



# Cultural determinants of Aboriginal Mental Health





# Acknowledgement of Country

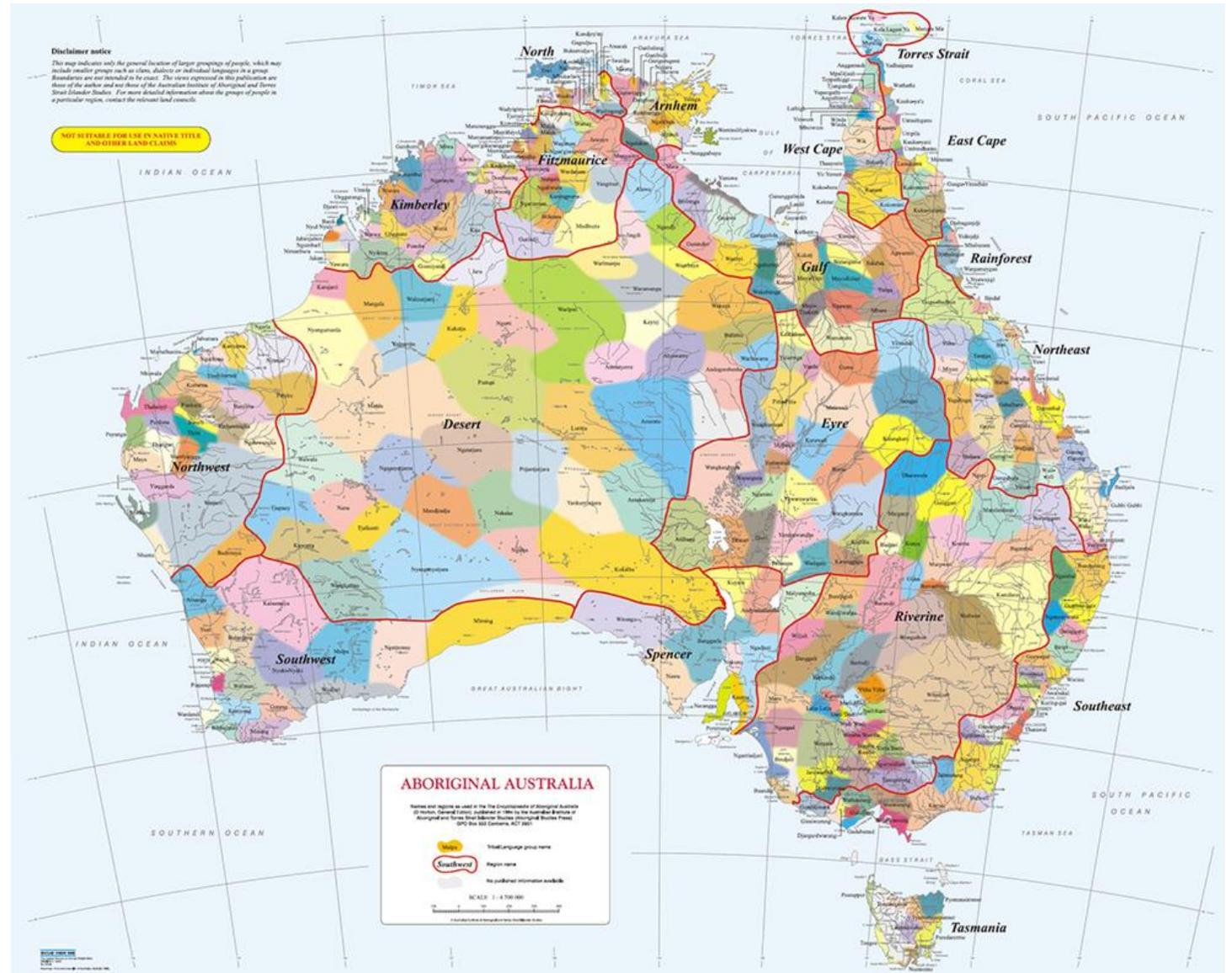
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# Vision



# Aboriginal Nations – over 300 different clan groups or 'nations' around the continent

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# History and context

## Pre-colonial period

- Sense of self through connectedness to country
- Kinship: defined social roles
- Connection to country: Lore: the body of knowledge
- Customary law: defined rules and consequences
- Cultural roles: men and women

## Colonisation

- Cultural genocide and forced removal from country
- Herded onto missions and government reserves
- Discriminatory legislation was passed
- Institutionalisation: forced the abandonment of social practices, breakdown in culture and life of authority and traditional law.

## Consequences

- Lack of recognition of human status (by Terra Nullius this was not totally dispelled until High Court Decision)
- Loss of land; hunting grounds and hence starvation
- Social fragmentation, war
- Health; preventable and communicable diseases
- Enforced relocations onto missions and reserves
- Freedom; lack of – dog tags
- Citizenship; part of the Flora and Fauna Act until census
- Forced removal of children



THREE GENERATIONS  
(Reading from Right to Left)

1. Half-blood—(Irish-Australian father, full-blood Aboriginal mother).
2. Quadroon Daughter—(Father Australian born of Scottish parents; Mother No. 1).
3. Octaroon Grandson—(Father Australian of Irish descent; Mother No. 2).

