EDUCATION AND HEALTH STANDING COMMITTEE

REVIEW OF WA'S CURRENT AND FUTURE HOSPITAL AND COMMUNITY HEALTH CARE SERVICES

INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE TAKEN
AT ALBANY
FRIDAY, 11 SEPTEMBER 2009

SESSION SIX

Members

Dr J.M. Woollard (Chairman)
Ms L.L. Baker (Deputy Chairman)
Mr P.B. Watson
Mr I.C. Blayney
Mr P. Abetz

Hearing commenced at 3.18 pm

COYNE, MR LESTER
Manager, Aboriginal Health, Great Southern Aboriginal Health Service,
examined:

CROWE, MS SANDRA
Population Health Director, WA Country Health Service, Great Southern,
examined:

The CHAIRMAN: On behalf of the Education and Health Standing Committee, thank you for your interest and your appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiries into the review of Western Australia's current and future hospital and community healthcare services and the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. You have been provided with a copy of the committee's specific terms of reference. The Education and Health Standing Committee is a committee of the Legislative Assembly and this hearing is a formal procedure of Parliament and therefore commands the same respect given to proceedings in the house. Even though the committee is not asking you to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. As this is a public hearing, Hansard staff are making a transcript of the proceedings for the public record. If you refer to any document or documents during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

The Witnesses: Yes.

The CHAIRMAN: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

The Witnesses: No.

The CHAIRMAN: Lester, we might let you start the ball rolling and then let Sandra join in. If it is acceptable to you, as you present your submission, the committee will interject to clarify points with you.

Mr Coyne: I am at a bit of a disadvantage here in that I have not made a submission.

The CHAIRMAN: I was meaning now. I will tell you what we are looking for in this area. What are the needs and gaps within healthcare services, the hospital and the community? What are the needs and gaps in terms of problems relating to alcohol and illicit drug use? I would like you to discuss with us what you see as the needs and gaps. As you make your presentation, we will stop you to make sure that we fully understand or maybe to get further information from you.

Mr Coyne: Who leads this?

The CHAIRMAN: You.

Mr Coyne: I am at a bit of a loss as to exactly where you want me to go with this.

Mr P.B. WATSON: One of the main reasons that I wanted the committee to come down was the suicides of the young Nyoongah girls down here. Has anything been done about it or does anyone in the Nyoongah community or through your service know the reasons why? If they do, are there ways we can look at rectifying the problem if there is one?

Mr Coyne: In relation to those particular events, as manager of Aboriginal health, we are acutely aware of the issue. Being a Nyoongah person, we are very aware of some of the issues surrounding that. My job and that of my staff and my responsibility down here is to address those using the resources that we have within WACHS and within my particular section. We are more than aware of those things and also plans to counteract it in the very near future.

Mr P.B. WATSON: Would you be able to share what the problems are?

Mr Coyne: We are looking at increasing Nyoongahs' knowledge of the issues surrounding depression, lack of job opportunities and work activity in particular. Our culture is a hunter-gatherer culture, so activity has always been part of our 60 000-year-old heritage. We have young people who are not actively engaged in anything.

Mr P.B. WATSON: Are they caught between the cultures?

Mr Coyne: I do not think so. Nyoongah people actually live two lives. We can live one where we can operate ATMs and compete and participate in general society with no problems at all. I do not think there is any gap because we can fluctuate between a Nyoongah person in our world and then go into mainstream society.

Mr P.B. WATSON: I was referring to the traditions of the Nyoongah people and the elder system. The elders probably do not have the respect of the young people that they used to when you were a boy.

Mr Coyne: That is a fair enough comment to make. The other issue is that we do not really have a lot of elders who live long enough to make a contribution to young kids nowadays. I am considered to be an elder now. As far as I am concerned, it is a little early.

Mr P.B. WATSON: The grey hair gives it away.

