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Interdisciplinary Care to Enhance Mental Health and Social and Emotional Wellbeing

Clinton Schultz, Roz Walker, Dawn Bessarab, Faye McMillan, Jane MacLeod and Rhonda Marriott*

** Clinton Schultz and Roz Walker are first co-authors*

OVERVIEW

This chapter discusses and defines the difference between multidisciplinary and interdisciplinary/interprofessional care with a focus on interdisciplinary care as a model of practice which supports equality and interconnectedness of responsibility amongst team members when working in Aboriginal and Torres Strait Islander contexts. The chapter describes the various professional and para professional practitioners that comprise interdisciplinary teams working in mental health and wellbeing contexts and their roles. The focus is on an interdisciplinary team approach to providing health and wellbeing care as its ethos of equal relationships and interdependent collaboration is more encompassing of social and emotional wellbeing values. Identification of the issues and limitations of interdisciplinary practice and the means to addressing them are explored within the context of how interdisciplinary care fits into mental health best practice and human rights.

INTRODUCTION

There is mounting evidence to suggest that collaborative interdisciplinary, client-centred practice is the best approach to addressing the ever growing complex and varied health and social care needs of societies.[1] This argument has been echoed globally and is visible in many national government policies[2, 3] and guidelines of regulatory bodies of health and mental sectors.[4, 5] Given the disparities in health and mental health and the complexities of social and emotional wellbeing (SEWB) experienced by Aboriginal and Torres Strait Islander peoples the need for interdisciplinary/interprofessional collaborative approaches is evident.

MENTAL HEALTH PRACTICE STANDARDS AND INTERDISCIPLINARY CARE

The critical need for mental health professionals to work as part of multidisciplinary teams is outlined in the *National Practice Standards for the Mental Health Workforce* (NPSMHW)[3] herein referred to as the Standards. (See Chapter 11, Walker). The Standards were developed to promote high quality care and best practice in the delivery of mental health services in Australia and have underpinned models of multidisciplinary teamwork and best practice. First developed in 2002 and updated in 2013 (with input from Aboriginal health professionals) the standards acknowledge that health professionals come from a range of disciplines, and have a range of qualifications, skills and expertise to provide mental health services that meet the needs of culturally diverse populations. While many of these professionals work in private practice and consult with, or refer to other service providers, the importance of practitioners working as part of multidisciplinary teams is emphasised. Also embedded in the Standards is the critical need to recognise cultural diversity and family centred approaches to improve mental health care by working with family members and carers of people experiencing mental health issues.

Over the past 15 years there have been a number of reforms in mental health care as detailed in the National Mental Health Strategy (NMHS).[6] Key principles of the Strategy include an emphasis on positive consumer outcomes, priority for those with the most severe mental health problems, protection of the human rights of consumers, consumer participation in decision-making, multidisciplinary service delivery, and workforce education and training.[7] There is also an emphasis on mainstreaming of mental health services and the effective linking of these services with the broad range of other health and welfare services used, as well as a focus on prevention and promotion, partnerships among service providers and consumers, and on population health principles.[7]

A key aim of the Strategy is developing a competent workforce, capable of responding to the wide ranging service reform of the mental health sector, encompassing clinical, non-clinical, government and non-government services orientated towards rehabilitation and recovery. The Strategy covers the five major mental health disciplines (psychiatry, psychology, nursing, occupational therapy and social work) and requires each of these professions to be able to demonstrate the range of core knowledge and skills that underpin generic mental health competencies.

Importantly, these competencies emphasise the importance of clients and community partnerships for all professions to complement their disciplines' specific knowledge and skills. In addition to specific competencies for each of the disciplines the professions have identified two central principles as core for all mental health professionals, these are the need to:

- learn about and value the lived experience of consumers and carers
- recognise and value the healing potential in the relationships between consumers and service providers and carers and service providers.[8]

While there are obviously many challenges facing each of the professions in adopting a more collaborative approach and working in interdisciplinary teams, there are also many opportunities. For instance, Renouf and Bland[7] suggest that recent developments in mental health policy and services reform offer real opportunities for social work to contribute to the reform process as a vital relevant discipline and to 'assert a broader agenda in mental health, beyond narrow clinical concepts of illness and treatment'.[7(p429)] They point out that 'the core concerns of social work—human rights, self-determination, family relationships and welfare, employment, housing, community, life chance—are central to mental health'.[7(p430)]

What is an Interdisciplinary Approach?

Within health care, definitions around collaborative health care teams and collaboration are ambiguous, with the terms multidisciplinary, interdisciplinary and transdisciplinary used interchangeably. While there are differences in the meanings of each of these concepts, they reflect common goals or values essential to providing effective, holistic, culturally sensitive care. Furthermore, the context for care varies and may range from acute care service provision through to sustained care within a community setting. In line with an Aboriginal SEWB perspective and building on previous explanations of interdisciplinary care and care teams, we define effective interdisciplinary care as:

> *care offered by a group of health professionals, paraprofessionals, social and other community service providers including Aboriginal and Torres Strait Islander community members who work together to provide social and emotional wellbeing care at the individual, family and community level.*

Interest in an interdisciplinary approach and effective team processes has increased over the last two decades.[9] McCallin[10] suggests this growing interest in interdisciplinary models is due to political demands for economic rationalisation that drive changes in the health sector.

Cooper and colleagues[11] take a different position and claim that the delineated and hierarchical positions which are common in hospital settings are inappropriate for community based care, where teamwork is essential to addressing complex and diverse needs of clients, resulting in the need for new models of care partnerships.

Table 13.1, adapted from Crocker,[12] details the characteristics and limitations of each of the team models.

