

Aboriginal young people's experiences of Cultural Safety in mental health services in two regions of New South Wales, Australia

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Abstract

This article assesses the cultural safety of mainstream mental health services in two regions of New South Wales, Australia, based on the experiences and perspectives of Aboriginal young people aged 16–25. Yarning, semi-structured, in-depth interviews were conducted with 13 Aboriginal young people in two regions of New South Wales. Thematic analysis was undertaken by all researchers to identify themes from the data and conceptual connections between them. Identified themes from individual analysis and coding were triangulated during several analysis meetings in which the key themes and findings were finalized. Aboriginal young people identified that Aboriginal community-controlled health services offered culturally safe social and emotional well-being service supports, whereas mainstream mental health services did not. Aboriginal young people proposed that institutional reforms such as increasing engagement with cultural competency programs, employing more Aboriginal staff, and implementing culturally meaningful services, would increase cultural safety in mainstream mental health services. Cultural safety within mainstream mental health services should be enhanced to ensure the subjective social and emotional well-being support needs of Aboriginal young people are understood, addressed, and supported. Without Aboriginal young people having confidence that mainstream mental health services and systems are prioritising cultural safety when providing supports, mainstream mental health systems risk failing to reduce mental health and social and emotional well-being disparities unjustly experienced by Aboriginal young people in New South Wales.

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Glossary

Social and emotional well-being (SEWB)
Mainstream mental health service (MMHS)
Aboriginal community-controlled health service (ACCHS)
Mainstream mental health service (MMHS)
Aboriginal health workers (AHW)
Emergency department (ED)
Aboriginal liaison officers (ALOs)

Introduction

Aboriginal young people receiving social and emotional well-being (SEWB) support through mainstream mental health services (MMHS) require support that is grounded in cultural safety. Serving as a culturally specific concept of physical and mental health for Aboriginal people, SEWB is defined as “a holistic concept which results from a network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual.” (Department of Prime Minister and Cabinet, 2017). The concept of cultural safety originated in Aotearoa New Zealand as a Māori concept (Ramsden & Whakaruruhau, 1993). Aboriginal specific definitions have been identified in the Australian context: “Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities” (Elvidge et al., 2020). Culturally safe provision of care within MMHS ensures that Aboriginal young people feel comfortable because they are receiving support that meets culturally subjective support needs.

As a minimum standard, MMHS supporting Aboriginal young people should be able to understand the subjective cultural needs of local Aboriginal communities, be competent in understanding local Aboriginal cultures and customs, possess effective cross-cultural relationship and communication skills, and showcase strengths-based commitments towards reducing social, cultural, health, and well-being disparities (Australian Health Practitioner Regulation Agency, 2020; Hepworth et al., 2015; McGough et al., 2018; Taylor & Guerin, 2019; Tujague & Ryan, 2021). Ideally, for MMHS supporting Aboriginal young people, cultural safety should be extensively embedded in approaches to care. Staff and clinicians should be able to support Aboriginal young people to understand, explore, and connect with all components of SEWB, and have the capacity to understand Aboriginal young people's support needs, ensuring that traditional and contemporary challenges stemming from ongoing colonisation are addressed at the personal, community, cultural, and spiritual levels.

The benefits and importance of culturally safe health care have been well documented (Australian Health Practitioner Regulation Agency, 2020; Jennings et al., 2018; Taylor & Guerin, 2019). Despite this, no qualitative research exists that explores whether Aboriginal young people in New South Wales (NSW) who access MMHS for SEWB support experience culturally safe care (Garay, 2021). Mental health service provision that is not culturally safe poses multiple risks for Aboriginal young people, including decreased rates of seeking future service support, distrust in the service system, and feeling shame about personal SEWB challenges (Brown et al., 2016; Mohajer et al., 2009; Price & Dalgleish, 2013).

