

# Working Collaboratively with Australia's First Nations People:

A guide to providing culturally safe and sensitive practice in mental health community managed services

---

Literature Scoping Review and Consultation Report

March 2020



## Mental Health Coordinating Council

Building 125, Corner of Church & Glover Streets  
Lilyfield NSW 2040

PO Box 668  
Rozelle NSW 2039  
E: [info@mhcc.org.au](mailto:info@mhcc.org.au)  
T: 02 9555 8388

To cite this paper: Mental Health Coordinating Council 2020, *Working Collaboratively with Australia's First Nations People: A guide to providing culturally safe and sensitive practice in mental health community managed services, Literature Scoping Review and Consultation Report*, Authors, Henderson, C & Navarro, B.

Copyright © Mental Health Coordinating Council Limited. 2020

For any further information please contact:  
Corinne Henderson  
Principal Advisor/ Policy & Legislative Reform  
Mental Health Coordinating Council  
E: [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au)

## CONTENTS

Acknowledgements .....	3
Literature Scoping Review and Consultation Report .....	4
Background .....	4
Literature Scoping Review .....	5
Discrimination and racism .....	5
The impact of history .....	6
Cultural Dimensions of trauma .....	7
Self-awareness and reflective practice .....	7
Respect for Country and Family .....	8
Conceptualisations of mental health and recovery .....	9
Building Relationships; Respect and Collaboration .....	9
A welcoming environment .....	10
Communicating and Engaging .....	11
Suicide and self-harm .....	12
Coexisting Conditions .....	13
Cultural Competence .....	13
Incarceration and Discrimination .....	14
Project consultation .....	14
Key project activities .....	15
Timeline .....	16
Methodology .....	16
Analysis of data from interviews .....	17
Appendix 1 Bibliography .....	26
Appendix 2 Information and Confidentially document/ s – template .....	29
Project participant information .....	29
Participant Information Statement and Consent Form .....	30

## Acknowledgements

The MHCC thank the organisations that have given permission to be identified. We greatly value their contributions to this work.

Agency for Clinical Innovation (ACI)

Aboriginal Health and Medical Research Council (AHMRC)

Weave Youth and Community Services (WEAVE)

Penrith Women's Centre

We also gratefully acknowledge those that have contributed anonymously to our project.

This work sits on the shoulders of the many learned academics and researchers cited in this paper, as well as the Aboriginal and Torres Strait Islander people's lived experience of mental health conditions, trauma alongside of their knowledge and experience of working in the mental health and human services systems.

# Literature Scoping Review and Consultation Report

## Background

Across Australia, twenty-nine percent of Aboriginal and Torres Strait Islander people have reported that they live with a mental health condition.<sup>1</sup> Hospitalisation rates for Aboriginal and Torres Strait Islander people for self-harm are 2.7 times higher than for other Australians, and rates of high or very high psychological distress are 2.6 times as high. Death from suicide is twice as high as experienced by the community more broadly.<sup>2</sup> Mental health organisations and human services engage with Aboriginal and Torres Strait Islander people at a disproportionate rate to other people in the community.<sup>3</sup>

MHCC recognises that historically, the relationship between Aboriginal and Torres Strait Islander people and human services has been and continues to remain contentious. It is critical that mental health and human services take responsibility for ensuring that their organisational culture and practice approach are both culturally safe and sensitive, and that workers appropriately communicate with Aboriginal and Torres Strait Islander people thereby maximising access and equity to services and programs.

MHCC has drawn on contemporary literature about Aboriginal ways of 'knowing, being and doing', as well as evidence-based principles and practice in Australia in order to develop a resource which assists member organisations and other community-based services to develop a better understanding as to what culturally safe and sensitive practice might look like when working with Aboriginal and Torres Strait Islander people.

The guidelines MHCC set out to develop is intended to support quality improvement by increasing awareness of Aboriginal ways of knowing, being and in so doing, facilitate critical reflection on an organisation's service approach, and foster self-reflection on individual worker practice. A key driver of the project is the need to ensure that Aboriginal and Torres Strait Islander people feel safe and welcomed when accessing a service. To do this successfully, workers need to be aware that engagement and communication are key to building relationships.

---

<sup>1</sup> Australian Bureau of Statistics 2016, *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2016* cat. no. 2075.0 viewed 10 September 2019, Available:

<https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2075.0Main%20Features52016?opendocument&tabname=Summary&prodno=2075.0&issue=2016&num=&view=>

<sup>2</sup> The Department of Health, 2013, *Aboriginal and Torres Strait Islander suicide: origins, trends, and incidence*, Accessible: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>

<sup>3</sup> AHMAC 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report*. Canberra: AHMAC. Viewed: 29 October 2019, Available: <https://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/contents/tier-3-effective-appropriate-efficient/3-10-access-to-mental-health-services>

MHCC set out to scope the literature on the subject and undertook a consultative co-design process with Aboriginal workers and practitioners who work with Aboriginal and Torres Strait Islander people for guidance about a best-practice approach.

The resource to be developed is underpinned by information identified from scoping the literature and other resources (such as websites) and importantly from the consultation data gathered and analysed from the interviews conducted.

MHCC anticipate that this resource will foster critical reflection on how organisations and workers can improve their understanding and awareness of Aboriginal and Torres Strait Islander people's cultural norms and values to better support their social and emotional wellbeing, and that of their communities, families, carers, and support persons.

Impetus for the project emanated from MHCC members and other stakeholders having indicated that they would find a resource that assists them to better engage and communicate with their Aboriginal clients most useful. This is particularly important because the way in which services engage with Aboriginal and Torres Strait Island communities determines whether they will be able to effectively build rapport and sustainably support those communities accessing their services.

## Literature Scoping Review

### Discrimination and racism

A history of colonisation, oppression, racism and discrimination has led to Australia's Aboriginal and Torres Strait Islander Peoples disproportionately experiencing significant mental health and psychosocial disability. Neither public or community-based mental health services have been successful in meeting the diverse range of complex and co-existing mental health difficulties. Major difficulties exist not only in meeting service needs in terms of access and equity, but in providing culturally appropriate services that can offer care, treatment and support by staff from the communities themselves. Furthermore, the practice approach should be based on an understanding of the cultural sensitivities and norms that have meaning for those concerned. Australian practice in health services often reflects an approach dominated by white Eurocentric thinking.<sup>4</sup>

---

<sup>4</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia

## The impact of history

It is commonly recognised in the literature that knowledge of the history and colonisation of Aboriginal and Torres Strait Islander people's land and the impact on Australia's First Nations people is essential for non-Aboriginal workers in order to practice safely, and understand the complexity of mental health issues Aboriginal people experience.<sup>5 6 7</sup>

Aboriginal and Torres Strait Islander history has shaped the context in which we work today and colonisation has been identified as a determinant of mental health for Aboriginal people.<sup>8 9</sup> This has led to insensitive approaches which frequently act as barriers to Aboriginal people receiving support.

Understanding the history of Aboriginal and Torres Strait Islander people, particularly involving the history and experiences of a local community, will help service providers understand why Aboriginal people remain mistrustful of services and how they can best support individuals, families and communities.

## Stigma and discrimination

The literature frequently illustrates racism, both overt and subtle, as a barrier to service engagement.<sup>10 11</sup> Authors suggest that when service providers listen to and respond empathically to the narratives of the people they work with they are much more likely to build a relationship and the rapport necessary to effectively support ongoing engagement.<sup>12 13</sup> Not only will a person's account of their experiences help service providers understand those they work with; but by listening to them a worker will be more likely to gain an understanding of what has happened to them and why they may be responding or behaving the way they are.

The literature suggests that a trauma-informed approach to practice will assist workers when considering "what has happened to you rather than what is wrong with you" (MHCC, 2013).<sup>14</sup> Likewise, a trauma-informed lens will view a person's

---

<sup>5</sup> Sherwood, J, 2013 *Colonisation- It's bad for your health: The context of Aboriginal health*, Contemporary Nurse, December 2014, 46(1), 28-40, pp 28-40.