Table 13.1: Characteristics of Multidisciplinary, Interdisciplinary and Transdisciplinary Teams

Team model	*Characteristics*	*Limitations*
Multidisciplinary team	• Doctor controls team • Team meets to coordinate client care • Clients are not included in decision-making processes.	• Clients not involved • Services may be omitted, fragmented or duplicated • Team members expertise may not be used effectively.
Interdisciplinary team	• The team is not necessarily led by the doctor. They work within their areas of expertise and coordinate the work of others. Leadership is provided by the person with the most expertise in the given situation? • Reports of functional progress, decision making and care plans are informed by case conferences • The client is the centre of the team's focus and plays an important role in goal setting • Ideas are exchanged that lead to changes in clients' treatments.	• Team meetings require time • Team members may need to be trained in team processes • Individual team members need to cede some control to the team so that client care is driven by the team processes • The doctor needs to allow team decision making yet take medico-legal responsibility for outcomes.
Transdisciplinary team	• Communication and shared treatment among team members • All team members have the opportunity to work on all areas of function • Team meetings are more oriented to clients' function than to disciplines • In the case of discrepancies, leadership may be provided by the most relevant discipline.	• Team meetings require time • Team members may need to: – be trained in team processes – cede some control to the team so that client care is driven by the team processes.

The Benefits of Interdisciplinary Teams

Within contemporary Australian health care it is common practice for teams of health professionals to collaborate in the provision of care to clients. Crocker[12] claims this approach provides benefits to the client, the team members, students, educators and the organisation/health care service delivery system. Kates et al[13] suggest that the experience from collaborative models of care in Canada indicates there are 'better clinical outcomes, a more efficient use of resources, and an enhanced experience of seeking and receiving care.'[13(p1)] Grant and Finocchio[14] also suggest that the benefits of interdisciplinary care can be seen across the four participants of interdisciplinary health care (clients, health care providers, educators and students). There are additional benefits from a SEWB perspective—for carers and families and the community as relationships are strengthened between community members and the various mental health

professionals and social service providers. The benefits of receiving interdisciplinary team care are significantly greater for those individuals with complex chronic health issues and needs. Clients with complex health care needs including chronic medical conditions, mental health conditions and social disadvantage are assisted through culturally appropriate interdisciplinary care. The advantages for each of the respective groups are listed in Table 13.2.

Table 13.2: Benefits of Interdisciplinary Team Care

For Clients	
Improves care by increasing coordination of services, especially for complex problems	Can serve clients of diverse cultural backgrounds
Integrates health care for a wide range of problems and needs	Uses time more efficiently
Empowers clients as active partners in care and enhances satisfaction and outcomes	
For Carers and Families	
Provides the best possible outcome for the physical and psychosocial carers (as well as clients with mental illness)	Involves carers with a range of professionals in the process of developing a mental health plan
Addresses the needs of carers, siblings and the children of those with mental health problems	Considers everyone's concerns and identifies resources for supporting someone with mental health issues
Assists with broader social, cultural and health issues experienced by families	
For Health Care Professionals	
Increases professional satisfaction	Encourages innovation
Facilitates shift in emphasis from acute, episodic care to long-term preventive care	Allows providers to focus on individual areas of expertise
Enables the practitioner to learn new skills and approaches	
For Educators and Students	
Offers multiple health care approaches to study	Promotes student participation
Fosters appreciation and understanding of other disciplines	Challenges norms and values of each discipline
Models strategies for future practice	Develops an understanding of the reality of working in a collaborative interdisciplinary team
For the Health Care Delivery System	
Holds potential for more efficient delivery of care	Facilitates continuous quality improvement efforts
Maximizes resources and facilities	Reduces health expenditure
Decreases burden on acute care facilities as a result of increased preventive care	Facilitates seamless transition between care sectors (such as acute and community care)

Information sharing between team members facilitates effective collaboration. Aboriginal and Torres Strait Islander peoples with a mental health condition and accompanying comorbidities are more likely to benefit from interdisciplinary care, which involves health professionals, para-professionals and community support workers.[15]

A CULTURALLY APPROPRIATE MODEL OF MENTAL HEALTH CARE AND SERVICE DELIVERY

Many Aboriginal and Torres Strait Islander communities, particularly in rural and remote areas rely on small health care teams, consisting of a limited number of health care providers, including Aboriginal health workers (AHWs), and paraprofessional health and mental health workers and counsellors. The AHW often plays a central role in the health team.[8] In addition to specific knowledge and health specialisations, these trained health workers have expertise in cultural and community knowledge systems. They are increasingly recognised as providing important assistance to professionals and enhancing interdisciplinary/interprofessional teams.[16]

Often, Aboriginal and Torres Strait Islander peoples are reluctant to utilise mainstream health services, acute care and community-based services, because of the reported lack of cultural competence and cultural security.[17] Mental health and SEWB care is accessed by Aboriginal and Torres Strait Islanders and non-Aboriginal clients through both acute care health agencies and community services depending on the client's need and mental health status. As acute care services are not offered in all regional locations, this care is more likely to be found in major cities. The geographical distance between services adds another dimension to a seamless transition for clients between the 'care sectors' and emphasises the need for effective interdisciplinary communication to ensure a 'seamless' continuity of care for the client.

The model of health care for Aboriginal and Torres Strait Islander peoples in rural and remote locations is the traditional doctor-centred model[18] but is provided by an interdisciplinary team, often led by the AHW in a client-centred manner and in accordance with the principles of culturally appropriate health care.[19] Importantly, people generally prefer to attend community controlled health services, as they use a similar model of care as discussed further in Chapter 5 (Zubrick and colleagues).