Importantly, if Aboriginal young people do not believe that MMHS can provide culturally safe support, the risk is the support is perceived as irrelevant or pointless, leading in turn to poorer SEWB owing to their disengagement with services. The perception of Aboriginal young people that available supports lack cultural safety and are ineffective is a key barrier to their use of MMHSs. This must be addressed to ensure MMHS are accessed when support is needed (McGorry et al., 2007; Rickwood et al., 2005; Seidler et al., 2020).

This research explores Aboriginal young people's experiences and perspectives of cultural safety in mental health services, including Aboriginal community-controlled health services (ACCHS) and MMHS, in one metropolitan and one inner-regional region of NSW. It identifies opportunities for reforms proposed by the Aboriginal young people involved in this study. By leveraging qualitative data to gain insights into issues involving the cultural safety of mental health services, this research provides evidence that has the potential to inform changes in NSW mainstream mental health service systems. The proposed reforms will ensure that Aboriginal young people's SEWB support needs are more effectively understood, addressed, and supported by enhancing the awareness of the need to embed and enact cultural safety in MMHS.

Methods

This article presents key findings from Phase Two of the Study on Environment of Aboriginal Resilience and Child Health (SEARCH) focused on mental health and SEWB (Baillie et al., 2010). Between 2018–2020, Aboriginal and non-Indigenous researchers worked with ACCHS staff and Aboriginal community members at one metropolitan and one inner-regional Aboriginal community-controlled health service (ACCHS) to better understand what Aboriginal young people experienced when engaging with MMHS systems. SEARCH is a longitudinal study that began in 2008 and works in partnership with ACCHS across NSW to improve health and well-being outcomes by generating data in community-nominated priority areas. Together SEARCH and ACCHS use this data to inform how health policy and service reforms can be more effective for Aboriginal communities (Wright et al., 2016).

“Aboriginal” is used to describe participants intentionally and with respect in this article, as all participants self-identified as Aboriginal. Thirteen Aboriginal young people in NSW participated in yarning interviews that explored five key themes: early intervention, access, cultural safety, service integration, and effectiveness. This is the second of two articles reporting on the data from the SEWB component of Phase Two of the SEARCH study (Garay et al., 2023). This article focusses on the theme of cultural safety. Our research team used yarning as the qualitative method for data collection. Yarning is a well-known Aboriginal research method that provides a culturally appropriate framework for engaging in discussions with Aboriginal people (Bessarab & Ng’andu, 2010; Lin et al., 2016). When yarning with each Aboriginal young person, we used a guide to create a semi-structured, in-depth interview approach that ensured all five key themes were explored. The yarning interview guide was developed from reviewing areas of concern within SEWB literature (Department of Prime Minister and Cabinet, 2017; Kalucy et al., 2019; Kilian & Williamson, 2018; Williamson et al., 2010; Williamson et al., 2018), and through input from the research team and ACCHS staff. Both Aboriginal and non-Indigenous researchers were involved in data collection, ensuring that at least one Aboriginal interviewer was always present. Gendered representation was always upheld, with all participants offered the presence of male and/or female researchers during their yarning interview.

Aboriginal young people involved in this study were recruited with the assistance of Aboriginal health workers (AHW) at each ACCHS. Purposive sampling was used during recruitment. All participants were currently accessing a mental health or SEWB service or had done so within the last 12 months. ACCHS primarily offer SEWB, counselling, and psychological support services. MMHS also offer these support services, additionally offering access to psychiatric and acute care emergency support services. All participants completed a Kessler Psychological Distress Scale 10 (K10) psychological distress scale screening with a member of the research team prior to being recruited (Andrews & Slade, 2001). Participants were not eligible for yarning interviews if their K10 scores indicated current very high levels ≥ 30 of psychological distress or they were considered by ACCHS staff to be too unwell to participate. All yarning in-depth interviews were conducted on site at the participant’s ACCHS. All participants were offered access to follow-up SEWB support from AHW and staff before and after each yarning interview. Aboriginal young people involved in this study were aged 16–25 and received a A\$50 gift voucher to compensate them for their time.

