

Clinical Toolkit

Clinical Tips: Working with Aboriginal and Torres Strait Islander Young People

Western concepts of mental health and mental illness have been very problematic in the Aboriginal and Torres Strait Islander context. It is generally agreed that they are unhelpful and inappropriate for working with Aboriginal and Torres Strait Islander people. See the also the Clinical Tip on Social and Emotional Wellbeing.

Engagement

While it is still important to assess symptoms, the initial focus should be on engagement, building trust and risk assessment.

Cultural competency is very important ([RACGP training here](#)), including use of appropriate terminology.

Be very clear about confidentiality and 'privacy' and how this is respected, and the limits of confidentiality (i.e. if risk issues are present) at the outset.

Be aware that engagement may take longer. Avoid rushing the process or labelling the young person (e.g. as 'reluctant to engage' or 'resistant').

It is also best to avoid using a structured approach to the initial appointments.

Health practitioners need specific knowledge of Aboriginal history, culture and health systems (<http://www.racgp.org.au/afp/2014/januaryfebruary/ab-original-cultural-mentors>), as well as awareness of the intergenerational impacts of the stolen generation and racism (which can lead to a mistrust of health professionals)

Healthcare practices should display signage (e.g. posters) to assert cultural acceptance.

Let Aboriginal and Torres Strait Islander young people know that some services are better set up than others to support people from different cultural backgrounds.

Ask Aboriginal and Torres Strait Islander young people about their culture and for their ideas on how you can best work together rather than making assumptions (e.g. They will want to involve family in their care or see an Indigenous clinician/worker – this may not be the case).

Be mindful that there is a lot of diversity among Aboriginal and Torres Strait Islander young people in terms of their culture, their sense of cultural identity, and their preferences – there is no 'one-size-fits-all' approach to treatment.

Ask the young person if there is anything that they have found unhelpful in the past when engaging with health or support services.

Ask the young person who makes up their support network – **don't make assumptions**.

Ask if there is anybody else that they would like to be involved in their care (e.g. An Elder, family member, or someone they feel supported by)

Be aware that gender differences between a health practitioner and the young person can be a barrier to engagement. If this is relevant to you, mention that there are other health practitioners available if they would be more comfortable seeing someone of the same gender.

If it appears that there are complex presenting issues, prioritise finding a suitable onward referral (e.g. Engaging with a local Indigenous service for advice) initially and consulting these services for advice as needed. It is also good to consider seeking cultural supervision from an Aboriginal or Torres Strait Islander health worker if this is available.

Let them know that you always like to get feedback from young people if anything you are doing is unhelpful so you can try to work in a different way.

Assessment

The assessment process should follow a less-structured and formal approach as the use of formal assessment protocols and tools can damage rapport and engagement.

Always assess risk in a sensitive way – particularly as the risks of suicide, self-harm, and exposure to violence are elevated in Aboriginal and Torres Strait Islander young people. Let the young person know you always ask about risk issues with any young person you see as it's important that you try to work together to keep them safe.

It is best to avoid screening tools altogether. Very few have been validated for use with Aboriginal and

Torres Strait Islander young people. Feedback from Aboriginal and Torres Strait Islander young people who have attended headspace has suggested that the use of screening tools can act as a barrier to engagement.

It is likely to be unhelpful to introduce Western language around 'mental illness' or specific disorders. Instead explore the young person's understanding of their symptoms and use their language (e.g. "feeling not quite right"). Additionally, when talking about mental health/illness you can use terms such as wellbeing instead of mental illness/health.

Ensure you use a strengths based approach – ask them about themselves, what they like doing, what has helped in the past when they have faced difficulties, what is helping them to cope or keep strong at the moment. Aboriginal and Torres Strait Islander communities have unique protective factors including the sense of kinship; connection to land, culture, community and ancestry; and a history of extraordinary resilience.

It is particularly important to be aware that mental health difficulties in Aboriginal and Torres Strait Islander people often occur in the context of significant social and economic stressors (e.g. unemployment, homelessness, racism, exposure to traumatic experiences and violence, financial stress).

Take time to explore the psychosocial circumstances of the young person and how these may be contributing to their presentation

If a young person is experiencing significant psychosocial problems, the initial focus should be on establishing how you may be able to support them to ensure that their basic needs are met (e.g. housing, safety). This may involve referral to support agencies. This discussion should always be conducted in a way that is empowering to the young person, using a collaborative approach and asking them if they have any preferences about how you might best support them.