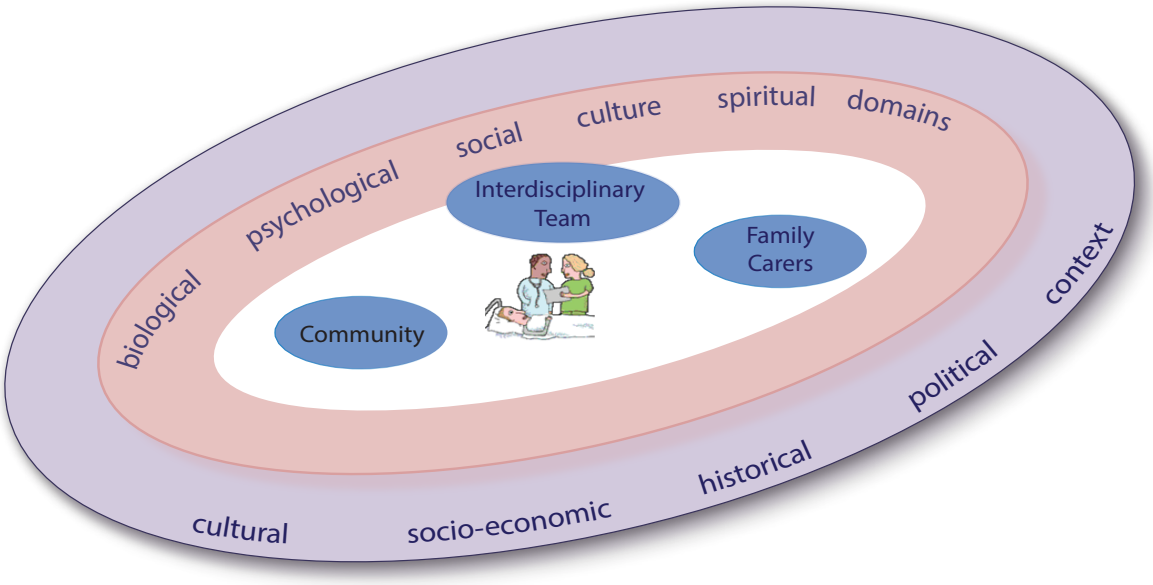
The care provided through community controlled health and mental health services moves beyond the traditional biomedical model of health care provided by doctors, to encompass a more culturally responsive, client-centred, holistic model of care.[18]

The Relevance of a Bio-Psycho-Socio-Cultural–Spiritual Model

A culturally responsive, client-centred, holistic model of care is in accordance with the psychosocial-cultural model, first proposed by Engel in 1961,[20] which includes the psychosocial–cultural dimensions (personal, emotional, family, community) in addition to biological aspects (diseases) of clients.[21] True to Engel's initial conception,[20] bio-psycho-social models have evolved to include cultural and spiritual aspects of health and mental health and encourage mental health practitioners to consider the social and emotional wellbeing of individuals within a broader fabric of their family and community[22] (for a comprehensive discussion of SEWB from an Aboriginal perspective, refer to Chapter 4, Gee and colleagues).

The bio-psycho-socio-cultural-spiritual model depicted in Figure 13.1 is a useful model for mental health practitioners, as it provides a context for the problems presented by the client to gain a better understanding of the issues faced by the client and their families. It enables practitioners to explore the five domains of a client's life. This model recognises that professional practitioners need to address a wide range of social, cultural, psychological and physical needs of individuals and their carers/families. Emphasis is also placed on a solution-focused approach to assessment and management, with consideration as to what has previously worked for a client and could work again.

Figure 13.1: Interdisciplinary Care using a Bio–Psycho–Socio–Cultural–Spiritual Framework



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A bio-psycho-socio-cultural-spiritual framework integrates the multiple, interacting biological, psychological, social, cultural and spiritual domains within a broader historical socio-political and cultural context to more fully understand all of the factors impacting on what is happening for the client.

The social domain includes family background, social support, interpersonal relationships, cultural traditions, socioeconomic status, poverty, physical exercise.

The psychological domain includes cognition, intellect, learning, emotions, memory, thinking, attitudes, beliefs, values, coping strategies and perceptions.

The biological domain includes physical factors that may impact on a client's overall functioning wellbeing and involve health related effects of such things as harmful substance use, genetic predisposition, neurochemistry, effect of medications, immune response, hypothalamic pituitary axis, fight-flight response, physiological responses.

The cultural domain includes a person's sense of their culture, their response to and beliefs about mental illness/stress, as well as the impact of the majority culture on their cultural values and beliefs.

The spiritual domain includes practices and beliefs that support a sense of spiritual connection with country, ancestors, community, prayer, dance, meditation and music.

To provide effective inclusive health care to Aboriginal and Torres Strait Islander peoples, service providers need to incorporate the physical, social, cultural, spiritual and emotional wellbeing aspects of care; and consider the health beliefs of the client, their families and community.

Similarly, an effective interdisciplinary health team addresses the community need for client-centred and culturally appropriate health care. Suitable and effective care in health settings is dependent on the ability of the health team to work effectively together and to consider the needs and priorities of the client and their family and community.

AN EFFECTIVE INTERDISCIPLINARY TEAM APPROACH

The literature on multidisciplinary, transdisciplinary, interdisciplinary and interprofessional team work suggests that, in order for these teams of professionals, paraprofessionals and community members to work together effectively, there needs to be a clear understanding of each member's role, responsibility limitations, skills and flexibility to work in a setting with role overlap.[23-25]

> *Interdisciplinary collaboration requires teamwork. To function well … members need to share a common vision and goals (clear definitions related to interdisciplinary collaboration in primary health care will help), communicate clearly with the other members of their team, understand each other's roles, trust one another, and make decisions as a group.*[24(piii)]

To be effective, multidisciplinary, transdisciplinary and interdisciplinary teams need to:

- have shared goals and values;
- share a team culture;
- openly communicate;
- understand and respect the competencies of other team members (as well as understanding how and why they practise as they do);
- equally value and regard each member's contribution to current team practices;
- be willing to learn from other disciplines and respect their different views and perspectives;
- maintain clarity on individual professional and legal accountability within a context of shared responsibility towards the client.

Effective processes in interdisciplinary care require all mental health practitioners to accept, acknowledge and respect the different skills and valuable experiences that Aboriginal health and mental health workers bring to the team. The diversity of roles and disciplines can add to effective team work by enabling members to draw on different experiences, understandings and disciplines to problem solve.[26] The heterogeneous nature of interdisciplinary teams can also be problematic if members are not able to reconcile their differences and work together. Effective interdisciplinary teams require team members to listen and accept each other as meaningful and equal partners in contributing to the care process of clients. Interdisciplinary team meetings where these different perspectives are openly discussed strengthen the professional working relationships of the interdisciplinary team members.

