enormous amount of research now in health psychology particularly, but that's often not getting through or not being allowed to get through to senior managers, or even to Boards of organisations. there's often a lot of control of the information that the Boards are able to get access to as well.

TC: So you're suggesting that as a senior professional, who is supervising several mental health practitioners here in Alice, that there are several breaches occurring at the moment,

What needs to be done?

LS: Yeah. Well the first thing I think we need to .. there needs to be a separation of your corporate and line management from your clinical management.... and I think every organisation needs to be looked – or government department needs to be looking at that as a matter of urgency. And once that happens it makes it a lot easier to get a free flow of honest information about what's really occurring.

I think the other thing is that you do needpeople need access to external and independent, senior supervisors. If they're not available in Alice Springs then they should be available from interstate so that young professionals who are finding themselves in

jobs that they certainly wouldn't be able to hold down in a mainstream situation have got access to that sort of experience and that sort of knowledge'

TC: And so are people leaving as a result?

We often hear that it's not just about attracting staff, it's about retaining staff.

Are people just leaving - or are they complaining? What's happening?

LS: Well what tends to happen is, what I've found over the years of being up here is that the most conscientious and some of the most effective professionals and some of them are the best people I've ever worked with ... they feel so compromised professionally, and feel so helpless to do anything, and have been unable to get any help to do anything, that they leave,

They just can't cope with it emotionally.

Others just put turn a blind eye, put their head in the sand, and say straight out I'm not going to see it. I refuse to see it because if I stand up and see it then I'll lose my job, my contract won't be renewed.

And then there's others who try and do something and usually you find their contracts aren't renewed or there's.....they find some reason for them not to be working in that organisation any more,

So it's quite insidious and it's notyou're quite right, there's no shortage of people who would love to come up here and make a contribution. And some of them as I said have got wonderful experience and wonderful motives, but it is very confronting how the slippery slope of letting codes of practice and best practice slides....

TC: And manipulating the statistics is...

LS: When it's not necessary. ... that's the most distressing thing, that it's just not necessary..... it's often about personal egos and people giving up....., coming up here and getting jobs as I said where there isn't a lot of accountability, or the same degree of accountability that you find elsewhere. And they get away with it. They get away with it, I'm very concerned by the sheer numbers of people coming to see me in a pretty desperate state in terms of their work related stress.

And there's victims of bullying and intimidation.

And of course the ultimate victims are the clients and the patients who are not getting the best care that is available, and we can afford.

It's not even about spending more money... it's more about spending it effectively and in according with best practice.

TC: So we're - as you say, just finally Louise, and we are running out of time - but as you say you would like to see more checks and balances, and in terms of the sorts of practices that aren't being met, currently, what would you like to see happen in the short term?

LS: Well I think in the short-term one of the things that the organisations could do is to do a professional audit of their organisations, There's lots of financial auditing going on, but a professional audit is when you bring in outside professionals to have a look at how you do things professionally.

And that can be done in a collegial, supportive manner ... I'm not talking about coming in and....., pointing out all the faults but helping people to ensure that what they're doing is best practice and most effective..... and not only that, those professionals who are trying so hard to do that have then got someone to support them with management... to say to managers “no, your professional is right, this is the way it needs to be done - and we support them in that process...”

So it's about getting support for the professionals on the ground, both with supervision and I think professional audits.

I think Boards, a lot of the Boards in Alice Springs, if they would just have external professional audits that would be a very good place to start.

TC: Louise, thank you for your time today,

LS: Thank you Tatjana.

TC: Clinical and health psychologist Louise Samways there, and we have put in calls to a number of organisations - the Health Minister's Office and the Health Complaints Commissioner - and are hoping to air their reaction on the program tomorrow if they choose to respond.

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