Mr Coyne: It does, indeed. They have this problem right around the country. The Northern Territory is no exception. The elders up there are still practising language and law. We try to get that across to the kids but we cannot because they are busy learning other languages, not their own authentic language. There are respect issues down here. We also have a large population in Albany where a lot of other families have come into Albany. There are different family groups here with different views making different use of our town and facilities and the community in general. It is a matter of sorting it all out and working out the strategy that can overcome not just that particular problem. But the underlying fact, as I said before, is that we have a lot of people who have very little to do by way of activities, whether it is training, work or cultural.

The CHAIRMAN: Because you have worked in other areas, Lester, I am hoping that you can tell us what is working well down here and what you have seen when you have worked in other positions that you also thinks works well that maybe could be implemented here.

Mr Coyne: My background is Aboriginal employment education and training. I spent 10 years working with the Commonwealth Employment Service down here. I know my region and I know my people very well. I know that they thrive on having an activity. They love generating their own income and forging their own path. There are a lot of Aboriginal people who do not want to have government involvement; they like to run their own affairs. That is everyone's right. I have a strong focus on and a great interest and experience in employment. That would be the key to unlock this issue where we all have something to do and be actively involved in our community.

The CHAIRMAN: What support is there for helping Aboriginals?

Mr Coyne: There is any number of employment agencies around. There is any number of employers. I have approached and met with the Chamber of Commerce in this very room and addressed a local organisation, a service club, seeking their assistance in formulating an Aboriginal employment program in the future. Because they know me and I know them, I do not think that will be very hard to pull together. Obviously, I am doing that on the premise that I can help my clients. If I have active clients, it will alleviate our need to look at health issues. If we are active, we can cut down on obesity and increase the income in families. There is any number of strategies that organisations around here can implement to help.

The CHAIRMAN: That is one of the things that came before the committee. One of the reasons some Aboriginal children in regional areas lose their enthusiasm to attend school is that they cannot see where it will lead to afterwards.

Mr Coyne: That is a fair enough statement; I tend to agree with that. If there is no purpose in going to school, why would they want to go there at all? We have youngsters leaving school fairly early. How do we address that sort of thing? People could probably paint a better picture if they can generate their own income and all the nice things they want in life can hopefully come their way.

Mr P.B. WATSON: The football academy has been good for the boys.

Mr Coyne: It has been. Not everyone follows a sporting line. It has been given high priority right around the country. Not everyone wants to get involved in sport. The role models are ideal but that is an ideology often way out of the reach of the ordinary everyday Nyoongah off the street. They are just looking at getting an income. They certainly do not want their children to be an image of themselves. They want them involved in other issues. If they are unemployed, they certainly do not want that. Any Nyoongah will tell you the same thing.

Mr P.B. WATSON: This is a rather delicate question. I have had people come to see me as the local member saying that maybe two of the young girls who committed suicide were gang-raped beforehand. Have you heard anything like that?

Mr Coyne: No, not to my knowledge.

Mr P.B. WATSON: It is an issue that was brought to me. I did not know which area to bring it up in. One was an auntie and another one was a grandmother. They were related to the two separate children. I just wondered if that was an issue in the community.

Mr Coyne: No. If it is, it would be the province of those two individuals, the parents themselves, to raise that. It would not become common knowledge.

[3.30 pm]

Mr P.B. WATSON: That is okay, because the fact that we lost all those young girls worries me, and I just wanted to put everything on the table that I have heard, just in case one of the elders of the community comes to you.

Mr Coyne: It is certainly of great concern. I have had brief discussions with both parties' parents from that point of view, but have not delved into it. I have to take a little more time and look at whether there are any underlying issues.

Mr P.B. WATSON: I did not want it to make a big issue, but I did not want to hold it, thinking that it is an issue.

Ms L.L. BAKER: Lester, if you were to have a magic wand to wave over your job and the role you are playing in this part of the world, what would be the wish that you would make about interventions that you could bring that would work, that you do not currently have at the moment? What stuff would you want to be able to do?