Establishing Interdisciplinary Partnerships

Establishing interdisciplinary partnerships is most optimal when providing health services to Aboriginal and Torres Strait Islander clients with mental health issues and their families and carers. People often present to doctors or SEWB workers with a range of different issues that are not always directly health related. If health professionals understand the range of social and cultural determinants that can impact on a person's mental health and SEWB they are more likely to see the value of inviting other relevant service providers to assist the team, e.g. housing, Centrelink, child protection and justice. In some circumstances the team may include Aboriginal and Torres Strait Islander counsellors and mental health workers from *Link Up* or the *Bringing Them Home* SEWB programs to address issues such as loss of identity as experienced by the Stolen Generation. Spiritual and traditional healers from the community will be able to help inform a spiritual and or cultural intervention. Kates et al suggest a series of practical changes that can be made across mental health care to improve collaboration of health care provision.[13(p6-7)] An adaptation of these follows:

Practical Changes to Improve Collaboration in Providing Mental Health Care

- Include individuals and their families and (or) caregivers as partners in their own care.
- Develop strategies to reduce stigma and discrimination among all health care providers including those that will lead to a better understanding of cultural diversity.
- Promote mental health, wellness and recovery as goals of system changes.
- Focus on quality improvement, access and efficiency as drivers of system change.
- Define individual professional and interdisciplinary competencies for all health professionals working in collaborative mental health partnerships.
- Ensure that respective roles and responsibilities of all members of the interdisciplinary team are clearly defined and understood.
- Strengthen personal contacts of the team by organising events such as joint clinical and educational rounds, and formal continuing professional development events that bring team members together.
- Use new technologies for managing information which offer new ways to link providers, enhance collaboration and provide consultation to underserved communities.
- Foster the development of networks of providers, clinicians, researchers and consumers to exchange ideas, share experiences and work together to develop collaborative models of care for wider dissemination.

Although the discourse of interdisciplinary care is evident in the current Australian health space, there are challenges to applying an interdisciplinary approach when working with Aboriginal and Torres Strait Islander peoples. The enduring impact of institutional discrimination and racism and the lack of cultural competence among practitioners within Australia's health and mental health and wellbeing sector creates a challenging environment for interdisciplinary care.[17,27]

New modes and understandings of interdisciplinary care complement working from a SEWB framework that considers spirituality and connectedness to country, kin and community as vital parameters of health. They also ensure that all community members in Australia receive effective care in keeping with human rights standards.

A report conducted in the United Kingdom (UK) by Greasley and colleagues[28] suggested that including spiritual practitioners such as nuns, priests or other religious figures in the mental health care team was beneficial to both clients and other team members. Appelbaum and colleagues[29] point out the value of including correctional officers in the interdisciplinary team to inform them of treatment needs of people in prison and note that:

> *effective treatment of inmates who have mental disorders can alleviate the stress experienced by the mentally ill [clients] and by the correctional staff who supervise them.*[29(p1344)]

Opportunities of an Interdisciplinary Approach for the Aboriginal Health Workforce and Services

A collaborative, interdisciplinary approach to health care is best able to respond effectively to different and complex situations and environments. The benefits to be gained come through the valuing, by the wider health team, of the cultural knowledge and knowledge of the community that is held by the AHW staff employed in Aboriginal Health Services. This knowledge is often critical to the successful health care outcome/s from the interdisciplinary team when responding to client's mental health and SEWB issues.

In order to meet the Mental Health Practice Standards and the Standards of respective professions to provide equitable services for Aboriginal and Torres Strait Islander peoples, health services and health professionals have a professional and ethical responsibility to:

- increase the cultural competence of their staff and the organisation
- form partnerships with local Aboriginal Community Controlled Health Services (ACCHS) who have more cultural understanding and may be considered more appropriate by community members
- employ AHWs, Aboriginal mental health workers (AMHWs) or other Aboriginal and Torres Strait Islander health professionals within the organisations.

While this latter strategy may not appear practical for some smaller independent services, working together and towards exploring other options can help to address some of these issues. For example, in some instances a group of small services have arranged to co-employ Aboriginal and Torres Strait Islander staff such as AHWs on a shared employment basis.

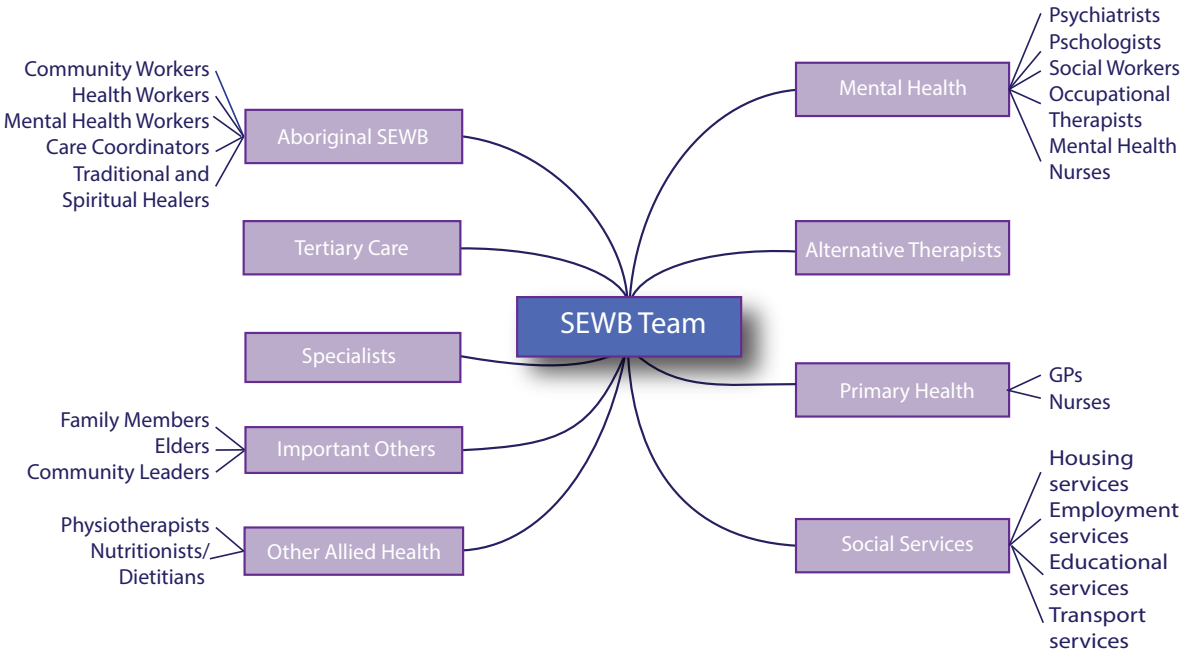
An interdisciplinary approach has the potential to more equitably share the burden of care for Aboriginal and Torres Strait Islander peoples which is heavily placed on ACCHS and AHWs working in Aboriginal medical services and government services. An interdisciplinary approach values each of the members of the team and therefore it is more likely that AHWs will gain greater recognition and authority alongside other professional practitioners and have greater access to client information and consultation with respect to client medical advice and treatment. Being regarded as part of a team should result in more appropriate remuneration, professional or personal support, ongoing education, developmental or career pathways for AHWs and AMHWs than currently experienced.[30-32]