Thematic analysis was used to identify major themes emerging from the data and to explore conceptual connections between them. The lead author (JG) analysed each transcript to individually code important findings and develop a thematic schema. All other researchers undertook individual analysis and coding, before partaking in several group analysis meetings to triangulate all identified emerging themes. In 2020 all findings were reported to each chief executive and key AHW at both ACCHS for approval.

Ethics approval for this research was obtained under the application “Community-driven approaches to mental health service system improvements for Aboriginal children and young people”, granted by the Human Research Ethics Committee, South Western Sydney Local Health District, NSW Health (local project number HE18/173 and HREC Reference: HREC/18/LPOOL/275). Additional approvals from the Aboriginal Health and Medical Research Council and participating ACCHS were gained after approval was provided from South Western Sydney Local Health District.

Results

Theme 1: Cultural Safety in Aboriginal Community-Controlled Health Services

Aboriginal young people identified ACCHS as the main provider of SEWB support for Aboriginal young people in both regions. Service experiences at each ACCHS were positive, with most participants reflecting on the benefits of receiving SEWB support underpinned by the ACCHS's culturally safe approaches to care. Aboriginal young people trusted the SEWB support that was offered by their ACCHS and expressed confidence in receiving culturally safe SEWB support from Aboriginal staff, and from non-Indigenous staff at ACCHS who prioritised culturally safe approaches to care for the local community. ACCHS were noted by participants to have long-standing reputations as community leaders in providing health and SEWB care. Participants expressed the view that ACCHS were genuinely invested in improving SEWB outcomes for the community and were able to offer the support that Aboriginal young people required in the context of local community, cultural, and personal SEWB needs. Participating Aboriginal young people viewed AHW and ACCHS staff as central to the effective provision of culturally safe SEWB support. Aboriginal young people identified AHW having lived experience as an Aboriginal person, their consistent presence within the local community, and their awareness of challenges associated with the local community and cultural context, as key factors in receiving culturally safe SEWB support. Aboriginal young people reported they felt respected and culturally safe when accessing SEWB support from ACCHS, due to the prioritization of person-centred care from all ACCHS staff. Participants consistently explored how person-centred care was a simple yet meaningful approach to providing SEWB support for Aboriginal young people. Being treated as a human being experiencing SEWB challenges, rather than just another client attending an appointment, feeling that the service has been tailored to meet their cultural needs as an Aboriginal person, and being supported without judgement, were all highlighted as strengths of the model of SEWB service support offered by each ACCHS:

Because [the ACCHS] been here for so long and everyone knows [the ACCHS] ... They feel comfortable coming down to the doctors and the majority of the workers are from this community, so they see it's our ... they know we're humans, we're not robots and everything like that and they're comfortable to come to us.

I think that the services here is more obviously tailored for Aboriginal or Torres Strait Islander people, which gives you more of a comfort feeling. Whereas a lot of other doctors, they kind of don't understand that Aboriginal people have different problems and have different needs that aren't met. Whereas you guys, yeah, seem to meet it a bit more.

I think it's just you guys understand the needs of what young Aboriginal people are wanting, whereas mainstream it's just ... you're just like a number. There's no real person-centred care. Whereas out here, everyone's treated with respect, courtesy. I find that here you guys just understand a whole lot more than someone who's just from another health facility by itself. Yeah.

Theme 2: Cultural Safety in Mainstream Mental Health Services

Most participating Aboriginal young people reported that MMHS were not culturally safe. Participants commonly reflected on how MMHS experiences were uncomfortable across multiple phases of the support seeking process. Participants reflected on attempts to seek SEWB support within

the MMHS system where cultural safety was lacking and identified several challenges across the support-seeking spectrum. They experienced a lack of cultural safety at the point of referral, when accessing support from a MMHS, while navigating the MMHS system, and within service experiences provided by mental health clinicians.