Mr Coyne: I would like to think that I do not need the wand but, by the same token, if I did have the wand, I would be saying that I would like to change Nyoongahs' minds and say, "Look there is a pathway out." We lived in a humpy out behind the TAFE. We did not have water or electricity. We did not have all the niceties of a house. We lived in a humpy—we had fat lights and Tilley lights—on the outskirts of Albany. That is where we come from. And I had a stolen generation mother, on top of that. So what is different about our family from any other Nyoongah families in this area, or anywhere in the country for that matter? What is different about us? We were not born with any more brains or anything else. It is your own personal dedication, and your ability to listen and say, "Look, there is a way out of this." If I had the wand I would wave it over them and say, "Look, take on board our concentrated efforts to say there is a way out of this. We can help you with a job, we can help you manage your money, and get your kids to school. We have been down that path."

Ms L.L. BAKER: Is there anything that the hospital and community health system could do to help you do exactly what you have just said?

Mr Coyne: No, other than provide the services that we already have, which are more than adequate. We have a very good work relationship. The difference between Albany and Bunbury and other places is that we do not have an AMS down here. We have Nyoongahs who have access to general practitioners, the hospital, Lions, Silver Chain and all the others. They are all, particularly Silver Chain, held in the highest regard amongst Nyoongah people. We have mainstream access right away.

Ms L.L. BAKER: And it works?

Mr Coyne: Very much so. In my opinion it does. I have been around this country many times, so I think it works really well. We use our mainstream services. After all, we are all taxpayers, whether we are unemployed or not, so we are entitled to use the services, and I am happy to come back here after 15 or 20 years away and see that Nyoongahs have their own GPs and they are accessing our hospital and our community services. That is fantastic. It is half the battle over, if we do that. I know other agencies are trying to achieve what we take as stock standard. It is an advantage.

The CHAIRMAN: In one of the towns we visited there were 12 Aboriginal families, and they had an Aboriginal health worker working with those 12 families. I think there were something like 200 people involved in those 12 families. That Aboriginal health worker would have liked some assistance. How many families—what population—do you have, and what assistance do you have? Would you also like assistance? What are the numbers like and the needs?

Mr Coyne: I can only give an approximation. My understanding is that there are about 2 000 people in my region.

Ms Crowe: That is right.

The CHAIRMAN: How many families?

Mr Coyne: I estimate that there would be 13 or 14, roughly. They are all familiar with the way I do business, having spent some 10 years with the Commonwealth Employment Service. I not only managed this area; I managed Bunbury and the area from the metropolitan region of Perth all the way down to Albany and right across to Esperance. That was my original job with the CES. I had a larger area than I have now as manager of the Aboriginal health services. I know all these families, and I know the predicaments they get into. When I am talking to them, they usually have great respect for my opinion. I know their background when they talk about not having any money and so forth, but you can explore the combined income in a house, and find that it is probably larger than my own salary. It then becomes a question of how you are using it. I am not one to beat around the bush and disguise that with other niceties—those are the facts. Nyoongahs, in my opinion, appreciate that. I have helped them get into jobs before, which was my whole and sole responsibility. Now it is health. I see health as being crucial to having a job, and vice versa. They

are closely aligned, but the families are asking questions all the time about how they can manage. Probably living in the Nyoongah world involves dealing with a crisis every day, so it is not a long-term plan. It is often just looking at today and catering for tomorrow when it arrives. In my opinion, we need to help Nyoongahs determine that we need to plan ahead longer than a day if they want to succeed in these things. They certainly need to look after their own health. It is a personal responsibility. Governments cannot do, and never have been able to do anything that Nyoongahs cannot do themselves. It is their own personal responsibility.

Mr P.B. WATSON: Do you think it is a lack of the message getting to them?

Mr Coyne: I think the message is out there, but I do not think they understand it.

Mr P.B. WATSON: I can only go on sport, but when Nyoongah kids are playing basketball, the whole family is there. With the wadjalas, they just dump them; drop them off and go. Do we have to find a way to capture them in an area where we can let them know about the various health problems and things like that, because I know that with men's health they have that? It is like when you get your car tyres checked and your heart checked, or something like that. Are we getting the message about health out to the Nyoongah community—not only the kids, but also people of our vintage and things like that?