Many AHWs and AMHWs working with clients with complex issues related to harmful substance use report 'burn-out' related to work overload and under validation by their non-Aboriginal professional colleagues.[30, 32] An interdisciplinary team approach enables the burden of care to be more equitably shared and has the potential to address the experiences of disempowerment, burnout, and even self-harm and suicide anecdotally noted within the Aboriginal and Torres Strait Islander health/SEWB professional and paraprofessional workforce through more team and peer support strategies.

INTERDISCIPLINARY MENTAL HEALTH AND SEWB TEAMS

Adopting a SEWB perspective when working with Aboriginal and Torres Strait Islander individuals, families and communities involves many professional and paraprofessional practitioners in the interdisciplinary team. These may include practitioners from the five professions that comprise the mental health workforce - mental health nursing, occupational therapy, psychiatry, psychology and social work; general practitioners; other primary care staff; Aboriginal health and mental health workers; social service providers; community workers; and others who are recognised and respected in the community. Figure 13.2 indicates the range of potential service providers involved with SEWB teams.

Figure 13.2: Potential Members of an Interdisciplinary SEWB Team



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Traditionally, multidisciplinary mental health teams were led by a doctor, psychiatrist or clinical psychologist who had the power to make the final decision regarding a client's care. A more collaborative approach in health teams requires these practitioners to relinquish their power to work in genuine partnership with other team members. In some cases, it may be the AHW who leads the team particularly when an Aboriginal and Torres Strait Islander client has cultural/ spiritual concerns which require a cultural intervention.

Interdisciplinary team members have different areas of expertise. The combined skill sets are useful in providing effective care in complex and challenging cases. Renegotiating your power can be challenging, but satisfying for doctors and other mental health professionals, from the provision of effective interdisciplinary care as opposed to the illusion of authority:

> *It can be a very humbling, but rewarding experience for those doctors who work effectively in such teams to see themselves purely as a member of a team whose function is to provide effective health care for an Aboriginal or Torres Strait Islander person.*[33]

In order to provide the interdisciplinary care, the team meet regularly to discuss their work with individual clients so that each client has a care plan best suited to their individual needs. A description of the roles of different workers who comprise a typical interdisciplinary team is described in Table 13.3.

Table 13.3: Disciplines and Roles in a Multidisciplinary or Interdisciplinary Team

Discipline	*Role/Experience/Capacity*
Mental Health Nurse	Work with people with high and low prevalence mental health disorders, including mental illnesses or psychological distress. Services they provide are: • Identify client goals and interventions required to achieve them • Provide a comprehensive mental status assessment • Contribute to the development of a General Practice Mental Health Care Plan • Contribute to case conferences • Assist clients' families and carers to provide care and support • Provide psychological education • Provide counselling and psychological interventions.
	Clients may be referred for: • Education, management and compliance monitoring • Liaison point between General Practitioners (GPs) and psychiatrists • Support and interventions post discharge from a mental health service • Monitoring of mood, suicidality and self-harm tendencies • Counselling to manage and contain psychological distress • Home visiting.[34]
General Practitioner	GPs look after clients by promoting health and doing preventive health care. They: • Attend to clients who are physically or emotionally unwell • Provide 'person centred, continuing, comprehensive and coordinated whole person health care to individuals and families in their communities.'[35]
	GPs also: • Prescribe medication • Provide comprehensive care using a holistic framework and look after a client's acute illness (physical and/or emotional), and chronic disease, including mental illness • Provide continuity of care, looking after a client over time when he/she is well and unwell • Promote physical and emotional wellbeing and provide preventive health care • Coordinate care and refer to mental health services, specialists and allied health providers and work with these care providers to provide interdisciplinary care for mental health clients • Recognise and address the health and psychosocial needs of carers, families including children of those with mental health problems.
Psychiatrist	Psychiatrists are medical doctors who have specialist training in order to be able to coordinate and manage the treatment of clients' mental, emotional, and behavioural symptoms. Psychiatrists: • Have a complex understanding of biological, psychological, social and cultural factors that may impact on the experience and diagnosis of mental illness in a person • Understand the interaction between mental illness and other physical illnesses that may affect the person • Have an appreciation of the various therapies that may be applicable to treat the person's illness and the skill sets required from various professionals within a multi-disciplinary team to assist such treatments. Such therapies include understanding the role that a range of medications may benefit the treatment of the illness, including an appreciation of side effects and interactions of the medication.

Continued . . . .