When yarning about why cultural safety was important, and when exploring what outcomes might arise when cultural safety was absent, examples of experiencing poor cultural safety in MMHS became apparent. One participant described persistent challenges across multiple MMHS when attempting to identify as an Aboriginal person. Despite formally wanting to identify as an Aboriginal person when entering a service, they reported that protocols involving confirmation of Aboriginal identity were not followed or accepted across various services. When SEWB challenges had escalated beyond seeking support from a primary MMHS, and the participant realised they needed to present to an emergency department, their attempts to seek support from Aboriginal Liaison Officers (ALO) within the emergency department were also reportedly unsuccessful.

Other participants yarned about specific experiences they had when dealing with MMHS clinicians who showed no commitment to providing culturally safe SEWB support for Aboriginal young people. Participants often expressed frustration that MMHS and clinicians not only lacked cultural safety, but also seemed to be unaware that Aboriginal young people required tailored, subjective, culturally safe support to authentically address SEWB challenges and meet support needs. One participant, who transitioned from receiving ACCHS SEWB service support to accessing support from a counsellor in a MMHS, explained how client/clinician relationships risk failure if clinicians are not aware of Aboriginal young people's lived experiences, and how subjective cultural considerations must be considered when supporting Aboriginal people. Another Aboriginal young female participant reflected on being referred to seek SEWB support from an elderly white male clinician. As an Aboriginal young female, being referred to an elderly white male clinician was experienced as an extreme example of the MMHS system showcasing a disregard for cultural safety when considering appropriate SEWB supports for Aboriginal young people:

It's hard with non-Aboriginal organisations that they don't have that culture awareness about them as well.

I say ... I say to them ... I never get any liaison officer, nothing. Nothing comes past. Nothing to do with Aboriginality, no. Yeah.

Well like [the Aboriginal ACCHS staff member] said, the cultural awareness thing... I just ... whenever I went to go see the counsellor, I didn't feel like she saw my point of view. Because she didn't have that. But whereas if you went to (the ACCHS) then, I don't know, I just feel like they'd understand me more and I'd be more comfortable. Yeah. It's not easy going from one place to a new place.

She was happy with the process at (the ACCHS), but to be referred out and then go see, well – old white man; she didn't like at all... It scared her and she didn't want to talk to this person she didn't know. Yeah. It's just hard. You kind of sit back and go, well how can I help her?

Theme 3: Improving cultural safety in mainstream mental health services

Improving and embedding cultural safety within MMHS was considered a priority by Aboriginal young people seeking meaningful and effective SEWB support. Participants critically reflected on the challenging nature of MMHS systems, and how many Aboriginal young people felt detached from what support the MMHS could offer. Feeling disconnected from service supports that were available, uncomfortable about approaches to care offered by clinicians, and doubtful as to whether cultural safety would be present, were all negative experiences shared by participating Aboriginal young people. Aboriginal young people in this study provided suggestions to counter these barriers in ways that would increase the experience of cultural safety.

Increasing employment of Aboriginal staff within MMHS systems was identified as one priority reform that would enhance cultural safety for Aboriginal young people. Primarily, ALO and AHW were viewed as integral in helping Aboriginal young people to understand, navigate, access, and benefit from MMHS systems. Participants were aware that MMHS may not have capacity to enhance cultural safety and better support Aboriginal young people without assistance from Aboriginal people with local community and cultural knowledge. Participants knew MMHS could not offer more time to check in with clients between appointments, they were aware that MMHS do not have staff available to make follow-up calls, provide further information, or to make sure the arranged service appointments were planned based on culturally safe approaches to care. Participants advocated for having more Aboriginal employees, such as ALO and AHW, dedicated to providing Aboriginal young people with those points of SEWB care. Participants noted that these supports were routinely provided by ACCHS and were an essential element of the high-quality care they delivered. Aboriginal young people believed that the suggestion of recruiting more ALO and AHW to offer these supports was a feasible reform that MMHS systems should implement.