<sup>6</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia

<sup>7</sup> Abbot, P, Dave, D, Gordon, E, Reath, J, 2014 *What do GPs need to work more effectively with Aboriginal patients?: Views of Aboriginal cultural mentors and health workers*. Australian Family Physician, 43(1-2).

<sup>8</sup> Paradies, Y, 2016, *Colonisation, racism and Indigenous Health*, Journal of Population Research, 33, pp. 83-96.

<sup>9</sup> Sherwood, J, 2013 *Colonisation- It's bad for your health: The context of Aboriginal health*, Contemporary Nurse, December 2014, 46(1), 28-40, pp 28-40.

<sup>10</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia

<sup>11</sup> Isaacs, A, Pyett, P, Oakley-Browne, M. A., Gruis, H, Waples-Crowe, P, 2010, *Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward*, International Journal of Mental Health Nursing, 19, pp 75-82.

<sup>12</sup> Abbot, P, Dave, D, Gordon, E, Reath, J, 2014 *What do GPs need to work more effectively with Aboriginal patients?: Views of Aboriginal cultural mentors and health workers*. Australian Family Physician, 43(1-2).

<sup>13</sup> Bennet, B, Zubrzycki, J, Bacon, V, 2011, *What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People*, Australian Social Work, 64 (1), 20-37.

<sup>14</sup> Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction*, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

behaviour, for example, as a coping mechanism to manage distress, and as a tangible form of self-preservation and resilience. Many groups of people who have experienced community violence are also at risk of repeated victimisation, including but not limited to Aboriginal people.<sup>15</sup>

Nevertheless, statistics show that Aboriginal and Torres Strait Islander children are more likely to be the subject of substantiated reports of abuse than other children. Across Australia, Aboriginal children are more than six times as likely as other children to be the subject of substantiation as a result of criminal proceedings.<sup>16</sup>

The NSW Ombudsman reported in 2012 that 10% of all reported child sexual assault victims in NSW were Aboriginal even though Aboriginal children comprise only 4% of the total population of children.<sup>17</sup>

### Cultural Dimensions of trauma

The literature suggests that practice should be informed by an understanding that trans-generational transmission of trauma is at the core of Aboriginal and Torres Strait Islander people's experience and needs to inform practice. Trauma-informed services and systems should emphasise the high risk of re-traumatisation for Aboriginal people, particularly in acute mental health settings which traditionally poorly reflect and respect Aboriginal worldviews or adequately embed cultural safety. Aboriginal cultural safety is a practice and service framework that aims to provide positive and emotionally safe experiences for Aboriginal people in mainstream systems.<sup>18</sup>

Trauma survivors often report that they experience services as unsafe, disempowering and/or invalidating. Frequently, after failing to find a service provider who understands their behaviours in the context of their trauma history, they withdraw from seeking assistance. It should be noted that the pervasive impacts of trauma can include the way people approach potentially helpful relationships.<sup>19</sup>

### Self-awareness and reflective practice

Evidence has shown that non-Aboriginal workers may have unconsciously adopted some attitudes which can negatively impact practice. Therefore, critical reflection on the influence of colonisation and acknowledgement of how it contributes to the construction of cultural identities and practice is important.<sup>20</sup>

---

<sup>15</sup> Spatz, C, Czaja, S & Dutton, M 2008, *Childhood victimization and lifetime re-victimization*, Child Abuse & Neglect, August 2008, 32(8), pp 785–796

<sup>16</sup> Stanley, J, Tomison, A & Pocock, J 2003, *Child abuse and neglect in Indigenous Australian communities*, Child Abuse Prevention Issues, no 19, Spring 2003, Australian Institute of Family Studies.

<sup>17</sup> NSW Ombudsman 2012, *Responding to Child Sexual Assault in Aboriginal Communities: A report under Part 6A of the Community Services (Complaints Reviews and Monitoring) Act 1993*, Available: [http://www.ombo.nsw.gov.au/\\_data/assets/pdf\\_file/0005/7961/ACSA-report-web1.pdf](http://www.ombo.nsw.gov.au/_data/assets/pdf_file/0005/7961/ACSA-report-web1.pdf)

<sup>18</sup> Durey, A 2010, *Reducing racism in Aboriginal health care in Australia: where does cultural education fit?* Australian and New Zealand Journal of Public Health, Vol 34, Issue Supplement s1, pp. 87–92, July 2010

<sup>19</sup> Fallot, R & Harris, M 2009, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*, Washington, DC, Community Connections, Available: <http://www.healthcare.uiowa.edu/icmh/documents/CCTICSelfAssessmentandPlanningProtocol0709.pdf>

<sup>20</sup> Green, S, Baldry, E, 2008, *Building Indigenous Australian Social Work*, Australian Social Work, 61(4), pp 389-402.



In Australia, whiteness is still considered to be the norm, and has generally been privileged in practice and policies. This has led to certain attitudes being institutionalised.<sup>21</sup> Similarly, this has resulted in the creation of a power imbalance causing people to frequently be treated unfairly due to their race.<sup>22</sup> To reduce these imbalances, the literature urges those in power to critically review their own beliefs and practices.<sup>23</sup>

Developing critical awareness will help alleviate some of the anxiety and uncertainty service providers may experience when working with a cultural group that they are unfamiliar with. It will also assist them develop the confidence they need to recognise what they don't know and seek guidance.<sup>24</sup>

The language a worker uses can serve to empower or disempower people. Using language that is discriminatory, judgmental or which someone does not understand creates a power imbalance. Minimising the power differential can help show care and respect.<sup>25</sup> Workers need to be able to ask clients what they need to know in order to support them. They also need to acknowledge their clients' lived experience expertise and demonstrate that they can critically reflect on moments of uncertainty, share them with their colleagues and supervisors; put them into perspective and learn what not to do, and do in similar circumstances in the future.<sup>26</sup>

## Respect for Country and Family

As a worker develops and becomes more critically aware of their own culture and its influence on how they work; honestly reflects on their own biases and prejudices and how they interact with the world, they can learn more about the cultures of others. The literature is clear that in Aboriginal and Torres Strait Islander culture, it is important to try to comprehend the complexity of Aboriginal people's concept of "country," since they express their belonging to their country and uphold it as a part of their identity. A person's country is associated with ceremonies, spirituality, knowledge, and wisdom and it is synonymous with 'family'. Likewise, family is connected to spirituality and obligation.<sup>27 28</sup> To be removed from country or family, is to have part of one's identity eliminated. This must be respected and understood when considering how best to support an Aboriginal person.

---

<sup>21</sup> Durey, A, Thompson, S,C, 2012, Reducing the health disparities of Indigenous Australians: time to change focus, *BMC Health Services Research*, 12(151).

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Mental Health Coordinating Council 2012, *Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW*, Authors: Bateman, J., Henderson, C. & Hill, H, NSW, Australia.

<sup>25</sup> Jennings, W, Bond C & Hill, P 2018, *The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication*, Australian Journal of Primary Health, 2018, 24, 109-115, CSIRO publishing.

<sup>26</sup> Mental Health Coordinating Council 2012, *Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW*, Authors: Bateman, J., Henderson, C. & Hill, H, NSW, Australia.

<sup>27</sup> Green, S, Baldry, E, 2008, *Building Indigenous Australian Social Work*, Australian Social Work, 61(4), pp 389-402.

<sup>28</sup> Bennett, B, Zubrzycki, J, Bacon, V, 2011, *What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People*, Australian Social Work. 64(1), 20-37.

## Conceptualisations of mental health and recovery

Different cultures have very different conceptualisations of mental health. Use of the term 'mental health' can act as a barrier to engaging with Aboriginal and Torres Strait Islander people, and the concept of 'recovery' is somewhat foreign to people whose perspective of mental health embraces the mind, the body and the environment as inseparable, preferring to use the term "social and emotional wellbeing".<sup>29</sup>

For Aboriginal and Torres Strait Islander people, social and emotional wellbeing includes connection to family, community, ancestry, culture, spirituality and land. This concept considers how these connections have been formed through the generations and how they impact individual wellbeing.<sup>30</sup> In services, responding holistically to concerns and attending to these connections will increase the effectiveness of a service intervention.