Table 13.3: Disciplines and Roles in a Multidisciplinary or Interdisciplinary Team (continued)

Discipline	*Role/Experience/Capacity*
Occupational Therapist	Occupational therapy (OT) is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of an OT is to enable people to participate in everyday life by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. OT's assist with SEWB and can refer clients to a GP with: • Comorbidity (depression, other acute conditions) • Failure to progress • Wounds that do not heal • Poor compliance to medication regime • Life crises (sudden changes in life circumstances, such as death of partner, family member or pet).[36]
Mental Health Social Worker	Work with individuals with mental disorders to resolve associated psychosocial problems and with families in which mental health problems exist in connection with social problems, such as family distress, unemployment, disability, poverty and trauma. They work with issues such as depression, anxiety, mood and personality disorders, suicidal thoughts, relationship problems, adjustment issues, trauma and family conflicts. They provide a range of evidence-based interventions, which focus on achieving solutions, including: • Cognitive behavioural therapy • Relationship strategies • Skills training • Interpersonal therapy • Psycho-education • Family therapy • Narrative therapy. MHSWs interventions include: • Detailed psychosocial assessment identifying the connections between mental health problems and complex social contexts • Assessment of the mental illness and its impact on the life of individuals and their families • Working with individuals, families, groups and communities to find solutions to mental health problems.[37]
Psychologist	Provide services in a range of settings, including hospitals, clinics, schools and private practices. Psychologists specialise in understanding the effects of psychological factors related to health and illness using evidence-based interventions, such as cognitive behavioural therapy, to help people adjust to acute, chronic, or complex medical conditions; and assist people with mental illness. Their role includes working with: • Medical practitioners and other health care professionals to implement client programs to promote health, prevent illness and to facilitate chronic disease self-management • Individuals to make lifestyle changes to maximise health and functional outcomes • Client's emotional and behavioural issues related to adjustment to chronic conditions or injury *Continued . . . .*

Table 13.3: Disciplines and Roles in a Multidisciplinary or Interdisciplinary Team (continued)

Discipline	*Role/Experience/Capacity*
Psychologist *(continued)*	• Clients with life-threatening conditions to manage pain, cope with medical interventions and the side effects • Clients to adhere to treatment regimes • Client's families and carers to provide support.[38]
Pharmacist	Devise and revise a client's medication therapy to achieve the optimal regime that suits the individual's medical and therapeutic needs. They can: • Be an information resource for the client and medical team • Provide information on new drug treatments and the impact of different drugs when taken together.
Aboriginal Health Worker/ Mental Health Worker	AHWs liaise between health professionals, clients and visitors to hospitals and health clinics to assist with arranging, coordinating and providing a quality health care service. They work closely with both the client and the health care team. They can: • Act as interpreters to ensure that the health care practitioner is clear about the client's symptoms, medical and personal history and that the client has a good understanding of the diagnosis, treatment and health care advice • Work in specialty areas including drugs and alcohol services, mental health, diabetes and eye and ear health • Provide support, advocacy and counselling.
Aboriginal Healer/Elder	Aboriginal traditional healers assist in healing of the mind, body and the spirit through practices which use the natural environment, the spirit world (including totems and their dreaming) and plants in addition to advice about attitude, behaviour and faith in their spiritual connections. The traditional healer may: • Assist a client who is experiencing spiritual issues of a cultural nature • Support and strengthen a person's identity and understanding of culture • Conduct healing ceremonies such as smoking to make a person well. Aboriginal Elders can provide advice and direction on cultural issues and give feedback in relation to a client's attitude and behaviour. They can provide: • Mentoring, give comfort and support • Speak sternly if required to the client to encourage them to listen or respond to treatment or medical advice • Be an advocate or representative for a client if given permission.
Chaplain/Pastor/Priest	Provides: • Visits and ministry to clients and family • Spiritual advice and counselling.
Client	The consumer provides information necessary for assessment and planning of care. Communicates their needs and perspectives on illness, treatment and what they view as the major goals of care. **Note:** Any or all care goals must be endorsed by the client in order to achieve successful adherence to a therapeutic plan.

Continued . . . .

Table 13.3: Disciplines and Roles in a Multidisciplinary or Interdisciplinary Team (continued)

Discipline	*Role/Experience/Capacity*
Family Caregiver/Spouse/ Children	Consumer and family advocate for the client and are often the main provider of direct care. They can: • Provide a wealth of information regarding the client—pre-illness functioning, hobbies, interests, and concerns • Offers direct input about ability and willingness to assist in care • Provide a background and understanding of family history and/or dynamics that may interfere with knowledge of client and ability to participate. **Note:** May not have detailed knowledge of disease process or the roles and function of the professionals on the team. May or may not live with the client.
Caregiver outside family/ Neighbour/Friend	Advocate for client. May provide: • Direct care for client • Information regarding the client—pre-illness functioning, hobbies, interests, and concerns • Offers direct input about ability and willingness to assist in care. **Note:** May not be identified or approved by the family.
Social and Emotional Wellbeing Counsellor	Can provide counselling in relation to identity issues. Can: • Help client to track and locate their family • Connect client to family records • Assist in re-connecting with family.

KEY FACTORS FOR EFFECTIVE INTERDISCIPLINARY TEAMS

Reeves et al[39] suggest the key factors to successful interdisciplinary teams are: organisational context, team processes, team structure and team outputs.

Organisational Context

Organisations control and co-ordinate human resources and activities to achieve specific aims and objectives. The development of effective interdisciplinary team work is dependent on the structure, function and performance of organisations and the behaviour of groups and individual professionals within them.

Health care teams face a range of challenges in their organisational context and team structures and their respective professions. Interdisciplinary teams create a challenge for health care organisations—there is a need to define relationships and priorities between the executive, teams and other staff members.

The concept of interdisciplinary teams comprises of professionals and paraprofessionals with different roles, levels of responsibility, disciplinary power and status. This can challenge traditional health care organisations, limiting the ability of teams to be culturally responsive. When providing interdisciplinary care, mental health care professionals caring for Aboriginal and Torres Strait Islander clients may find themselves in complex situations. They are generally employed by different organisations and required to work to different discipline and practice standards. Problems can occur within these organisational structures when there are uncertain boundaries and power relationships and individuals have to reconcile the differences. Team members can find themselves with dual or inconsistent accountability, which require them to acknowledge their professional differences and focus foremost on meeting client needs. Boundaries between teams, unclear tasks and inappropriate

leadership can impact on the effectiveness of teams. It is therefore important to develop a supportive organisational structure that encourages teamwork.

