



Edition 25

COPMI GEMS

Gateway to Evidence that Matters

The role of adult mental health practitioners working with Aboriginal and Torres Strait Islander families when a parent has a social emotional wellbeing issue

The number of Aboriginal and Torres Strait Islander children living with a caregiver experiencing mental illness or social, emotional difficulties is not known. We do however, know that Aboriginal and Torres Strait Islander people are significantly over-represented as consumers of community mental health services accessing these services at 2.9 times the rate of non-Aboriginal and Torres Strait Islander Australians.¹ Furthermore, many Aboriginal and Torres Strait Islander people who experience mental illness do not access services.¹

Many Aboriginal and Torres Strait Islander people prefer to use the term Social Emotional Wellbeing (SEW), which includes mental health and illness, and also encompasses the cultural, spiritual and social dimensions of wellbeing.²

Practitioners within mainstream mental health services need to develop knowledge and competencies to engage with, and effectively identify and respond to the needs of Aboriginal and Torres Strait Islander parents.³ Services can otherwise risk re-traumatising, misdiagnosing or fail to engage Aboriginal and Torres Strait Islander people.³

Many parents (including extended family members) experiencing mental health difficulties are reluctant to engage with services due to stigma and discrimination, fearing loss of custody, competing family priorities and the concern regarding the effects of medication and treatment.⁴ For Aboriginal and Torres Strait Islander parents and caregivers, these concerns are often magnified and compounded by intergenerational experiences of loss including language, land rights, cultural practice, the forced removal of children, oppression (within health, education and political institutions) and systemic and overt racism within health and community services.⁵

Developing cultural competence within the mental health sector

Resources have been developed to build the knowledge and competence of practitioners

to support them to work effectively and respectfully with Aboriginal and Torres Strait Islander parents, caregivers, children and families.⁶⁻⁸ Cultural awareness, cultural sensitivity and cultural safety are terms that relate to the levels of cultural competence.

Cultural awareness refers to being aware that there are people who have different world views, needs and expectations. These may differ from the views of the professional.

Cultural sensitivity refers to people's actions and institutional protocols that are tailored to the needs of those who identify with different cultures.

Cultural safety is achieved when patients are satisfied that healthcare professionals and institutions have included their cultural needs in treatment.⁹ Ultimately, the client decides whether services are culturally safe.

Organisational policies and practices (including staff attitudes and behaviour, from the reception desk to specialist psychiatrists) are also critical.³

Supporting Aboriginal and Torres Strait Islander children

Atkinson¹¹ found 'although some Indigenous children grow up in safe environments, others experience trauma' (p. 1). There is a lot to learn about the efficacy of trauma-informed responses with Aboriginal and Torres Strait Islander children and families.

It is estimated that 8% of Aboriginal and Torres Strait Islander people over the age of 15 have been removed from their natural family.¹² Intergenerational trauma arising from the Stolen Generation alongside the impact of institutionalisation and abuse in care are profound.¹²

All family members can benefit from sensitive interventions that support them to identify, discuss and manage powerful emotions. Cultural healing practices developed with local

Quick facts

- Aboriginal and Torres Strait Islander adults report high levels of psychological distress and are over represented as consumers of mental health services.
- There are many historic and contemporary factors that place Aboriginal and Torres Strait Islander adults and their children at risk of experiencing trauma and developing mental illness.
- Aboriginal and Torres Strait Islander families and communities have many strengths that can be drawn upon to enhance resilience and to promote healing.
- Mental health services need to work in collaboration with Aboriginal and Torres Strait Islander families, communities, organisations and health services.
- Information and support for Aboriginal and Torres Strait Islander children who have a parent with a mental illness or social emotional wellbeing difficulties needs to be culturally relevant, strength-based and build family and cultural connections.

Aboriginal communities have been found to be beneficial.^{13,14} Mental health services can provide practical support to enable Aboriginal and Torres Strait Islander practitioners and leaders to facilitate these activities as legitimate SEWB practices.

Other strategies for adult mental health professionals include identifying the important relationships and caregivers in the child's ecology with consideration of how these relationships can be best supported to nurture children's wellbeing; developing plans to activate support for children when a caregiver is very unwell; and linking children into existing cultural groups or mentor programs.

Aboriginal and Torres Strait Islander children are likely to benefit from the provision of culturally and age-appropriate explanations of their parents' SEWB difficulties. Actively listening to a child's concerns and providing opportunities to ask questions and be included in discussions can help and to reduce stress and anxiety and promote wellbeing.¹¹

The worker's role in this instance could be to support parents or caregivers in preparing for an ongoing dialogue with their child about their

SEW, that fits within their family and cultural context. As with non-Aboriginal and Torres Strait Islander children, the key messages to be conveyed highlight that all families face difficulties; children are not responsible for their parents' illness or wellbeing; with appropriate support, healing and recovery is possible; mental illness is not contagious; and specific strategies can be employed to improve mental health and resilience.

Limitations of the available literature

Research in this area is currently in its infancy. Additional program development, evaluation and research around the efficacy of recovery and peer support programs with Aboriginal and Torres Strait Islander parents, families, carers and children is required.

Clinical implications

Collaboration with Aboriginal communities, organisations and health services is essential for supporting the social and emotional wellbeing of Aboriginal parents, caregivers and children. A need exists for service agreements, clear referral pathways, effective and respectful communication and opportunities for joint professional development and secondary consultations.¹⁵

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