Enhancing cultural safety within SEWB support options by creating innovative MMHS was another key proposal raised by Aboriginal young people. While participants understood that MMHS were designed to cater to a wide range of mental health challenges and clients, they did not understand why they did not have access to culturally safe, meaningful, and engaging SEWB supports for young Aboriginal young people in their region. Aboriginal young people expressed distinct discontent with the near absence of opportunities to connect with community, culture, and SEWB within the framework of MMHS in their local regions. One participant yarned about the unprecedented cultural and spiritual outcomes he experienced when he was able to connect with other Aboriginal people about the positives of culture, yarning culturally about how to manage negative SEWB challenges, and engaging in traditional practices on Country with Elders, family, and community. Aboriginal young people shared the desire to see significant reforms in the types of MMHS and SEWB supports available in each region. Ultimately, they suggested that if MMHS systems are to genuinely improve cultural safety, SEWB service supports and programs should have components offered on Country or outdoors, be inclusive of Elders and community leaders, and be underpinned by holistic activities that engage participants with key domains that contribute to achieving positive SEWB. As well, they should engender positive connection to body and behaviors, mind and emotions, family and kinship, community, culture, Country and land, spirit, spirituality and ancestors. Participants highlighted that culturally engaged and culturally supported SEWB services should be consistently available from early childhood through to young adulthood and believed they must become embedded within MMHS systems and serve as primary options for Aboriginal young people seeking SEWB support.

Yeah, see I've, yeah, I think I've been referred out once and it was a bit rough because they didn't communicate times and appointments and things like that. I just feel like, it's a bit hard to ask, but to have maybe an Aboriginal representative at each place that

just ... if they get a referral from an Aboriginal and Torres Strait Islander centre that they can communicate. I don't know. That's what I mean, it's a bit hard to ask to have that everywhere.

For black fellas you know, if you were to take them out to the bush, with the Elders and that, and learn 'em a few things like ... Teach 'em. It's gonna open up ... it makes you think different. It's happened to me when I went to my home to my uncle. He spoke and I spoke to him. It was that easy. I couldn't talk to no one like I did him, you know. He helped me a lot too. But other than that, I see with the young fellas when they go on camps and that with that, they only went on a camp not long ago ... And that's what I reckon, like that does, will help a lot of people going through mental health. Aboriginals you know to be able to go back to Country with their mob. Elders, people that's been through the same sort of thing and being able to talk and sit around a campfire and just [mad] yarn, you know like tell 'em yarns ... Because I know that helped me a lot too ... spiritual, spiritually you know culturally, it was the maddest feeling I've ever felt.

Limitations

The following limitations should be considered about this research. While the authors and ACCHS believe there was no bias in the data provided by participants, qualitative data was collected at each ACCHS site, which therefore could have influenced what participants had to say about SEWB support services provided by ACCHS. Due to the relatively small sample size, and with participants all living within one metropolitan and one inner-regional region of NSW, it is unclear how these results transfer to other Aboriginal communities, MMHS, and systems within NSW.

Discussion

Aboriginal young people involved in this study found MMHS in their local regions to lack cultural safety, leading to negative experiences when seeking SEWB support. In contrast, ACCHS approaches to SEWB support were identified as culturally safe and meaningful, as they met the SEWB support needs of Aboriginal young people. If better health and SEWB outcomes are to occur for Aboriginal young people, increasing cultural safety must be prioritised within MMHS systems. To make this possible, multiple reforms must be considered (Australian Health Practitioner Regulation Agency, 2020).

Participating Aboriginal young people expressed the strong and consistent view that MMHS did not understand their culture or cultural needs. Considering this, it appears MMHS clinicians and staff require cultural competency training to ensure the subjective SEWB support needs of Aboriginal young people are understood. Where possible, cultural competency training should be sought from local community and cultural leaders or organisations (Truong et al., 2014). This maximizes the likelihood that mental health clinicians and staff will receive foundational knowledge on SEWB challenges unique to the local region and their Aboriginal communities. It is crucial that cultural competency training is not viewed as the solution to having capacity to genuinely support Aboriginal young people seeking SEWB support (Truong et al., 2014). Rather, cultural competency training needs to be endorsed as the first of many steps to better understanding of key subjective community, cultural, and SEWB considerations that Aboriginal people experience. By engaging with cultural competency training, MMHS clinicians and staff will be better equipped with baseline

knowledge and skills that will positively influence the future of their learning journeys involving supporting Aboriginal peoples' SEWB.