Team Processes

Effective interdisciplinary teamwork in mental health services involves both retaining differentiated disciplinary roles and developing shared core tasks. It requires sound leadership, effective team management, clinical supervision and explicit mechanisms for resolving role conflicts and ensuring safe practices. No one profession should hold a monopoly on leadership.[40]

As Reeves et al state, team processes are multidimensional.[39] The interplay of processes involved in maintaining an interdisciplinary team are highlighted in Table 13.4.

Table 13.4: Processes Involved in Interdisciplinary Team Management

Communication	• Communication within the team environment takes place in both verbal and non-verbal forms, communication which is open and free-flowing between team members provides the basis for effective care outcomes • Effective team communication is a shift beyond the traditional silo approach to care.[41]
Team Emotions	• Team emotions can play a significant role in the effectiveness of teams and the positive clinical outcomes • Team 'membership' carries a distinct set of emotions due to the attachment often felt with colleagues and the commitment felt to provide effective outcomes.
Trust and Respect	• Often developed via shared experiences and the ability for individuals to demonstrate clinical competence • New team members will often need to 'prove' competence • Development and maintenance of trust and respect within the team will promote a stable team • Absence of such important qualities will result in problematic behaviours amongst the team members.
Humour	• May support resilience by relieving the general stressors and strains of working closely with other professionals.
Conflict	• Different team members bring different ideas, goals, values, beliefs and expectations to the team • Can act as a barrier for team performance • Can strengthen team performance if it enhances innovation, quality and creativity[42] • Is likely to occur with multiple individuals working closely together from different disciplines • Important for the team to agree early on how they will resolve conflict.
Team Stability	Team stability produces positive outcomes due to the development of mutual respect, trust and goals. Tips for maintaining team stability: • Set standards for accomplishing tasks and for team behaviour • Encourage each team member to contribute by reinforcing the importance of equality and interdependence • Seek harmony when conflict occurs by acknowledging difference and listening carefully and respectfully to all opinions • Brainstorm collectively for possible solutions and focus on common interests amongst team members • Seek consensus amongst team members in arriving at the most appropriate decision

Continued . . . .

Table 13.4: Processes Involved in Interdisciplinary Team Management (continued)

Team Stability *(continued)*	• Remain open to giving and receiving feedback about positive and/or negative behaviour, decisions, outcomes • Review and evaluate progress at the conclusion of interaction and be open to constructive criticism regarding the team's functionality.[14]
Team Building	• Can assist to enhance individual attitudes, skills, knowledge and behaviour both toward desired goals and each other • Can promote collaboration and improve performance of team members • Critical reflection activities allow teams to adopt and respond to change within the team environment.[42]

Team Structure

To be effective, multidisciplinary care requires a leadership style that moves away from control and power and facilitates trust and team work that values the combined expertise and knowledge of the group to effectively work together to provide comprehensive care for the client. Thus, working effectively as a member of a well-functioning interdisciplinary team requires an acknowledgement of the power differential that may occur in doctor or psychiatrist led teams.

When working with Aboriginal and Torres Strait Islander clients and health workers, the power differential can be twofold; particularly in relation to the assumed authority inherent in the medical discipline/profession and the implicit status of white privilege of medical personnel. In many instances, the doctor is not the appropriate person to lead an interdisciplinary team.

Role Boundaries

Determining clear professional roles within a team is an essential element to effective team performance and for maintaining professional integrity. Failure to do so can result in negative outcomes. A study in the UK found that, for some social workers, working in interdisciplinary teams resulted in role blurring and loss of professional identity, higher levels of role conflict and stress and marginalisation from the team.[43]

Team Outputs

The outputs for the team will be dependent on the extent and nature of the client's presenting situation. The GP may refer a client to an OT or counsellor or psychiatrist, or decide that they need to involve a social worker to link with various social services. The outputs will derive from the tasks assigned to each team member. What will be important is the ability of the team leader to synthesize the various viewpoints and specialisations and monitor and communicate the various elements of the bigger picture, to ensure everyone is aware of what is being proposed for the client, their carers and families. Specific outputs might involve the following—the identification and use of an agreed assessment tool and an accurate diagnosis and treatment plan (if appropriate) that requires disciplinary knowledge, but which is enhanced through the interdisciplinarity of approach in working with a client. The integration of these outputs into the overall patient plan must be discussed by the team so as to ensure that the work of each member is closely linked to the overall objectives.

Awareness of one's role and responsibilities within an interdisciplinary setting is crucial to the effective health and social and emotional wellbeing outcomes for the individuals, families and communities.

OVERCOMING BARRIERS IN WORKING WITHIN INTERDISCIPLINARY TEAMS

Interdisciplinary teams address multifaceted dimensions of health and wellbeing. There are a number of potential barriers to effective interdisciplinary teams. These include:

- lack of hierarchal support within, and external to, the team;
- inability of the team to share the same vision and goals with regards to outcomes;
- the trivialisation of others' opinions;
- resistance to change and reform;
- lack of access to appropriate resources (time, individuals and costs);
- poor communication within teams;
- lack of accountability of teams (working within teams means that you have someone else to blame);[44]
- competitiveness within the team;
- preconceived negative attitudes to outcomes and clients (based on lived experiences and taught behaviours);[45] and
- individual personalities may undermine the effectiveness of the team regardless of professional intentions.

Narisimhan states that a number of factors must be considered from the point of view of team members as well as the client to ensure good therapeutic outcomes.[46] By viewing the process in a holistic sense it is possible to take account of the complex and competing issues for all individuals involved in the process of interdisciplinary care, with direct recognition of the place and space of clients.