Conceptualisations of mental health will differ from community to community. Likewise, the concept of wellness also varies between communities. While there are commonalities in the symptoms experienced by Aboriginal and Torres Strait Islander people which reflect common psychiatric diagnoses, there may be additional symptoms particularly experienced by Aboriginal people. Furthermore, the social determinants and theories which contribute to these symptoms are often different from how mental health conditions develop in people from other backgrounds and communities.<sup>31</sup> <sup>32</sup> As such, it's important for practitioners to be attentive to supporting healing and recovery pathways which are suited to the individuals needs and perspectives.<sup>33</sup>

## Building Relationships; Respect and Collaboration

The literature describes the significance of not only understanding aspects of Aboriginal and Torres Strait Islander people's culture, but to embrace and integrate it into practice. If an organisation wants to demonstrate that they are supportive of and embrace Aboriginal ways of "knowing, being and doing", they need to build their capacity to establish relationships with communities. The best way to do this is through meaningful collaboration with individuals, family, friends and the communities. It is extremely important to have Aboriginal workers employed in any organisation that endeavours to work effectively with Aboriginal people, and that all workers establish collaborative relationships with community.<sup>34</sup>

---

<sup>29</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Paradies, Y, 2016, *Colonisation, racism and Indigenous health*, *Journal of Population Research*, 33, 83-96

<sup>33</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia

<sup>34</sup> NSW Health, 2018, *Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care*. [Video] Accessible: <https://www.health.nsw.gov.au/mentalhealth/professionals/Pages/aboriginal-people.aspx>

Building rapport with an individual and their family will take time and cannot be rushed.<sup>35 36</sup> Relationships will need to be built with elders and leaders in the community and partnerships developed with the local community services. These relationships will contribute to an in-depth understanding of the social and emotional wellbeing of the local community, which will enable service providers to more effectively meet the needs of Aboriginal and Torres Strait Islander people, families and communities.<sup>37</sup>

A service which demonstrates an understanding that Aboriginal people are experts in their own lives and empowers them to take the lead in making decisions about their care, treatment and support can provide much more effective and sustainable services. Asking a person what their needs are, listening deeply and actively, and then acting upon their words will show that their knowledge is valued and that they can feel safe.<sup>38</sup>

## A welcoming environment

The literature describes the importance of creating a welcoming space on initial contact. An environment which appears sterile is likely to be particularly unwelcoming to Aboriginal and Torres Strait Islander people.<sup>39</sup> An Aboriginal person is more likely to feel at ease if a service has made efforts to understand what each community interprets as welcoming. It is vital that each community and individual are asked what a safe space looks like for them.

Examples of a welcoming environment might include displaying Aboriginal and Torres Strait Islander artwork in the style of the local community in reception or waiting areas.<sup>40 41</sup> Furthermore, a map of Country displayed so that people can describe where they belong is very important, as is a flag and other objects of cultural significance.<sup>42</sup> In any context, creating a friendly welcoming atmosphere is more likely to lead to positive service provision experiences.<sup>43</sup>

---

<sup>35</sup> Abbot, P, Dave, D, Gordon, E, Reath, J, 2014 *What do GPs need to work more effectively with Aboriginal patients? Views of Aboriginal cultural mentors and health workers*. Australian Family Physician, 43(1-2).

<sup>36</sup> Isaacs, A, Pyett, P, Oakley-Browne, M. A., Gruis, H, Waples-Crowe, P, 2010, *Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward*, International Journal of Mental Health Nursing, 19, pp 75-82.

<sup>37</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia.

<sup>38</sup> Bennet, B, Zubrzycki, J, Bacon, V, 2011, *What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People*, Australian Social Work, 64 (1), 20-37.

<sup>39</sup> Isaacs, A, Pyett, P, Oakley-Browne, M. A., Gruis, H, Waples-Crowe, P, 2010, *Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward*, International Journal of Mental Health Nursing, 19, pp 75-82.

<sup>40</sup> Abbot, P, Dave, D, Gordon, E, Reath, J, 2014 *What do GPs need to work more effectively with Aboriginal patients?: Views of Aboriginal cultural mentors and health workers*. Australian Family Physician, 43(1-2).

<sup>41</sup> Isaacs, A, Pyett, P, Oakley-Browne, M. A., Gruis, H, Waples-Crowe, P, 2010, *Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward*, International Journal of Mental Health Nursing, 19, pp 75-82.

<sup>42</sup> Trumble, S, 2019, *Do you have what it takes to engage with Indigenous people?* [Webinar], Mental Health Professionals' Network Webinar Library, Accessible: <https://www.mhpn.org.au/WebinarRecording/148/Do-you-have-what-it-takes-to-engage-with-Indigenous-people?>

<sup>43</sup> Owyong, Y.S.M., 2009, *Clothing semiotics and the social construction of power relations*, Social Semiotics, 19(2), pp 191-211.

## Communicating and Engaging

Introductions are of great importance to Aboriginal and Torres Strait Islander people. They are generally more comfortable introducing themselves by identifying the country they belong to and their associations, rather than describing what they do and their status in the world. The literature recommends that a service provider should be aware of presenting themselves as a person before explaining their practitioner role, and to always be willing to share some of who they are, where they are from, and their connections to the community.

Many authors recommend that this will help build connection on a personal level.<sup>44</sup>

<sup>45</sup> In turn, it is critical to show respect, interest and curiosity by asking an Aboriginal person about themselves and how they wish to be addressed.<sup>46</sup>

Outcome evaluations have shown that when working with Aboriginal and Torres Strait Islander people, deep listening without interruption is vital, as is actively responding, all of which help build rapport. It is important for workers to check-in that a person feels comfortable and safe, and ask whether they have any special needs such as whether they have a hearing or other physical difficulty that might be helpful to know about, and to not ask people to complete forms when unsure about any reading or literacy issues. A person may be multi-lingual but not read English or might need an interpreter. Asking appropriate questions will afford a person the best opportunity and the power to express themselves more fully.<sup>47 48</sup>

Research suggests that having a “yarn” will be more engaging than asking a prescribed series of questions.<sup>49</sup> Also that workers need to be aware of what they are communicating through body language. For example, a person demonstrating restlessness and tapping a leg might indicate disinterest, and crossing arms is often interpreted as negative body language; whilst using positive non-verbal cues can help encourage conversation.<sup>50</sup> Mirroring another person's chosen way of engaging it thought to be best practice.<sup>51</sup>

---

<sup>44</sup> Bennet, B, Zubrzycki, J, Bacon, V, 2011, *What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People*, Australian Social Work, 64 (1), 20-37.

<sup>45</sup> Dingwall, K, Lindeman, M, Cairney, S, 2014, “You ’ ve got to make it relevant ” : barriers and ways forward for assessing cognition in Aboriginal clients, Biomed Central Psychology, 2(13)

<sup>46</sup> NSW Health, 2018, *Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care*. [Video] Accessible: <https://www.health.nsw.gov.au/mentalhealth/professionals/Pages/aboriginal-people.aspx>

<sup>47</sup> Bennet, B, Zubrzycki, J, Bacon, V, 2011, *What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People*, Australian Social Work, 64 (1), 20-37.

<sup>48</sup> NSW Health, 2018, *Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care*. [Video] Accessible: <https://www.health.nsw.gov.au/mentalhealth/professionals/Pages/aboriginal-people.aspx>

<sup>49</sup> Dingwall, K, Lindeman, M, Cairney, S, 2014, “You ’ ve got to make it relevant ” : barriers and ways forward for assessing cognition in Aboriginal clients, Biomed Central Psychology, 2(13)

<sup>50</sup> Mental Health First Aid Australia, 2014, *Communicating with an Aboriginal or Torres Strait Islander adolescent: guidelines for being culturally appropriate when providing mental health first aid*. Melbourne, Australia, Accessible at: [https://mhfa.com.au/sites/default/files/ATSI\\_AdolecentHelp\\_eversion\\_2014.pdf](https://mhfa.com.au/sites/default/files/ATSI_AdolecentHelp_eversion_2014.pdf)

<sup>51</sup> Oxfam Australia, 2015, *Aboriginal and Torres Strait Islander Cultural Protocols*. Accessible from: [https://www.oxfam.org.au/wp-content/uploads/2015/11/2015-74-atsi-cultural-protocols-update\\_web.pdf](https://www.oxfam.org.au/wp-content/uploads/2015/11/2015-74-atsi-cultural-protocols-update_web.pdf)

A study by Jennings et al. (2018)<sup>52</sup> explored narrative accounts from Aboriginal people in the USA about healthcare access to better understand views on what constitutes culturally safe healthcare and health communication represented in that literature. A systematic literature review of peer-reviewed academic qualitative studies identified 65 papers containing Aboriginal people's views on accessing healthcare. Across all these studies analysis included multiple Aboriginal voices describing healthcare access in which workers' modes of communication, or 'talk', emerged as a key theme.