# Outcomes

- In 2018–19, Indigenous adults reporting high levels of psychological distress were more likely to:
  - have lower income (44% compared with 18% of those with high income),
  - be unemployed (42% compared with 22% for those who were employed),
  - smoke (38% compared with 27% for non-smokers),
  - have a disability (46% compared with 18% for those with no disability) have three or more long-term health conditions
- Indigenous males were hospitalised for mental health-related conditions at twice the rate of non-Indigenous males
- Indigenous females at 1.6 times the rate for non-Indigenous females
- Suicide accounted for 5.5% of all deaths by Indigenous Australians in 2020 and was the 5th leading cause of death.
- 2.4 times as likely as non-Indigenous adults to experience high levels of psychological distress
- Over-represented in both physical and mental health conditions

(NATISH, 2019)

# What are we doing



Health



# NSW Aboriginal Mental Health and Wellbeing Strategy 2020-25

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## Vision

- All Aboriginal people of NSW have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.
- **GOAL 1** Holistic, person and family centred care and healing.
- **GOAL 2** Culturally safe, trauma informed quality care.
- **GOAL 3** Connected care



# National Closing the Gap health priority areas

## Health and wellbeing

1. Close the gap in life expectancy within a generation by 2031.
2. Increase the proportion of babies with a healthy birthweight to 91 per cent by 2031.
3. Increase the proportion of children assessed as developmentally on track in all five domains of the Australian Early Development Census to 55 per cent by 2031.
4. Reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent by 2031.
5. Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.



# Closing the Gap mental health priority area



- Supports the NSW Government's commitment to the National Agreement of Closing the Gap and NSW Closing the Gap Implementation Plan, particularly:
- **Target 14:** Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero
- **Outcome 14:** Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing

# Culture and health

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Source: Gee et al. 2014

# Cultural determinants of health

- **Connection to country** - links an Aboriginal person to their land or island and community in a deeply cultural and spiritual way. Culturally Aboriginal people describe themselves as being “of Country” with identity, cultural practices, systems of authority and social rules, traditions and spirituality all tied to Country.
- **Cultural beliefs and knowledge** - such as the Dreaming, tell the story of creation and inform ways of living and being. Dreaming stories are reproduced through storytelling, art, ceremony, song and dance.
- **Language** - small number (20 out of some 200-300) languages remained strong. Since that time, there has been a lot of language revitalisation activity occurring in some communities.

# Cultural determinants of health

- **Family, kinship and community** - identity comes from being connected to your country or island of origin. Identity is about knowing and being part of a community and seeing yourself as an Aboriginal and/or Torres Strait Islander person.
- **Cultural expression and continuity culture** - means connection to Country and community, respect for Elders, kinship and family connections, gender and age roles, identity, language, art, ceremony, spirituality and storytelling.
- **Self-determination and leadership** - Self-determination and leadership in decision-making and control over life, an area or program is essential for the wellbeing of Aboriginal and Torres Strait Islander peoples.

# **Traditional healing and medicine – working in two worlds**

# Chinese medicine

Chinese medicine practitioners are regulated in Australia by the Australian Health Practitioner Regulation Agency (AHPRA)

Treatment to regain balance may involve:

- Acupuncture
- Moxibustion (the burning of herbal leaves on or near the body)
- Cupping/Massage
- Herbal remedies
- Movement and concentration exercises (such as tai chi)
- Ancient Chinese believed that humans are microcosms of the larger surrounding universe, and are interconnected with nature and subject to its forces.
- It is believed that to regain balance, you must achieve the balance between the internal body organs and the external elements of earth, fire, water, wood, and metal.

# Ngangkari Traditional Healers

- ***United Nations Declaration on the Rights of Indigenous Peoples, article 24.1***
- The recognition of Indigenous Peoples' right to their traditional medicine under international human rights law provides the foundation on which the Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC) is established
- The vision is to support the maintenance and practice of the 60,000 year-old Aboriginal traditional medical knowledge system.
- Dr Panzironi spent four years (2008-2012) traveling across South Australia in search for answers to the lack of recognition of Aboriginal traditional medicine in international and national health policy frameworks and strategies.
- Her enquiry into the status and role of Aboriginal traditional medicine is articulated in *Hand-in-Hand. Report on Aboriginal Traditional Medicine.*
- Members of the corporation—of whom there are now 20—are all Ngangkari, accredited in accordance with Ngangkariku Tjurkupa (customary law)

# Prescribed tools

- K10
- HoNOS
- DSM-5
- ICD 11
- MH-OAT
- Mental health care treatment plans

# Culturally validated tools

- Recent reviews of standard SEWB instruments (Black et al. 2018; LeGrande, et al., 2017, Newton, et al. 2015) identified few SEWB measures specifically developed for use with Indigenous people and emphasised the need for a formal cross-cultural adaptation process when using existing tools
- The Aboriginal Mental Health Cultural Competency Profile and Cultural Supervision Plan is unique to Australia in that it is the only tool that has been both culturally and psychometrically validated as a measure of Aboriginal mental health cultural competence.