Freshman and colleagues observe that, unless potential issues and barriers are acknowledged and dealt with, interdisciplinary care can be negatively affected, resulting in poor health outcomes for services and individuals, their families and their communities.[45]

Human Rights Framework and Equity

Access to health is a basic human right irrespective of race, religion, culture, gender or sexual orientation and should be the founding principles of health service delivery. The principles of equality and non-discrimination are core principles in international human rights law, which all members of the United Nations have legal obligations to promote.[47]

The World Health Organisation (WHO) has suggested that the lack of concern for people of other cultures is a violation of the basic ethical principles of social justice, particularly in the area of adequate provision and maintenance of the social determinants of health.[48] Mental health professionals working in interdisciplinary teams that engage with clients, their carers and families, local community members and social service providers can help address a range of social determinant issues. The human rights framework helps to illustrate why Aboriginal and Torres Strait Islander peoples often lack access to mainstream services, including interdisciplinary teams.[49]

MacNaughton[47] and McMillan[49] acknowledge that the extent to which human rights principles have been adopted into law, interpretations of the rights to equality and non-discrimination, as well as their relationship to each other, vary considerably across countries and jurisdictions. The utilisation of the human rights framework and the underpinning of human rights principles in recognising positive equality as distinct from status-based non-discrimination has potential for ensuring that Aboriginal and Torres Strait Islander peoples have equal access to health and mental health services in Australia, (as well as services that address the social determinants).

Interdisciplinary Education

As pressure increases for more appropriate and effective means of health care, the need for interdisciplinary teamwork has been recognised, thus increasing the pressure to change the way health care professionals work and are educated.[11] Grymonpre[1] suggests that interprofessional education may assist health professionals to be more able to work as part of an interdisciplinary team; be reflective of, and able to make changes in their own practice; and, mentor their peer and students. By incorporating more constructivist, experiential and interdisciplinary approaches to learning—where all team members are actively involved in a process of meaning and knowledge construction—health professionals will gain a greater appreciation of the value each profession and paraprofessional brings to mental health and wellbeing care for clients from complex and culturally diverse contexts.

CONCLUSION

This chapter has outlined the critical importance of adopting an interdisciplinary approach to addressing the higher incidence of poor health, mental health and SEWB experienced by Aboriginal and Torres Strait Islander peoples. SEWB is a holistic concept of health and wellbeing held by many Aboriginal and Torres Strait Islander peoples. Interdisciplinary care to support SEWB is care offered by a group of health professionals, paraprofessionals, social and other community service providers and others of knowledgeable stature including Aboriginal and Torres Strait Islander community members who work together to provide social emotional wellbeing care at the individual, family and community level.

A key strength of mental health/SEWB multidisciplinary and interdisciplinary teams is that the combined expertise of a range of mental health professionals is integrated to deliver seamless, comprehensive care within a context that is culturally sound and secure for the client and family. An interdisciplinary approach has been shown to be beneficial to practitioners, clients, students and organisations. Successful management of interdisciplinary teams include effective communication, managing team emotions and stability, maintaining trust and respect, incorporating humour, addressing conflict constructively and facilitating team building.

Interdisciplinary education within the SEWB context is explained as the practice of professional disciplines working together and sharing their professional knowledge in arriving at solutions and approaches that can facilitate and help a mental health client achieve their potential and become well. Through interdisciplinary education multiple professional disciplines are encouraged and supported to come together as partners and equals to learn from each other and develop best practice. This newly constructed knowledge is then transferred to students to enable them to learn how to apply and facilitate improved quality of care in the field.

An interdisciplinary approach /interprofessional practice requires practitioners to acknowledge the traditional power differentiations that exist within their disciplines and positions and to relinquish some control to workers from other fields. Finally, it is argued that access to interdisciplinary care is a basic human right which all Australians, despite ethnic, cultural background or socioeconomic status should support, enable and maintain. To ensure health, mental health and other SEWB workers are confident and competent to participate in interdisciplinary teamwork, education and training in interdisciplinary models is essential.

CASE STUDY

The following case study about Jacinta is a real case presentation; all identifiable information has been removed to protect her identity.

Case Study **Jacinta's story**

A 32 year-old Aboriginal woman (Jacinta) presents to her GP with the following symptoms:

- *low mood, low self-esteem, frequent fatigue and loss of energy, moodiness, rapid weight loss, periods of uncontrolled crying, shortness of breath, nervousness, re-occurring migraines, broken sleep*
- *recently started smoking again after having quit for five years*
- *hospitalisation 12 months previous after a serious episode of asthma; however Jacinta reports her asthma had not been problematic since this episode. She is not currently using Ventolin as she reports being unable to afford to get her script filled*
- *direct family medical history is not known as the client was raised by extended family members*
- *current medication: Ibuprofen, Valium (not prescribed)*
- *previous medication: Zoloft, Ventolin.*

Jacinta has six children under the age of seven in her care and is the biological mother of two. Jacinta's sister who is the mother of the other four children has had to leave town to care for a sick extended family member in a remote area. The children remained in town as travel costs were too high. It is undetermined how long the mother of the four children will be away.

Jacinta who had to resign from her employment in order to care for the children does not receive any extra money from Centrelink to assist in looking after the children. Her sister is unable to contribute as her money is being used to support the extended family member's medical treatment.

Jacinta is struggling to pay her rent and frequently misses meals in order to provide sufficient food for the children. She has lost considerable weight since her last presentation at the GP. She tells the GP that caring for the children is causing her to have memories of her own childhood. She reports feeling disconnected from community and not belonging, as she has only lived in the area for a few years. Jacinta reports experiencing great 'shame' in having to seek assistance from her GP and is concerned about further referrals.

REFLECTION EXERCISE

Taking into account the SEWB framework and the mental health best practice guidelines consider the following issues for Jacinta's situation:

- What needs to be done and who should be involved in developing a care plan for her?
- As a member of the interdisciplinary team, describe your role and what you can bring to the team?
- What challenges and opportunities do you think may exist for you in the team?
- What considerations need to be made to ensure the success of the team in providing best practice?
- How may diagnosis, treatment and referral impact on the following levels: Individual/Family/Community?

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