The findings clearly indicated that "Aboriginal people valued talk within healthcare interactions; and that it was essential to their experience of care, having the power to foster relationships of trust, strengthen engagement and produce positive outcomes".<sup>53</sup>

The authors wrote that "by mediating the power differentials between health professionals and Aboriginal clients, talk could either reinforce powerlessness, through judgmental down-talk, medical jargon or withholding of talk, or empower patients with good talk, provided in plain English".<sup>54</sup>

This study identified that "good talk" is a critical ingredient to improving Aboriginal accessibility and engagement with healthcare services, as well as having the ability to minimise the power differentials between Aboriginal people and the healthcare system more generally.

## **Suicide and self-harm**

It is understood anecdotally that during the pre-colonial times in Australia, suicide was an infrequent occurrence among Aboriginal and Torres Strait Islander people. However, since the 1980s it has become increasingly common.<sup>55</sup> From 2001-2010, 100 Aboriginal Torres Strait Islander people ended their life each year; the suicide rate for Aboriginal and Torres Strait Islander people was 2.6 times that of non-Aboriginal Australians. Furthermore, from 2008-2009 the rate of hospitalisation for intentional self-harm was several times higher than that of non-Indigenous Australians.<sup>56</sup> Most suicides occur before the age of 35.<sup>57</sup> Factors which contribute to suicide are better understood as functioning in communities rather than in individuals.<sup>58</sup> Among the factors which contribute to these high rates are an absence of purpose, few mentors outside of the field of sports, family breakdowns, a lack of meaningful connections in the community, a continuing cycle of grief and loss from high

---

<sup>52</sup> Jennings, W, Bond C & Hill, P 2018, *The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication*, Australian Journal of Primary Health, 2018, 24, 109-115, CSIRO publishing.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

<sup>55</sup> The Department of Health, 2013, *Aboriginal and Torres Strait Islander suicide: origins, trends, and incidence*, Accessible: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>

<sup>56</sup> Ibid.

<sup>57</sup> Ibid.

<sup>58</sup> Lawson-Te Aho, K, Liu, JH., *Indigenous Suicide and Colonization: The Legacy of Violence and the Necessity of Self-Determination*, International Journal of Conflict and Violence, 4(1), pp 124-133.

number of deaths in communities and low literacy levels which speaks to exclusion and alienation.<sup>59</sup>

## Coexisting Conditions

Poor physical and mental health remains more prevalent among Aboriginal and Torres Strait Islander people when compared to non-Aboriginal people. The research has shown that while there are proportionately more Aboriginal people than non-Aboriginal people who abstain from alcohol, Aboriginal people who do drink are more likely to do so at high-risk levels.<sup>60 61</sup> A high percentage of individuals with substance use issues have co-existing mental health conditions; “and in Aboriginal communities, there are high rates of comorbidity”.<sup>62</sup> There are complex causality and treatment patterns which are unique to Aboriginal and Torres Strait Islander populations and practitioners need to be aware of and responsive to cultural trauma and disempowerment and the issues surrounding each co-existing condition.<sup>63</sup>

## Cultural Competence

To be culturally competent is to work effectively in environments which are culturally diverse.<sup>64</sup> It involves integrating knowledge from individuals and communities into practices, using skills and competencies which meet the cultural experiences and traditions of clients to improve quality of healthcare service provision.<sup>65</sup> Cultural competency is a crucial component for decreasing inequalities in health access and improving effectiveness of service provision for Aboriginal and Torres Strait Islander people.<sup>66</sup> Culturally competent practices that are found to improve access include collaboration with Aboriginal health services and communities, adapting services to the needs of communities, and integrating cultural competency into organisation culture, governance, and policies.<sup>67</sup>

---

<sup>59</sup> Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Commonwealth of Australia, Canberra, Australia

<sup>60</sup> Berry, S, Crowe, T.P., 2009, *A review of engagement of Indigenous Australians within mental health and substance abuse services*. Faculty of Health and Behavioural Sciences-papers, 8(1), pp 1-12.

<sup>61</sup> Marel, C, Mills, K, Kingston, R, Gournay, K, Deady, M, Kay-Lambkin, F, Baker, A, Teesson, M, 2019, *Co-occurring alcohol and other drugs and mental health conditions in alcohol and other drug treatment settings*. Centre of Research Excellence in Mental Health and Substance Use at National Drug and Alcohol Research Centre at UNSW Australia. Sydney, Australia.

<sup>62</sup> Ibid.

<sup>63</sup> Berry, S, Crowe, T.P., 2009, *A review of engagement of Indigenous Australians within mental health and substance abuse services*. Faculty of Health and Behavioural Sciences-papers, 8(1), pp 1-12.

<sup>64</sup> Durey, A, 2010, *Reducing racism in Aboriginal health care in Australia: where does cultural education fit?* Australian and New Zealand Journal of Public Health, 34(1)

<sup>65</sup> Ibid.

<sup>66</sup> Bainbridge, R, McCalman, J, Clifford, A, Tsey, K, 2015, *Cultural competency in the delivery of health services for Indigenous people*, Issue paper no. 13, published by Australian Institute of Health and Welfare and Australian Institute of Family Studies.

<sup>67</sup> Ibid.

## Incarceration and Discrimination

A study conducted in New South Wales showed that 43% of Aboriginal and Torres Strait Islander people in custody had at least one mental health diagnosis in the last 12 months.<sup>68</sup> Research on the issue of violence towards Aboriginal people in the criminal justice system reports that while Aboriginal and Torres Strait Islander adults constitute 2% of Australia's population, they represent 27% of people in prison. Furthermore, incarceration rates increased by 41% between 2006 and 2016.<sup>69</sup>

Research about young Aboriginal people in custody states that 81% reported that they had experienced racist abuse.<sup>70</sup> From 2001 to 2008, the rate of Aboriginal adults being imprisoned rose by 37%, making the rate of Aboriginal imprisonment thirteen times higher than the rate for non-Aboriginal people in Australia.<sup>71</sup> The growth has been attributed to increased numbers of people refusing bail, increased number of criminal offences, increased convicted Aboriginal people for the offence of stalking/intimidation, and an increase in the amount of time being spent on remand but defendants who have refused bail; this is partially due to an increase in court delays.<sup>72</sup>

Other factors that have been highlighted as contributing to over-representation of Aboriginal and Torres Strait Islander people in prison include drug and alcohol abuse, low school performance, poor parenting, unemployment, poor housing, poverty, low wages, location, peer group pressure, and institutional racism.<sup>73</sup> The research shows that the higher rates are a product of disadvantage in Aboriginal communities.<sup>74</sup>

## Project consultation

Information was gathered to contribute to the development of guidelines designed to assist non-Aboriginal workers to engage more effectively with Aboriginal and Torres Strait Islander people accessing mental health and psychosocial support services in NSW. It is anticipated that these guidelines will foster critical reflection on how organisations and workers can improve their understanding and awareness of Aboriginal and Torres Strait Islander people's cultural norms and values to better meet their needs, goals and aspirations.

---

<sup>68</sup> Heffernan, E, Andersen, K, Kinner, S, 2009, *The insidious problem inside: mental health problems of Aboriginal and Torres Strait Islander People in custody*. Australasian Psychiatry, 17).