## Westerman Scale

- The Westerman Aboriginal Symptom Checklist – Adults (WASC-A) was developed at the same time as the Westerman Aboriginal Symptom Checklist – Youth (aged 13 -17 years) in 2003 and has undergone psychometric validation.
- Always consider the spiritual and cultural context of the person's behavior because what is considered at risk behavior in one culture may not be in another.

# Culture Bound Syndrome DSM4-5

- The term *culture-bound syndrome* - recurrent, patterns of behaviour and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category (APA, 2000)
- **Ghost Sickness:** A preoccupation with death and the deceased (sometimes associated with witchcraft) frequently observed among members of many American Indian tribes (APA, 2000)
- **Spell:** A trance state in which individuals "communicate" with deceased relatives or with spirits. At times this state is associated with brief periods of personality change. This is common in African Americans (APA, 2000)
- **Amok:** A dissociative episode characterized by a period of brooding followed by an outburst of violent, aggressive, or homicidal behaviour directed at people and objects. Common in Polynesian, Puerto Rican and Malaysian tribes (APA, 2000)

# Aboriginal Culture Bound Syndrome

- Longing for Country; reactive grief through forced removal from country, prolonged absence from country; physical and spiritual ill health
- Sorry cuts; bereavement for family member
- Being Sung; cultural transgression and fear of retribution; spiritual visits
- DSM-IV Outline for Cultural Formulation (“OCF”) ensures guidance for practitioners around the formulation of culture bound syndrome

(Westerman, 2021)

# Aboriginal cultural syndromes: nuances

## Aboriginal

- Longing for country: spiritual ill health
- Sorry time, absence from sorry business, buried on wrong country
- Sorry Cutting – bereavement
- Payback – being sung, cultural transgression, pointing the bone
- Spiritual visits (psychosis) – auditory, visual or tactile

## Mainstream

- Affective Disorder
- Self Harm
- Psychosis



# Ways forward

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## Building

the evidence and improving data collection



## Improving

systems to support two way process and service provision



## Utilising

traditional healers and medicine



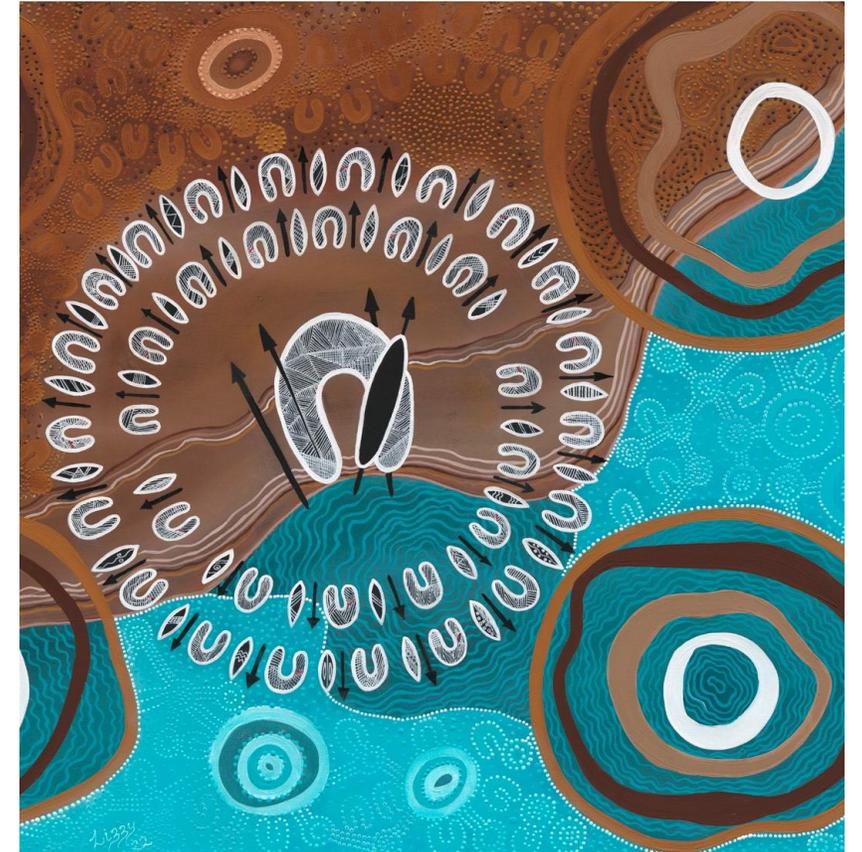
## Developing

culturally validated assessment tools



## Incorporating

the SEWB framework for mental health care





# Thank you

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