Mr Coyne: I think we are getting it out. It is a matter of probably changing the method that we use. Nyoongahs are see and do people. For Aboriginal people around this country, that is our culture. We are an oral culture. We did not have writing. You cannot go back thousands of years and get—you can now with all the historians who have written articles on Aboriginal history from the time of colonisation. We are a see and do, and an oral culture, so the message has to be one where we can see it and actually touch and sometimes even taste it if necessary. When I go and talk to families and talk about the facts and figures, if I need to draw it in the sand or on a white board, I will do that, because they can actually see the diagram on the board. There is no point printing documents saying, "Read this and become healthy, wealthy, wiser or anything else". They are helpful, but as an officer, I have to look at ways that I can convert that document to a visual thing, perhaps a Powerpoint presentation, and have them involved, and say, "In this line here, that word means XYZ", and then the penny drops. I have had to, in my employment, sit down with a group of people and explain to them what tax was, because they did not know what tax was. They did not know where it went to. They all came to me and said, "You told us we were going to get $450 a week, and I'm only getting $400"—I do not know what the exact amount was—"where is the other $50?" So I said, "Have a look at your pay packet, and there is tax taken out." "Who gets that?" So I had to explain. I could not believe that in this day and age. It is not in this job; it was another one 10 or 15 years ago. Is that the understanding that is out there—that they really do not know where this money goes? There follows an explanation about breaking it up into various areas like social security, and the question is why they get more money than everyone else. I say it helps with the payment of unemployment benefits. Then the penny drops, but you have to write it in the sand and take the time to explain it, and health is the same. If I was running a similar program, I would pull out the example of the car. You do not put just any fuel in a car, so why do you consistently put all manner of different foods into your bodies and expect to perform the same way, if you do not do it with your car? Nyoongahs understand, because you can take along a can of diesel and say, "Let me put this diesel in your car." They will not let you do that. "So why do you want to consider putting other things in your body; it is a mechanism that is finetuned."
[3.40 pm]

Mr P.B. WATSON: The things we take for granted!

Mr Coyne: Indeed. If you put the wrong materials in—the wrong food—it is not going to perform properly. They understand the message if it is explained that way. It is my job to explain it that way. CDEP do it reasonably well.

The CHAIRMAN: As manager, Lester, what proportion of Nyoongah Aboriginal staff do you have working for you?

Mr Coyne: About 15.

Ms Crowe: I would say 12 to 15.

The CHAIRMAN: Out of?

Ms Crowe: Twenty-four FTEs. Not all the positions are actually filled at the moment. There are a few that are 0.6.

The CHAIRMAN: I refer to acute and chronic health problems. Most of our hospital beds are occupied by people with chronic diseases. Are some of the chronic diseases more of a problem for the Nyoongah community than others, possibly like dialysis for which somebody has to go away from the family to receive treatment?

Mr Coyne: The most obvious would be diabetes—a prime chronic illness that we need to look at—along with the effects from smoking. The effects from smoking kill more of our people in the country than anything else. It has so many side effects attached to it—respiratory problems and financial problems. We are looking at very expensive packets of cigarettes and the difficulty in giving it up. I would say that the chronic illnesses are in particular, diabetes, lots respiratory problems, dental—there are issues with dental that we are in a very good position to address—and primarily looking after one's body, nutrition. Nyoongahs function on a healthy mind, body and spirit. If the three are aligned and the person is happy, you have a happy, healthy, wealthy Nyoongah. If one of those things is out of kilter, you do not have a happy, healthy, wealthy Nyoongah. If those things are not aligned, the cost to the general public and public purse is enormous. We are either looking at one of the three somewhere along the line. I would like to think that with my experience I look at all three at the same time.

The CHAIRMAN: I went to a presentation that June Oscar from Fitzroy Crossing gave in Perth recently. It was an excellent presentation about the accord being introduced and the effect of it. One of the things that surprised me was that she mentioned how they have a generation living within their community that have been affected by foetal alcohol syndrome and the devastating affect that will have on generations to come.

This committee has two inquiries—one is looking at hospital and community healthcare services and the other one is looking at alcohol and illicit drug problems. For our inquiry that is looking into alcohol and illicit drug problems, could you tell me what are, as you see them, the key problems within this region and what the resolutions to those key problems is?

