

Education for GPs providing mental health care for Aboriginal and Torres Strait Islander people

A resource for training providers

Aboriginal and Torres Strait Islander people have the right to access health care that is both clinically and culturally appropriate, wherever they present. Social and emotional wellbeing is a key component of the Aboriginal definition of health. This includes concepts of connection to country, kin and community and is a view held across the whole lifecycle. It is vital that healthcare providers understand these needs, and are confident and competent in providing high quality mental health care in a culturally appropriate way. It is important that practices are able to correctly identify Aboriginal and Torres Strait Islander patients in their practice.¹



Culturally safe practice

Provision of quality mental health for Aboriginal and Torres Strait Islander peoples requires an understanding of the cultural practices and knowledge of the local community. Without this, there is a real risk of harm arising from cultural and communication misunderstandings and inappropriate management. Practices can promote themselves as a culturally safe environment by displaying culturally-appropriate health posters and artefacts or playing an Aboriginal radio station.² Screening and monitoring tools might need to be adapted for local use. Practice staff should also be provided with basic cultural awareness training to ensure respect of traditional practices and removal of stereotypes during the clinical interaction. The involvement of local cultural mentors and Aboriginal health professionals is ideal; however, this may not always be possible.

Historical and social health determinants

Colonisation and dispossession must be understood as a cause of much of the current mental health burden in Aboriginal and Torres Strait Islander communities. These principles continue in institutional practice and policy today. Similarly, ongoing discrimination and racism, even if subtle, has a lasting impact. GPs providing mental health services need to understand current evidence about social determinants of health, such as housing, unemployment and poverty. The increased number of severe adverse life events experienced by Aboriginal and Torres Strait Islander people (including children) also needs to be appreciated.³

Multimorbidity

Evidence shows that those with physical health problems often have mental health problems,⁴ which can exacerbate and impact the management of these conditions. Those in low socioeconomic status groups, where Aboriginal

people are over-represented, develop multimorbidity 10–15 years earlier than those in the highest socioeconomic status groups.⁵ GPs should be aware of the impacts of multimorbidity for level of disability and service costs.⁶

Suicide prevention

The prevalence of suicide in Aboriginal and Torres Strait Islander communities is very high, with recent data indicating that the rate in these populations might be 2.6 times higher than the rate for non-Indigenous people.⁷ There is also good evidence that the cultural significance of suicide and self-harm in Aboriginal communities is different to that in non-Indigenous communities, resulting in suicide clusters and copying of methods.⁸ GPs need a strong understanding of this difference. Measures to prevent suicide should be led by local Indigenous groups.

Translating evidence into practice

GPs need to understand the evidence base for prevention, screening, diagnosis and management of a range of mental health conditions in Aboriginal and Torres Strait Islander communities. Where strong evidence exists, recommendations for practice need to be followed. Gaps in the research should be both identified and filled in order to provide the most effective care.

Assessment tools

General

- Dingwall KM, Cairney S. Psychological and cognitive assessment of Indigenous Australians. *Aust N Z J Psychiatry* 2010 Jan;44(1):20–30.
- Menzies School of Health Research: Brief Wellbeing Screener
- Menzies School of Health Research: Strong Souls (a screener for young people)
- Menzies School of Health Research: Mental health assessment form

Remote communities

Western Australian Centre for Health and Ageing (WACHA)'s Kimberley Indigenous Cognitive Assessment (KICA)

Urban communities

Esler DM, Johnston F, Thomas D. The acceptability of a depression screening tool in an urban, Aboriginal community-controlled health service. *Aust N Z J Public Health* 2007 Jun;31(3):259–63.

Alcohol and drug use

- Queensland Government's Indigenous risk impact screen and brief intervention project: screening instrument
- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST)

Referral options

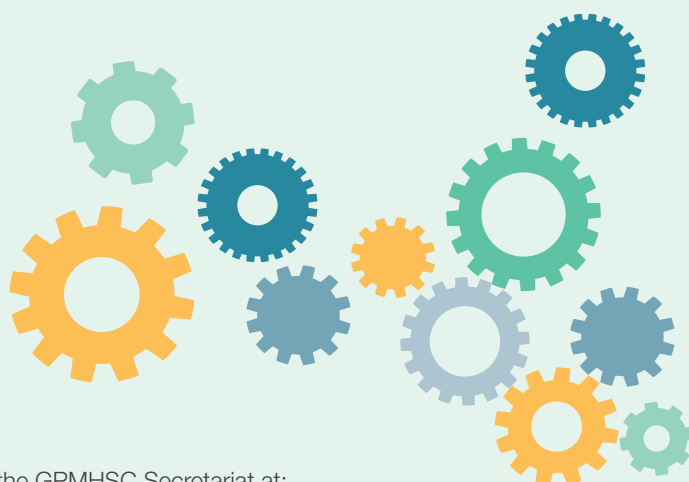
Patients can be referred to an Aboriginal and Torres Strait Islander health worker with specific mental health qualifications via the Access to Allied Psychological Services (ATAPS) program.

Useful resources

- Australian Indigenous HealthInfoNet
- RACGP's National Faculty of Aboriginal and Torres Strait Islander Health
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Social and emotional wellbeing and mental health services in Aboriginal Australia website
- National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILNMH)
- Indigenous.gov.au

References

1. Royal Australian College of General Practitioners National Faculty of Aboriginal and Torres Strait Islander Health. Identification of Aboriginal and Torres Strait Islander people in Australian general practice. Melbourne: RACGP; undated.
2. Hayman N, White N, Spurling G. Improving Indigenous patients' access to mainstream health services: the Inala experience. *Med J Aust* 2009;190(10):604–6.
3. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander health performance framework 2012: detailed analyses. Cat. no. IHW 94. Canberra: AIHW; 2013.
4. Australian Institute of Health and Welfare. Comorbidity of mental disorders and physical conditions 2007. Cat. no. PHE 155. Canberra: AIHW; 2012.
5. Barnett K, Mercer SW, Narbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012;380:37–43.
6. Australian Institute of Health and Welfare. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW; 2014.
7. De Leo D, Svetlic J, Milner A. Suicide in Indigenous people in Queensland, Australia: trends and methods, 1994–1997. *Aust N Z J Psychiatry* 2011;45(7):532–8.
8. Dudgeon P, Milroy H, Walker R, editors. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. 2nd ed. Canberra: ACER; 2014.



Contacting the GPMHSC

For further information on the work of the GPMHSC, please contact the GPMHSC Secretariat at: 100 Wellington Parade, East Melbourne VIC 3002

T 03 8699 0556 **E** gpmhsc@racgp.org.au **W** www.gpmhsc.org.au

The GPMHSC is a multidisciplinary collaboration with representatives from the below organisations. The GPMHSC is managed by The Royal Australian College of General Practitioners and is funded by the Commonwealth Department of Health.