<sup>69</sup> Australian Law Reform Commission, 2018, *Disproportionate incarceration rate*, Pathways to Justice-Inquiry Into the Rate of Aboriginal and Torres Strait Islander Peoples (ALRC Report 133).

<sup>70</sup> Cunneen, C, 2009, *Indigenous Incarceration: The Violence of Colonial Law and Justice*, In Scraton, P. and McCulloch, J. (eds) *The Violence of Incarceration*. Routledge Taylor and Francis Group, London.

<sup>71</sup> Fitzgerald, J, 2009, *Why are Indigenous Imprisonment Rates Rising?*, Criminal Justice Statistics, Bureau Brief, volume no, 41.

<sup>72</sup> Weatherburn, D, Holmes, J, 2017, *Indigenous Imprisonment in NSW: A closer look at the trend*. Crime and Justice Statistics, issue paper no. 126.

<sup>73</sup> Weatherburn, D, 2016, *Disadvantage, Drugs and Gaol: Re-thinking Over-representation in Prison*, Australian Journal of Social Issues, 45(4), pp 559-576

<sup>74</sup> Ibid.

To complete this project, Aboriginal psychosocial support and rehabilitation workers, peer workers and others with experience of working with Aboriginal and Torres Strait Islander clients employed by MHCC member organisations and others agencies were asked to participate in a collaborative process to provide rich material to inform the development of guidelines, together with the literature and other resource scoping findings.

The project acknowledges the presence of non-Aboriginal authorship within this paper and the guidelines developed, and therefore the potential for distortion in the representation of Aboriginal voices. The project has attempted to circumvent this by adopting a collaborative and co-design process.

### **Key project activities**

1. Aboriginal and Torres Strait Islander member organisations and others were consulted to act as an informal co-design 'ad hoc' reference group. The project interviewed a caseworker in a community restorative centre, the programs' lead at a youth and community support service, a training and assessor research lead with the Aboriginal Health and Medical Research Council, a worker in the criminal justice system and a foster carer.
2. A set of survey questions was designed, with the assistance of the Peace Project Officer at ACI who identifies as an Aboriginal descendent of the Kamilaroi and Bundjalung Nation. Developing a survey was identified in the project brief as the process through which the project could consult Aboriginal and Torres Strait Islander people and others with experience in the field, concerning Aboriginal ways of knowing, being, doing and communicating and to articulate their conceptualisation of wellness and healing. These questions were intended to provide a mechanism for informal conversations which led to broader conversations.
3. A literature scoping review was undertaken to determine the themes arising to inform the survey questions that would inform the development of guidelines.
4. A Theming Analysis methodology was utilised that enabled the project to identify key themes and review how those aligned with the literature.
5. The reference group will be consulted on the content for guidelines to be made freely available to the sector.

### **Survey Questions:**

1. What are the most important elements of culturally safe service provision for Aboriginal and Torres Strait Islander people?
2. How can organisations create a welcoming environment and show their connection to community in the initial stages of engagement?
3. How would you describe effective and engaging mental health service provision for Aboriginal and Torres Strait Islander people?



4. What are the barriers that Aboriginal and Torres Strait Islander people experience that deters them from accessing a service?
5. What aspects of mainstream service provision may result in Aboriginal and Torres Strait Islander people's needs not being met?
6. What do non-Aboriginal people need to think about when communicating with Aboriginal and Torres Strait Islander people?

Other questions which arose as consultations progressed:

- What would you say common courtesies are?
- What would people say when they talk about where they're from?
- What kind of language do mainstream services use?
- What language do you use here, at your service?
- How would knowledge affect your practice?
- How can services reach rural and regional communities?
- Do you have more examples of what it means to think about whiteness when you're speaking to people?

## Timeline

Stage one and two of the Project were conducted between September 2019 and January 2020. The project was developed to be undertaken by Master of Social Work student Breeze Navarro, on work-placement at MHCC from the Australian Catholic University. The project consultation, survey development and literature scoping were primarily conducted by Breeze Navarro, under the supervision of Corinne Henderson, Principal Advisor, Policy & Legislative Reform at MHCC. The Literature Scoping Review and Guidelines are co-authored.

## Methodology

A thematic analysis methodology was used to analyse the qualitative data gathered from the interviews. Thematic analysis was chosen as it lends itself to use for early researchers who are unfamiliar with more complex types of qualitative analysis. It allows for flexibility in the researcher's choice of a theoretical framework. Some other methods of analysis are closely tied to specific theories, but thematic analysis can be used with any theory the researcher chooses. Through this flexibility, thematic analysis allows for rich, detailed and complex description of data.

The methodology was applied to a set of interview texts from which transcripts were generated. Thereafter, the data was closely examined to identify common themes – topics, ideas, and patterns of meaning that arose consistently across the responses. The project utilised a common six-step process:

- Familiarisation
- Coding
- Generating themes
- Reviewing themes
- Defining and naming themes
- Writing up

## Analysis of data from interviews

MHCC consulted with six individuals who provided their responses to the survey questions. This led to some rich broader conversations which took between 30-45 minutes. The sessions were recorded so that they could be transcribed, deidentified, themed and analysed.

Findings from the analysis enabled us to identify eleven overarching themes which will be utilised to develop the third stage of the project – a guidelines resource.

The following represents the themes derived from conversations with those who generously shared their lived experience, knowledge and expertise of working with Aboriginal and Torres Strait Islander people and community. Much of what we heard closely reflected the literature described in this report and serves as a valuable evidence base from which to develop the project. The themes identified were as follows:

- Acknowledging History
- Listening First – Community Outreach
- Creating a Welcome Environment
- Connecting to Communities
- Aboriginal Workforce
- Barriers to Service
- Removing Barriers
- Culturally safe service provision
- Trauma Informed Care and Practice
- Effective Engagement
- What to Be Aware of When Communicating

## Acknowledging history

A major theme that emerged was the critical importance of acknowledging the impact the history of colonisation has had on Aboriginal and Torres Strait Islander people. This theme also highlighted the importance of appreciating how a practice approach that recognises Aboriginal culture can deeply affect outcomes for people engaging with services.

*“History has a huge impact. Colonisation, it's carried on for generations - the Stolen Generation. There's just no real understanding from people.”*

Several participants stressed that it is vital to not only to have knowledge of the broader historical context, but to have an appreciation of the Aboriginal and Torres Strait Islander history of the local community you are working in. It was evident that whilst generalist cultural competency training, skills and understanding of policy frameworks is important, practice cannot be generalised on the ground. Clearly, it is vital that service culture and practice reflects how history has affected people locally and demonstrate how a service can work with that specific knowledge.

*“Understanding the local history helps people to understand why things are happening today, for example, if someone misses an appointment and you show understanding of their background, of the location's history, and how it's impacted people, they won't have to justify themselves.”*

Clearly, a multilayered approach is required. People do not want to tell and repeat their stories or need to explain themselves. They want workers to grasp where they are coming from because they understand the cultural context.

### **Listening first - community outreach**

Community and building connections were discussed as crucial to working with Aboriginal and Torres Strait Islander people. Interviewees suggested that prior to establishing a service, the community should be approached, and relationships established.

*“We made sure before we came down here, before we opened the office, before we renovated the office, to meet community, to make sure we met the Elders, to start forming those relationships.”*

Building a service that responds to the voices and needs of the community means that the community will be supported in the way they need to be.

*“It's different for every group, but generally Aboriginal people will be able to tell you what is important to them and what contributes to their mental health and wellbeing.”*

On an individual level, this can mean asking for permission, asking how someone would like to proceed, and ask questions about what they want service to look like. This will show that you care, are flexible, open and willing to shape services to meet their needs.

*“They're the experts in their own lives.”*

It was noted that there should be communication with the community and individuals throughout at every level of service provision. One participant noted that if you are not asking permission and asking how to work with people, then you are replicating past approaches of imposing ways of working, and policy implementation.

### **Creating A welcoming environment**

If possible, allow the local community to help you design and build the service environment. This will be the best way to ensure that this represents a safe space for people. Get people involved, consult and brainstorm with the community. Regardless, most interviewees spoke about creating a warm, welcoming, family-like space as opposed to a traditionally 'clinical' space.