Mr Coyne: We still have residual pockets of people who like to over-indulge in alcohol. The majority of them who have abused that community benefit are no longer here. They do not reach three score years and 10. They have gone. That probably would have occurred from a very young age. I think that now a lot more Nyoongah people are aware of the dangers. They do not like going to funerals. There have been seven here within the past month. What I am saying to Nyoongahs is that there are gaps in our community now and they are caused by many different things—alcohol is just one of them—and they must become more aware of how we live and how we utilise these things. Anything that is not used in moderation will present a problem. Quite simply, it is saying to Nyoongahs, "If you want to have a drink consider, maybe, eating while drinking." I managed CDEP in Carnarvon for three years and we had an equally big problem up there.

The CHAIRMAN: What is CDEP?

Mr Coyne: It is work for the dole scheme—Community Development Employment program. Unfortunately it has been abandoned throughout the country. We shifted the barbecues and that down to the hotel, because if that is where they drink they can have something to eat while they are indulging in the hospitality of the hotel. Also, maybe have a couple of beers and then have a glass

of water and mix it up. It is really accepted, so there are ways we can do it, but in a language and a way that our client group can fully comprehend and, at the same time, we should point out that these are ways that can help the effects of it. If they are going to have more than a couple of cans for the night, then maybe a large glass of water will help with the after effects in the morning. I do that myself, not that I over indulge, but if I am likely to, I will have a large glass of water. It does work. It is a matter of putting that point of view across to some of our Nyoongah people. I can speak only for our Nyoongah region. I know June very well. The issue in the Kimberley is quite different to what we have down here. I do not see a lot of people marching around with cartons, cans or bottles or trading in alcohol in exorbitantly large amounts. I do not think it is a major problem. A lot of people are very, very aware of the dangers of doing it now. It is a sad way to learn what not to do with alcohol when last week you had an elder or someone you loved and they are not here this week because of, not necessarily an alcohol-related death but maybe the consequences of a car accident or whatever. The Nyoongahs are very aware of that and they are really counting the costs now, particularly with the number of deaths that we have had in the region of late.

The CHAIRMAN: I believe the Palmerston group has a centre in Albany. Are you involved in and do you work collaboratively with that group?

Mr Coyne: We do. We have a great relationship with all the services in town here—GP network, hospital, discharge planning out of the hospital, mental health, mums and bubs, antenatal and dental. We have a working relationship with all the mainstream services around here. We make ourselves known to them and they, in turn, are continually offering support and we attend meetings with them. It is a great interactive model. They have a charter to look after the clients I have. It is a combined effort. We do not have a large population, as I said before. There are only half a million black people in the whole country. There are probably more Eskimos in Australia than Aboriginal people. For our area, 2 000 is not a large number of people. Our collaborative efforts are making large inroads into the health, wealth and wellbeing, in particular wellbeing. If Nyoongahs are feeling well in their head, they will usually be more responsive to whatever you are talking about or whatever you are promoting.

The CHAIRMAN: In many regional areas there has been a request for more Aboriginal health workers. Do you have Aboriginal health workers working within the Aboriginal health service here? If yes, would you like more; and, if no, have you worked with them in other areas and would they be a useful addition to the services that you offer?

Mr Coyne: To answer the first part of your question, yes, we do have accredited health workers. We would like more workers in the area, but I would like to see an increase in qualified Aboriginal personnel, mainly in enrolled nursing. I think the Aboriginal health workers as a screening tool is fine, but the issue is that supply has to match demand. If we are going to have Aboriginal people working in these areas, we need more people with qualifications, primarily in health but in all manner of different areas. A person qualified as an enrolled nurse can get a job anywhere. Health workers cannot. We do not see advertisements every day for a health worker. We have to be reasonable about what we are training people for. I am actually talking to Marr Mooditj, which is one of the major health work training colleges in Perth, on Monday to look at ways in which we can provide a workforce down here that will really have a significant roll in, not just to patch up things in which some of the health workers—we can graduate as many as we like —

The CHAIRMAN: Is there an enrolled nursing course here?
[3.50 pm]

Mr Coyne: There is through TAFE. My understanding is that it is through TAFE. I think the hospital is fairly supportive of that. I would like to see merit-based appointments where Aboriginal people can get their training in mainstream and apply for positions in health, in a qualified area, compete for it and win those jobs through merit. Health workers are restricted in what clinical

application they can apply for because they do not have the qualifications and accreditations. It is quite different from the Northern Territory, where they are registered.

