

Clinical Toolkit

Clinical Tips: Engagement and Assessment 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.

Healthcare workers need specific knowledge of Aboriginal history, culture and health systems (<http://www.racgp.org.au/afp/2014/januaryfebruary/aboriginal-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 (including Aboriginal and Torres Strait Islander young people)

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 – 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 clinician and the young person can be a barrier to engagement. If this is relevant to you, mention that there are other clinicians available if they would be more comfortable with a clinician 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

Assessment with Aboriginal and Torres Strait Islander young people should follow **a less structured and less formal approach** than you might normally use. **The use of formal assessment protocols and tools can reduce rapport and engagement and is not recommended. It is important not to make assumptions about an Aboriginal and Torres Strait Islander young person's cultural identity.**

[See also the Clinical Tip: Working with Aboriginal Young People](#)

- **Assess risk in a sensitive way.** 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 personal safety with any young person.
- **It is often best to avoid screening tools altogether.** Feedback from Aboriginal and Torres Strait Islander clients of headspace has suggested that the use of screening tools can act as a barrier to engagement and very few have been validated for use with Aboriginal and Torres Strait Islander young people. Even appropriately validated tools (such as IRIS) should only be used if the young person has indicated they are comfortable to do so.
- 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.
- **Use a strengths-based approach** – ask them about themselves, what they like doing, what and who 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, including if they prefer referral to specific services for LGBTI+ or Aboriginal and Torres Strait Islander young people. 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. 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 them.

More resources

[Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.](#)

[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>