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## **Providing psychological services within an Aboriginal community controlled health service: Experiences from Central Australia**

The Rural and Remote Interest Group was interested in learning about practising psychology in an Aboriginal Health Service. Toward that goal, I interviewed three non-Aboriginal psychologists at the Central Australian Aboriginal Congress (Congress) in Alice Springs: Michael Lawton, Bianka Shulz-Allan, and Dr Jon-Paul Cacioli. What follows is a distillation of insights identified by them. Michael provides services in remote communities including Mutitjulu (behind Uluru), Ntaria and Utju to the west, and Ltyente Apurte to the southeast of Alice Springs. Bianka and Jon-Paul see clients in town.

Congress provides primary health care to Aboriginal clients at seven clinics in Alice Springs and in remote communities. Serving more than 12,000 Aboriginal people in Alice Springs and surrounding remote communities each year, Congress provides services for a large segment of the Central Australian Aboriginal community. Michael, Bianka, and Jon-Paul are part of the Social-Emotional Wellbeing Service (SEWB), which currently comprises a multidisciplinary team of 42 staff from diverse professional, cultural and linguistic backgrounds. The guiding vision of Congress, which has been in existence for more than 40 years, is that "all Central Australian residents enjoy the same level of health"<sup>1</sup>. Congress believes in a multi-pronged approach to achieve that vision, including provision of medical, social, and preventive care programs, and by addressing social determinants of Aboriginal health and wellbeing.

### **Cultural practice**

Each psychologist identified knowledge of the cultural context of their clients as the most important aspect of their practice. The 'cultural context' of Central Australia is complex. For example, there are three main linguistic families in the area, with multiple languages within each family:

Arandic (including Eastern, Central, Western and Southern Arrernte)

Ngarrkic (including Warlpiri, Warlmanpa and Warumungu)

Western Desert (Pitjantjatjara, Yankunytjatjara, Luritja, Pintupi and Kukatja)

English is often the second, third, or fourth language spoken by clients. People from different linguistic groups also have different cultural practices and beliefs. There is considerable mobility from remote communities to Alice Springs, especially to and from one of the 16 'town camps' (Aboriginal living areas) spread across the outer areas of town; each town camp serves different

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language/kinship groups<sup>2</sup>.

Michael, Bianka, and Jon-Paul emphasised that making sense of cultural and linguistic complexity would be much more challenging without guidance from Aboriginal staff. SEWB has a senior cultural practice advisor as well as Aboriginal care managers from different language/cultural groups. They are mainly from the Central Australian region and have extensive ties to local Aboriginal people. These staff provide consultation but also work alongside psychologists (e.g., making home visits). Working within an Aboriginal-controlled service makes such consultation relatively seamless. Aboriginal staff (and Congress more generally) help 'vouch' for psychologists, which is critical for facilitating engagement with clients.

Congress and services provided by Congress are controlled by Aboriginal people. As one psychologist commented, "I don't have to worry as much about imposing my white perspective on my clients." That quote underscored a common sentiment: a genuine desire to understand the context in which clients live, and as much as possible, provide services tailored to the cultural context. On the other hand, each psychologist acknowledged that providing evidence-guided practice is complex because of the paucity of research available with Aboriginal people, especially across the range of cultural groups residing in Central Australia. Similarly, clients vary considerably in identification with 'traditional' culture, even in remote communities (two of which are old mission stations). Such heterogeneity makes evidence-based practice challenging and underscores the need for ongoing culturally appropriate supervision. One psychologist commented that it is essential to keep an open mind and maintain a willingness to learn, and that clinicians with their own agenda or narrow perspective run the risk of doing more harm than good in this setting.

## Interdisciplinary practice

Each psychologist highlighted the value of working within an interdisciplinary team that includes social workers. They also noted that psychologists often provide services that typically fall within the realm of other disciplines; they must have extensive knowledge of, and working relationships with, mainstream services and other Aboriginal organisations. Many clients have considerable unmet basic needs such as housing, food and transportation. Psychologists work with the multidisciplinary team to help find solutions to those needs. Thus, the scope of practice tends to be much broader than settings in which psychologists typically work.

## Acknowledgement

I wish to thank Michael, Bianka, and Jon-Paul for their participation. I sincerely hope that I have accurately captured their sentiments.

1. Strategic plan is available at [www.caac.org.au](http://www.caac.org.au)
2. See [www.tangentyere.org.au](http://www.tangentyere.org.au) for more information about town camps