The CHAIRMAN: You may be aware that one of the private hospitals in Perth, St John of God at Murdoch, has just completed a course for enrolled nurses. As well as having the TAFE course here, that might be something to consider in the future.

Mr Coyne: Definitely. There are issues with it, as there are with schools. I have been involved in the Aboriginal employment strategy for St Vincent's Hospital, because I worked there for two years over in Melbourne. I helped design their program. One of the issues that I made the hospital and DEEWR very aware of is that Nyoongahs often have debts that pop up whilst they are studying. If child care goes up $1 or a loaf of bread or something goes up, or they do a battery or an engine in their car, they are out of the course. For the sake of the price of an engine or a battery, we lose. The attrition rates with education throughout the country are enormous. That can be substantiated throughout the country. I applied to DEEWR to get some funds. We actually bought the debt off the Nyoongahs. If they have had a tyre blow and they could not afford $60 for the tyre, and they had a suitable attendance record in going to the college and completing their assignments, we would buy the debt off them and pay for it. It was worth it. If they dropout and halfway through a course, a lot of public funds have been used. There were some objections to it. Some people said that Aboriginal people were once again are getting some financial benefit over and above anyone else, but there are many, many programs around the country that non-Aboriginal people also get access to. There is a parity there. In my opinion there is a parity there. We are just using the money better to help those people get through the system.

Mr P.B. WATSON: Do you think that if we had the training for the nurses in regional areas instead of them having to go to the city, leaving family behind, especially ones from up north, that that would alleviate the problem a bit?

Mr Coyne: I think it would. They do not like leaving country, there is no two ways about it.

Mr P.B. WATSON: I do not either!

Mr Coyne: The Marr Mooditj program, as it exists now, has people come away on block release. It used to be a two-year program but it is now a one-year program, which is a big plus because it used to be two years of training. At the time you could complete a division 2 nursing course in 18 months here in Western Australia. Why was it taking two years to create a health worker course, and you are probably three or four segments short of becoming an enrolled nurse anyway? So why not upgrade that, become an enrolled nurse, and, if you want to become a health worker, you can drop down and do it. But it cannot be in reverse. Yes, I think Aboriginal people would benefit from having training facilities more localised for them than having to travel. Sometimes they like to go away and get out of their country and get out of their region to put their heads down. There has been great success out of Marr Mooditj over many, many years, and I understand that Curtin University is experimenting in the same way. It still remains an issue of supply and demand. Where are the holes out there and where is the conversation with your potential employers to say, "If we train them, where are they going to go?" We have thousands of trained health workers right across the country who have nowhere to go.

Mr P.B. WATSON: It always concerns me that we put so much effort into getting overseas students here and we do not look after our country students.

Mr Coyne: That is an issue for government, perhaps?

Mr P.B. WATSON: Yes. I did not want you to solve it! I am just saying that it is something that concerns me.

Mr Coyne: We have not got enough time, Peter!

The CHAIRMAN: Sandra, you have been sitting patiently, listening. In your role as acting director, are there any areas that you would like to bring to our attention in terms of what you see as needs and gaps and how they could be fulfilled in Aboriginal health?