*“If things are clinical, it won't work.”*

Simple things such as having plants in the room, a water cooler, having refreshments readily available (especially healthy treats and fruit) can help make a friendly space that makes people feel more comfortable. Ask locals who are the resident artists in the community - who might be prepared to share their work with others. Displaying Aboriginal artwork from the local community shows respect and appreciation, especially when the artists are acknowledged fully. It is also a sign that Aboriginal people are welcome. One interviewee discussed the creation of a power balance in their workplace.

*"We try and make our workplace spaces equitable. We share kitchens with our clients, we share bathrooms with our clients we don't have screens up that show any sort of power separation, people can come in and sit at our computers and use them."*

A staff member should always be available to greet people at the door and explain the service, what is available and the requirements of engagement. Instead of expecting someone to fill out a form by themselves, someone should offer to sit with the service user and complete the form with them if necessary. If a service cannot provide immediate assistance, it is important to take the time to explain why they are unable to do so, and provide referrals or alternatives if possible, rather than simply turning someone away.

### **Connecting to communities**

It is very important to reach out to communities and foster familiarity. One interviewee said that when they needed support, they were unaware that there were so many alternative and diverse services available; and said that others might not know about them either. Another interviewee said that if people have met you and spoken to you in a community context, they may be more likely to approach a service, because they recognise your face.

*"Go out, be in the street, be in shelters, be seen grocery shopping, be seen in a human way."*

Other suggestions were to volunteer, attend community events, and even visit schools to get to know kids and speak to them about how they can promote their own mental health. Developing this relationship with the community outside of the of the service environment will increase the likelihood that someone will be comfortable approaching a service for themselves or a family member. It is part of developing and building relationships.

### **Aboriginal workforce**

Every interviewee spoke about the importance of services having Aboriginal staff and modelling diversity.

*"Not necessarily the ones providing the service, but there are Aboriginal and Torres Strait Islander staff involved in the service generally."*

Interviewees said working alongside an Aboriginal colleague set people at ease, ensured they were held accountable in their actions, and ensured that service provision was culturally appropriate.

*“Make it targeted recruitment a priority because you need people that know and understand in a way that we can’t possibly.”*

The necessity of cooperation and having partnerships with Aboriginal services was also highlighted. Interviewees suggested that Aboriginal organisations were best equipped to provide services to Aboriginal people.

*“I think it’s a lot better when Aboriginal organisations themselves are developing because they’re going to be connected to that community, and while they’ll also show that culture, they’re going to be around longer.”*

It was made clear that organisations should be aware of all the Aboriginal services in the area and develop partnerships with them, understand their referral processes and that their protocols for referral might be different to other services.

*“My first port of call would be to refer to the local Aboriginal medical service.”*

### **Barriers to service access**

The people MHCC interviewed spoke extensively about the barriers Aboriginal people experience when receiving service provision. First and foremost, the barrier identified was racism.

*“People are concerned about how they will be viewed, the darker their skin the more worry of being accused or thought of as automatically an AOD client.”*

Services tend to be grounded in traditional Western ways of working and use a practice approach which tends to either treat people like customers or patients.

*“the treatment of a person like a patient or customer is somewhat at odds with the community mindset of Aboriginal people, they want to deal with a mate or friend or member of community who’s able to help them out.”*

Interviewees spoke about the history of service provision that had broken the trust of Aboriginal and Torres Strait Islander people and communities. It was suggested that Aboriginal people might be afraid of being hospitalised, taken off country, or locked away if they approached a service or while receiving services. Having their children taken away was a fear strongly expressed. They might also be wary of the information provided being used against them later, in other contexts.

*“They might be thinking every time they open their mouth, they’re giving information that’s going to go on a file somewhere...even if it’s mental health, in child protection, someone might subpoena that file and use it for child protection proceedings, which isn’t uncommon when working with Aboriginal people.”*

Furthermore, the language being used is often inappropriate. Aboriginal people do not use the term 'mental health' but relate more to the concept of 'social and emotional wellbeing'. Use of this language better expresses and encompasses the various understandings of what mental health means in Aboriginal communities. Likewise, when services use diagnostic terms or language other than what a service user prefers or understands, it can be stigmatising and patronising. Aboriginal people speak many languages, but English may not be their first language, or they may not have fluency in it. Interviewees stressed the importance of checking in with services users as to what is their language of preference.

The literature demonstrates, and interviewees supported a strengths-based rather than deficit-based approach which is likely to turn Aboriginal and Torres Strait Islander people away from engagement.

Practical barriers also present difficulties for services users. Interviewees commented on factors such as money, transportation, complicated documents and difficulties maintaining contact. Particularly in rural and remote environments, people might not have access to a car, have a licence or have the money to drive one or get transport to reach a service. Aboriginal people also might not have the documents a service requires or know how to get them. Services should assist people get what they need to access a service or develop more flexible pathways to care and treatment in the community. Communication can be difficult if someone doesn't have a phone or have any alternative way to be contacted.

### **Removing barriers**

As previously identified, getting involved with and listening to the community was often referred to as a way of breaking down barriers. Interviewees also spoke about the derogatory language commonly experienced by Aboriginal people.

*"Racism is alive and well in Australia."*

Interviewees stressed that if they hear any negative language about or towards Aboriginal people, even in jest, they call it out or correct their colleagues. It was strongly recommended that all workers undertake cultural awareness and trauma training as part of orientation. The importance of embedding a trauma-informed practice approach in all service contexts was emphasised as crucial to the development of a better understanding of psychosocial impacts of generational trauma on Aboriginal individuals and communities.

*"We always need to make sure that we're working with Aboriginal communities through the trauma-informed lens, because the impacts of colonisation are still being felt today. There is so much racism, so much inequality, so much isolation, so much segregation, and we need to make sure that when we're working with communities that we acknowledge that and acknowledge the history, and acknowledge the past, the pain, and the hurt, and that we find a way to move forward together."*

Flexibility in service provision was highlighted as a means of minimising barriers. Being open to providing service outside the home or on a walk can help make the process of engagement less “clinical.” The development of ‘ad hoc’ services was recommended, as set appointments might be more difficult to keep track of or attend. One participant noted they will make an appointment only if that is helpful for someone.

*“If they have made the effort to come and see you, you should make the effort to at least sit down with them and whatever spare time you do have, try to help them out and if it’s something that requires more time, get another staff member to assist.”*

A service provider might even be open to listening to someone if they call outside of an appointment just to have ‘a yarn’. Listening instead of turning someone away will show someone they are always welcome.

*“Sometimes people will just call to have a yarn, not asking to take questions or giving information, just to talk to someone.”*

### **Culturally safe service provision**

Culturally safe-service provision was usually described as including Aboriginal workers and partnerships with Aboriginal-managed organisations. This is to ensure that non-Aboriginal workers are being culturally sensitive, particularly around concepts more specific to engagement with Aboriginal people. For example: “men’s and women’s business.”

*“Understanding sociocultural issues like shame and men’s and women’s business, especially in provision of mental health services, is really important, especially where mental health issues occur as a result of trauma and grief, ....., the need for gender appropriate service provision can be very important depending on the nature of the underlying trauma”.*

Interviewees said that people need to feel safe and be treated as individuals – and respected as human beings with specific needs. The literature supports this, stating that it takes time to build trust and a relationship, and that by focusing on a relationship and having continued conversations at the pace appropriate to the individual, difficulties associated with mental health will lessen over time.

When providing service, interviewees stressed the need for services to be holistic, wrap-around, person-centred and directed, and family focused; as mental health or social and emotion wellbeing is affected by many different systems in a person’s life.

As said earlier, service providers should consider history, financial circumstances, housing, and other aspects of a person’s life. When working with Aboriginal and Torres Strait Islander people, it is particularly important to consider connection to culture, as this is really a priority for improving wellbeing. When organisations are unable to provide that connection, organisations can facilitate other opportunities.