Validate the young person's distress in the context of their situation. Avoid pathologising their emotions. Even if they meet criteria for a DSM-5 diagnosis, it is important to validate that their experiences are occurring in the context of extreme adversity. Making a diagnosis or introducing diagnostic language may not be appropriate or helpful. It is particularly important to be aware of the transgenerational and

intergenerational impact of trauma on Aboriginal and Torres Strait Islander young people and how this may be impacting their presentation.

Where a young person has basic needs that are unmet (e.g. housing, safety) it is usually necessary to attend to these before commencing treatment of psychological symptoms.

Diagnosis and Treatment

Perhaps it is best-practice to be slower to formally diagnose given the cultural complexities and consider any diagnosis provisional until further assessment is provided by a specialised mental health practitioner (ideally with specific cultural training);

Respect the young person's wishes on whether or not they want to be referred to an Aboriginal or Torres Strait Islander mental health practitioner. Unless the young person's preference is otherwise, it is usually good practice to, refer to an Aboriginal or Torres Strait Islander mental health practitioner where available or a mental health practitioner with experience and training in working with Aboriginal and Torres Strait Islander people.

Under MBS Better Access funding, GPs may include either Narrative Therapy or CBT as suggested treatments on a mental health care plan. Highly structured CBT may not match the needs and learning style of Aboriginal and Torres Strait Islander young people. CBT can be adapted to be more culturally appropriate (see p. 391 of Working Together)

Accessing Training and Resources

It is essential to complete cultural-competency training (see [RACGP training here](#) and [Australian Indigenous Psychologists Association; AIPA](#)).

Ensure that you are familiar with the DSM-5 guidelines on culturally appropriate assessment. It is recommended that you read the second edition of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. In particular:

- Chapter 1 provides a helpful overview of Aboriginal Social, Historical and Cultural contexts. It is essential to have an understanding of these contexts when working with Aboriginal and Torres Strait Islander people.

- Chapter 2 discusses the concepts of mental health and wellbeing as they were understood historically and the adverse impacts of this approach on Aboriginal and Torres Strait Islander people. Pages 25-31 are most relevant for GPs.
- Chapter 4 discusses the determinants of social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective;
- Chapter 7 provides an overview of harmful substance use and mental health among Aboriginal and Torres Strait Islander people.
- Chapter 16 covers principles of practice for assessment of mental health among Aboriginal and Torres Strait Islander people.
- Chapter 22 covers working with behavioural and emotional problems in young people.
- Some briefer resources are also provided below for further reading.

References

Dudgeon, Milroy & Walker (2014) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Commonwealth of Australia: Canberra.

Internal headspace report – headspace (in press) Service Innovation Project Component 2: Social Inclusion Model

RACGP (2012) An introduction to Aboriginal and Torres Strait Islander cultural protocols and perspectives. The Royal Australian College of General Practitioner: Melbourne.

Key Resources

- **Key Resource** - Dudgeon, Milroy & Walker (2014) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Commonwealth of Australia: Canberra. See

Chapters highlighted above

- [Orygen \(2018\) Policy Briefing: Aboriginal and Torres Strait Islander Young People and Mental Ill-Health](https://www.orygen.org.au/Policy/Policy-Areas/Population-groups/Aboriginal-and-Torres-Strait-Islander-young-people/Orygen-Aboriginal-torres-strait-islander-policy-br?ext=.)
<https://www.orygen.org.au/Policy/Policy-Areas/Population-groups/Aboriginal-and-Torres-Strait-Islander-young-people/Orygen-Aboriginal-torres-strait-islander-policy-br?ext=.>
- [Healing Foundation factsheet - Working with Aboriginal and Torres Strait Islander young people and their families](#) – a trauma-informed perspective and guidance in implementing a SEWB approach
- Specific guidelines on working with Aboriginal and Torres Strait Islander people with PTSD - P. 134-146
<http://phoenixaustralia.org/wpcontent/uploads/2015/03/Phoenix-ASD-PTSD-Guidelines.pdf>
- Alcohol and other drugs: treatment guidelines for working with Aboriginal and Torres Strait Islander young people in a non-Aboriginal setting
<https://www.dovetail.org.au/news/2020/june/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting>
- RACGP - An introduction to Aboriginal and Torres Strait Islander cultural protocols and perspectives
<https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/an-introduction-to-cultural-protocols>
- <http://www.racgp.org.au/afp/2014/januaryfebruary/aboriginal-cultural-mentors/>
- The DSM-5 Cultural Formulation Interview, Cultural Formulation Interview—Informant Version, and supplementary modules to the core Cultural Formulation Interview are available online at www.psychiatry.org/dsm5