Ms Crowe: While I concur with Lester around certainly the health worker, we had a discussion about it the other day and the health worker training is a non-career pathway. That is why we looked at enrolled nursing to registered nursing. Also, I suppose, the issue that we do have is that we do not have Aboriginal people in our hospitals because we do not have many health worker positions but we do have nursing positions. We have either got to look at the health worker pathway and make that more of a profession, a career opportunity, or that we actually encourage our Indigenous population into these mainstream —

The CHAIRMAN: Several years ago Kalgoorlie hospital wanted to have Aboriginal health workers work within the hospital. So the other way around is to have either so many appointments at a local hospital for Aboriginal health workers or, as you say, try to encourage programs for the adoption of —

Ms Crowe: Where we probably struggle a little bit is our Aboriginal population is less than three per cent, whereas in Kalgoorlie and in the northern regions there is a much higher Aboriginal population. From the hospital's point of view, health workers are highly valuable because of the percentage of Aboriginal people who are visiting the hospital; whereas here, because our Aboriginal population is not as big, it is a bit harder to justify many health workers in a hospital. That is why, I think, the enrolled nursing or registered nursing model would work better in, say, the south west and the great southern.

The CHAIRMAN: Lester has been very positive in relation to how the services link together. Do you see any failures in terms of yourself when maybe Aboriginal people leave the hospital services and move into the community? Can you see any areas that could be strengthened in terms of those community services?

Ms Crowe: Yes. I think there is still more opportunity for the hospitals to link better with Aboriginal health. That is something we are actually working on. Possibly a gap in the service, particularly from a mental health point of view, is early intervention mental health promotion. We do have mental health promotion in public health but it is one person. To try to put an Aboriginal strategy in there, when you have only got one person, is very difficult. We can put resources into mental health services but we are actually dealing with the issue at the end of the line—the person who has got the issue. I would really like to see more resources put into early intervention mental health promotion with our kids and to work with them. We have limited resources in public health and I know that community mental health has very few resources for early intervention.

The CHAIRMAN: Would that early intervention be via the educational system or the community system?

Ms Crowe: It would be advantageous in both systems. Certainly it would be advantageous to provide mental health promotion in the school system to work with the kids and then intervene earlier to pick up the people who may have depression or anxiety. Really, they do not have acute mental health conditions; they have symptoms of anxiety and depression. We can deal with them early rather than have them go on to develop a mental health condition. I think there is a real gap there.

The CHAIRMAN: Do each of the schools, particularly the high schools, have someone working in pastoral care who the students are able to go and discuss if they have —

Ms Crowe: Yes, certainly in the government high schools. It would be fairly limited in the private high schools, but not many Aboriginal children actually go to the private high schools. Most of our Aboriginal children go to the government schools. There is certainly support in those schools.

The CHAIRMAN: Lester, before we finish, is there anything that you want to flag for us?

Mr Coyne: Sandra has been kind to me and I have been kind to her, and I hope it has come across here. Just be mindful that "mental health" is not a title that Nyoongahs welcome. The minute you mention "mental health", in Nyoongah terms that is kartwar, which means that they are mad. They do not like that title.

The CHAIRMAN: So what is the best way then?

Mr Coyne: It is probably a wellbeing issue more than anything. The terminology of mental health has to be used with extreme caution because if you say you have a mental health problem, you are kartwar and you are mad. You will have a major problem. You make an accusation that you cannot substantiate. It is more of an issue around health and wellbeing. I mentioned before the body, mind and spirit as being a wellbeing issue. I would say that it is better to refer to "solving, helping, alleviating" or "soothing" the wellbeing of a person to get more cooperation, rather than saying that someone has a mental health problem. We do not identify someone with a mental health problem as being born with it; it is something that is grown out of anxiety, maybe disadvantage or other different things. The terminology is one to be used with great caution.

The CHAIRMAN: That sort of stigma was attached to the words "mental health" within the non-Aboriginal population 10 to 15 years ago, whereas now I tell people that I am either up or down. I am just lucky that I have got family support systems, and a lot of kind people. There are stages when we need that help. We know the statistics. It used to be that 20 per cent of the population suffered from a mental health issue; statistics now show that in some areas it is 30 or 40 per cent. Thank you for that, because that might be a way, particularly within our hearings, that we need to modify our language to try to find out what the problems are and how more help could be given.

Mr Coyne: Thank you for the opportunity.

The CHAIRMAN: In closing then, I would like to thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript. Thank you both.

Hearing concluded at 4.00 pm