*“You can as an organisation, walk alongside a person and ask them how we can help facilitate opportunities to help kids connect to culture, led by you, if a person is part of our programs. When running a bush circle camp or some kind of cultural camp we always consult with the Elders in the area that we are going to, and it's always facilitated by Aboriginal people.”*

## **Trauma-Informed Care and Practice**

The literature supports interviewees comments about the endemic complex trauma experienced by Aboriginal and Torres Strait Islander people – the lived and living trauma that permeates across generations. It is vital to consider “what happened to a person” rather than “what's wrong with them.

*“We need to be visibly mindful of trauma experiences, I think it's generally a given, it is a given that Aboriginal people have experienced trauma, also that the system that is there to support them has also been very, very harsh towards them.”*

Services must build trust with Aboriginal and Torres Strait Islander people because historically, services have been a part of the trauma that has re-victimised and re-traumatised them. Workers must understand and acknowledge how someone's personal history has contributed to their difficulties, be understanding and empathetic, and validate the injustice they have experienced.

## **Effective engagement**

To effectively engage with Aboriginal and Torres Strait Islander people, it is important to firstly recognise that whatever a worker's professional training and experience in the mental health field that they are not the expert. They need to listen, hear and take on board what people have to say about their own emotional health and wellbeing.

*“It's different for every group, but generally Aboriginal people will be able to tell you what is important to them and what contributes to their mental health and wellbeing.”*

Interviewees stated that asking a standard set of questions is likely to result in a poor outcome. Aboriginal people often speak ‘around a subject’ before speaking ‘about it’ and build context into their answers. Providing space and time to have a yarn where someone can express themselves freely, will give the service provider more information than they might otherwise obtain by a set of questions.

*“Willingness to take time to listen to a person tell their story the way they want to do shows respect. Mental health service provision that allows a person to provide context generally leads to gleaning and a lot more information than you would otherwise get if they were just answering the short jab questions that might otherwise be posed.”*



The evidence base offers encouragement for improved engagement by listening for the strengths and resilience through stories that people share. Building on the strengths and knowledge of someone is far more effective than when focused on the specific issues a person may be experiencing.

*“Everybody is made up of lots of different parts. We all need to tap into the hope and the strengths people have and build on those so we can help them overcome their challenges.”*

Generally, interviewees spoke about being respectful, listening, and building a relationship of trust in order to engage effectively with Aboriginal people.

*“The most important thing is to show respect and appreciate that when they are at your service and are willing to engage with a non-Indigenous service (which in itself might be a blow to their pride). Taking the time to listen to them, get to know them, is the most important thing you can do in getting them to engage with you.”*

### **What to be aware of when communicating**

Interviewees emphasised how essential it is to be aware of the background and culture of Aboriginal and Torres Strait Islander people. As there are many different communities, this may mean approaching Elders from a specific area and asking how to best support someone from their country. Understanding a person's individual context and history, and what their situation is in that context is key to building rapport.

*“the biggest thing would be to build rapport with them. Explore more with them, where they're from, what situation they're in, go from there. Where they've come from, what environment they've come from, what their surroundings is like right now, this is all going to have an impact on an individual's conditioning.”*

Starting with a topic unrelated to the presenting problem may help a service provider get to what they need to know. For example, begin with a conversation about home, school or perhaps have a conversation starter in the room that may eventually lead to the reason someone has come to the service.

*“Yarning is circular, in and out, up and down, so it allows people time to get to the topic. It makes it easier to engage, you get more information, if you don't cut to the chase.”*

Being attentive to the conversation, listening for pauses, watching for subtle signs, can allow a worker to notice when someone is feeling strongly and to ask more about it. For example, if someone clenches their hand you might ask if they are angry or stressed. While they might not be, it opens-up a space for narrative.

*“Take your time. There is no hurry, plenty of time, listen, look at their whole body. Listen to their whole body with your whole body.”*

Interviewees also noted the importance of making sure that you are clearly communicating. "Gratuitous concurrence," is when someone gives an answer that they think is the right answer. They might be intimidated, tired of the conversation, uncomfortable, or they might not understand what has been said and so rush the process. Interviewees stressed the importance of checking that someone understands what has been asked or what they are agreeing to.

*"Sometimes, it's more polite to say yes: so... check for understanding or agreement, make sure to spell out what they have agreed to."*

Silence, a crucial aspect of communication, was referred to in the literature and in the interviews. When someone does not answer, it is important not to rephrase, or to keep speaking and instead sit and let someone think. Answering quickly demonstrates a lack of respect and appreciation of the value of silence. It can shut down the conversation.

*"Silence is a very important thing, so you may ask someone a question and they may not immediately answer. Often, they are just thinking about the answer and just because a person doesn't answer immediately... definitely don't move on or rephrase or re ask. Give people an opportunity and just be willing to sit in silence until someone is willing or able to answer the question."*

The literature talks to the ability a worker has to share "self" and be able to share aspects of your personal self when working with Aboriginal and Torres Strait Islander people. Without breaking any professional boundary, it can help to be willing to share where you are from or why you work or live in the community to build trust.

*"They might want to know a little bit about who you are, how you've come to that particular space, so generally I'd let them know a little bit about myself, the reason, how long I've been in that community for, so the personal professional meld a little bit."*

**MHCC would like to thank all involved, especially the Aboriginal and Torres Strait Islander people interviewed for this project. Your cultural insight, knowledge and sharing has been invaluable part of our learning. We also thank you for your time and dedication to making this report an important opportunity for learning within orientation.**

## Appendix 1 Bibliography

- Abbot, P, Dave, D, Gordon, E, Reath, J, 2014 *What do GPs need to work more effectively with Aboriginal patients? Views of Aboriginal cultural mentors and health workers.* Australian Family Physician, 43(1-2).
- Ahpra and National Boards 2020, *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020 – 2025.*
- AHMAC 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report.* Canberra: AHMAC. Viewed: 29 October 2019, Available: <https://www.aihw.gov.au/reports/indigenous-health-welfare/health-performance-framework/contents/tier-3-effective-appropriate-efficient/3-10-access-to-mental-health-services>
- Australian Bureau of Statistics 2016, *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2016'* cat. no. 2075.0 viewed 10 September 2019, Available: <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2075.0Main%20Features52016?opendocument&tabname=Summary&prodno=2075.0&issue=2016&num=&view=>
- Australian Law Reform Commission, 2018, *Disproportionate incarceration rate, Pathways to Justice-Inquiry Into the Rate of Aboriginal and Torres Strait Islander Peoples (ALRC Report 133).*
- Bainbridge, R, McCalman, J, Clifford, A, Tsey, K, 2015, *Cultural competency in the delivery of health services for Indigenous people,* Issue paper no. 13, published by Australian Institute of Health and Welfare and Australian Institute of Family Studies.
- Bennet, B, Zubrzycki, J, Bacon, V, 2011, *What Do We Know? The Experiences of Social Workers Working Alongside Aboriginal People,* Australian Social Work, 64 (1), 20-37.
- Berry, S, Crowe, T.P., 2009, *A review of engagement of Indigenous Australians within mental health and substance abuse services.* Faculty of Health and Behavioural Sciences-papers, 8(1), pp 1-12.
- Cunneen, C, 2009, *Indigenous Incarceration: The Violence of Colonial Law and Justice,* In Scraton, P. and McCulloch, J. (eds) *The Violence of Incarceration.* Routledge Taylor and Francis Group, London.
- Dingwall, K, Lindeman, M, Cairney, S, 2014, *"You've got to make it relevant": barriers and ways forward for assessing cognition in Aboriginal clients,* Biomed Central Psychology, 2(13)
- The Department of Health, 2013, *Aboriginal and Torres Strait Islander suicide: origins, trends, and incidence,* Accessible: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>
- Dudgeon, P, Milroy, H, Walker, R 2014, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.* Commonwealth of Australia, Canberra, Australia