Aboriginal young people noted that they required SEWB support options that did not seem to adequately exist within current models of care available in MMHS systems of NSW (Day & Francisco, 2013; Murrup-Stewart et al., 2020; Murrup-Stewart et al., 2021). While there is value in Aboriginal young people seeking SEWB support from a clinician who can assist with mental health-related challenges, MMHS support offerings need to transition beyond current bio-medical models of care. Aboriginal young people clearly identified the desire to be supported in ways that are grounded in culture, where SEWB care is provided on Country or outdoors, and where Aboriginal people are collectively participating in culturally meaningful activities that connect with traditional knowledges and practices. From a funding perspective, innovative approaches are required to help make these ideal options of SEWB care possible. Most ACCHS receive no funding to provide SEWB services for young people and cannot provide clinical mental health care to those with more serious SEWB challenges. Financial investment into ACCHS SEWB support services and clinical staff must be prioritised. Mental health clinicians also have an integral role in this process, and should seek to build relationships with Aboriginal Elders, ACCHS staff, and local communities, to explore how clinical practices of mental health support could be embedded into cultural programs that target increasing connections to community, culture, Country, and SEWB.

Participating Aboriginal young people perceived ALO and AHW to play vital roles in providing culturally safe SEWB care. Increased employment of ALO and AHW in MMHS systems will likely help build capacity within local communities to better support Aboriginal young people with SEWB and enhance cultural safety in available services. ALO and AHW have integral roles in health care that bridge gaps between what MMHS offer, and what Aboriginal young people require (Mackean et al., 2020; Mitchell & Hussey, 2006; Watson et al., 2012). This study clearly identified numerous benefits of being able to interact with Aboriginal staff, from the position of Aboriginal young people. Beyond this, having more ALO and AHW employed within MMHS systems will allow existing gaps and limitations of current approaches to SEWB support, repeatedly identified as barriers to benefiting from meaningful support by Aboriginal young people in this study, to be bridged. The study participants highlighted that ALO and AHW have the skills and knowledge to provide what is currently missing and desired by Aboriginal young people. A further advantage of increasing the employment of ALO and AHW within the workforce and MMHS systems is the potential to benefit other staff seeking to increase cultural safety in approaches to care, by providing increased opportunities to seek guidance from ALO and AHW on the types of support Aboriginal young people require, and to understand why, and how this may be best approached.

Conclusion

This research has identified that from the position of Aboriginal young people, cultural safety in MMHS should be enhanced to improve service experiences of Aboriginal young people seeking SEWB support. Further research should be undertaken to assess if similarities or variations exist within experiences of other Aboriginal young people in NSW seeking SEWB support from ACCHS and MMHS. This study has identified the need to reinforce the importance of cultural competency training for MMHS staff, the potential benefits of re-orienting funding to establish innovative SEWB services that are meaningful and culturally relevant for Aboriginal young people, the need to better support ACCHS to facilitate culturally safe and effective SEWB support services, and how increasing employment of ALO and AHW within MMHS systems would increase positive SEWB support experiences of Aboriginal clients. Despite many negatives of MMHS systems being identified by the Aboriginal young people in this study, it is of paramount importance that MMHS enact reforms to

enhance cultural safety. Aboriginal young people should feel confident to access SEWB support from MMHS and systems that are grounded in cultural safety; without Aboriginal young people accessing SEWB support, the mainstream mental health systems risk failing to reduce mental health and the social and emotional well-being disparities unjustly experienced by Aboriginal young people in NSW.

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Data Availability Statement: The data are not publicly available from this research due to the personal and sensitive nature of participants sharing qualitative lived experience of mental health service experiences.

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