- Durey, A, Thompson, S, C, 2012, Reducing the health disparities of Indigenous Australians: time to change focus, *BMC Health Services Research*, 12(151).
- Durey, A 2010, *Reducing racism in Aboriginal health care in Australia: where does cultural education fit?* Australian and New Zealand Journal of Public Health, Vol 34, Issue Supplement s1, pp. 87–92, July 2010
- Fallot, R & Harris, M 2009, *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*, Washington, DC, Community Connections. Available:
- Fitzgerald, J, 2009, *Why are Indigenous Imprisonment Rates Rising?* Criminal Justice Statistics, Bureau Brief, volume no, 41.
- Green, S, Baldry, E, 2008, *Building Indigenous Australian Social Work*, Australian Social Work, 61(4), pp 389-402.
- Heffernan, E, Andersen, K, Kinner, S, 2009, *The insidious problem inside: mental health problems of Aboriginal and Torres Strait Islander People in custody*. Australasian Psychiatry, 17).
- Isaacs, A, Pyett, P, Oakley-Browne, M. A., Gruis, H, Waples-Crowe, P, 2010, *Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward*, International Journal of Mental Health Nursing, 19, pp 75-82.
- Jennings, W, Bond C & Hill, P 2018, *The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication*, Australian Journal of Primary Health, 2018, 24, 109-115, CSIRO publishing.
- Lawson-Te Aho, K, Liu, JH., Indigenous Suicide and Colonization: The Legacy of Violence and the Necessity of Self-Determination, International Journal of Conflict and Violence, 4(1), pp 124-133.
- Marel, C, Mills, K, Kingston, R, Gournay, K, Deady, M, Kay-Lambkin, F, Baker, A, Teesson, M, 2019, *Co-occurring alcohol and other drugs and mental health conditions in alcohol and other drug treatment settings*. Centre of Research Excellence in Mental Health and Substance Use at National Drug and Alcohol Research Centre at UNSW Australia. Sydney, Australia.
- Mental Health Coordinating Council 2012, *Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW*, Authors: Bateman, J., Henderson, C. & Hill, H, NSW, Australia.
- Mental Health Coordinating Council (MHCC) 2013, *Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction*, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)
- Mental Health First Aid Australia, 2014, *Communicating with an Aboriginal or Torres Strait Islander adolescent: guidelines for being culturally appropriate when providing mental health first aid*. Melbourne, Australia.

- NSW Health, 2018, *Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care*. [Video] Accessible:  
<https://www.health.nsw.gov.au/mentalhealth/professionals/Pages/aboriginal-people.aspx>
- NSW Ombudsman 2012, *Responding to Child Sexual Assault in Aboriginal Communities: A report under Part 6A of the Community Services (Complaints Reviews and Monitoring) Act 1993*, Available:  
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>
- Owyong, Y.S.M., 2009, *Clothing semiotics and the social construction of power relations*, *Social Semiotics*, 19(2), pp 191-211.
- Oxfam Australia, 2015, *Aboriginal and Torres Strait Islander Cultural Protocols*. Accessible from:  
[https://www.oxfam.org.au/wp-content/uploads/2015/11/2015-74-atsi-cultural-protocols-update\\_web.pdf](https://www.oxfam.org.au/wp-content/uploads/2015/11/2015-74-atsi-cultural-protocols-update_web.pdf)
- Paradies, Y, 2016, *Colonisation, racism and Indigenous Health*, *Journal of Population Research*, 33, pp. 83-96.
- Sherwood, J, 2013 *Colonisation- It's bad for your health: The context of Aboriginal health*, *Contemporary Nurse*, December 2014, 46(1), 28-40, pp 28-40.
- Spatz, C, Czaja, S & Dutton, M 2008, *Childhood victimization and lifetime re-victimization*, *Child Abuse & Neglect*, August 2008, 32(8), pp 785–796
- Stanley, J, Tomison, A & Pocock, J 2003, *Child abuse and neglect in Indigenous Australian communities*, *Child Abuse Prevention Issues*, no 19, Spring 2003, Australian Institute of Family Studies.
- The Department of Health, 2013, *Aboriginal and Torres Strait Islander suicide: origins, trends, and incidence*, Accessible:  
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab>
- Trumble, S, 2019, *Do you have what it takes to engage with Indigenous people?* [Webinar], *Mental Health Professionals' Network Webinar Library*, Accessible:  
<https://www.mhpn.org.au/WebinarRecording/148/Do-you-have-what-it-takes-to-engage-with-Indigenous-people?#.Xl3uNKhLiUk>
- Weatherburn, D, Holmes, J, 2017, *Indigenous Imprisonment in NSW: A closer look at the trend*. *Crime and Justice Statistics*, issue paper no. 126.
- Weatherburn, D, 2016, *Disadvantage, Drugs and Gaol: Re-thinking Over-representation in Prison*, *Australian Journal of Social Issues*, 45(4), pp 559-576

## Appendix 2 Information and Confidentially document/s – template

Date

### Project participant information

#### **Working in collaboration with Aboriginal people: guidelines for providing culturally safe and sensitive practice in mental health community managed services**

Individual:

Contact details:

Dear NAME

#### **Project Proposal**

The Mental Health Coordinating Council (MHCC) proposes to develop a guidelines resource on culturally safe and sensitive practice when working with Aboriginal and Torres Strait Islander people, intended for MHCC member organisations and other community-based services. This project will be undertaken as a student work placement project through a brief consultation and co-design process with Aboriginal and other professionals working in organisations providing mental health psychosocial support and rehabilitation services to Aboriginal clients and will draw on contemporary literature on Aboriginal ways of knowing, being and doing and evidence-based practice in Australia.

We thank you for agreeing to participate in this project by allowing Breeze Navarro, a Social Work Masters student from ACU on work placement at MHCC, to consult with you. We have developed 6 questions around which the discussion will focus, which are:

1. What are the most important elements of culturally safe service provision for Aboriginal and Torres Strait Islander people?
2. How can organisations create a welcoming environment and show their connection to community in the initial stages of engagement?
3. How would you describe effective and engaging mental health service provision for Aboriginal and Torres Strait Islander people?
4. What are the barriers that Aboriginal and Torres Strait Islander people experience that deters them from accessing a service?
5. What aspects of mainstream service provision may result in Aboriginal and Torres Strait Islander people's needs not being met?
6. What do non-Aboriginal people need to think about when communicating with Aboriginal and Torres Strait Islander people?

We envisage the consultation to take between 30-45 minutes. With your permission Breeze will record your conversation to enable her to transcribe, theme and analyse participants' responses. If you prefer a recording not to be made Breeze will take written notes. All recordings will be destroyed when the project is finished, and the report will only use de-identified material and where quotes are used, they will be deidentified and only used with your permission. All information collected by MHCC in the course of this project will be treated as confidential.

In the final report we would like to acknowledge your organisation's participation.

MHCC Principal Advisor Corinne Henderson is overseeing this project. Please contact Corinne directly if you would like further information regarding the project at [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au) or (02) 9555 8388 x 101.

Thank you for your participation and interest in this project.

## Participant Information Statement and Consent Form

### Working in collaboration with Aboriginal people: a guide to providing culturally safe and sensitive practice in mental health community managed services

If you agree to participate in this study, MHCC will ask you some questions about culturally appropriate practices for working with Aboriginal clients in your organisation in an interview of approximately 30/45 minutes duration. The interview is intended to provide space for open-ended discussion in order to establish your views and get a picture of your experience from a professional practice perspective. You will also be invited to provide some personal experiences if you so wish.

#### **Confidentiality and disclosure of information**

In describing themes and practices across organisations, we may want to use 'quotes' or provide examples. Any information obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. The organisations (not the individuals) involved in this study will be acknowledged in the report.

If you agree to participate by signing this consent form, we plan to publish a small guide booklet which will be publicly available. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

#### **Co-design and collaboration with participants**

During the course of this project (ending December 2019) you will be asked to comment on the resource and provide feedback as it progresses.

Any concerns that you may have concerning this study may be directed to:

Corinne Henderson  
Principal Advisor  
MHCC  
corinne@mhcc.org.au  
T: 02 9555 8388 ext 101

You will be given a copy of this form to keep.

Signature:

Name:

Date:



---

Mental Health Coordinating Council  
Building 125, Corner of Church & Glover Streets  
Lilyfield NSW 2040

PO Box 668  
Rozelle NSW 2039

For further information please contact us at:  
Tel: (02) 9060 9627  
E: [info@mhcc.org.au](mailto:info@mhcc.org.au)