

Mental health services that consult with Elders can deliver better care to Aboriginal people

July 11 2024, by Michael Wright



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Aboriginal Elders in Perth are [working with](#) mainstream mental health service leaders to improve mental health services for their community.

The [Looking Forward research project](#), which I lead, has enabled mental health service providers in Perth and Nyoongar Elders to be active partners in a steady and sustained engagement process. In this part of the project, four elders worked with one mental health service leader for eight years to pass on this knowledge and transform the way his service treats Aboriginal and Torres Strait Islander consumers.

Our latest research paper, published as a [case study in the journal *Social Sciences*](#), shows how Perth-based [mental health services](#) are now becoming more culturally informed and responsive, with Aboriginal people more likely to feel acknowledged, respected and safer when accessing services.

The Elders stressed it was vital to work boss to boss, or *biddiya* to *biddiya* in Nyoongar language. Strong leadership is needed to ensure changes are embedded across all levels of services.

As Nyoongar Elder Uncle Peter Wilkes explains, this way of working is informed by an Aboriginal cultural approach to leadership:

"Biddi is actually a path and biddiya is someone who leads down that path. [... The bosses are] protecting whoever is following. So, that's what we're doing. So, they call us biddiyas [cultural bosses]: we're doing things now for people [the future generations] to come."

What's the problem?

It is unrealistic to expect quick-fixes and rapid changes to the western medical model, which tends to function in a transactional and clinical way. There is limited scope and time for service providers to interact more personally, so consumers often feel unheard and alienated.

So we know what's not working well: a transactional mental health

system that fails to accommodate consumers' needs for human connection and understanding. This means people struggling with mental illness have had little or no capacity to be involved in improving their social and emotional well-being.

For Aboriginal people in particular, the western medical model has done very little for them to feel culturally safe. Cultural safety requires an understanding of their specific needs, as well as the time and commitment of service providers to be respectful and responsive.

Change starts with relationships

Our research over the past ten years has involved 15 mental health and drug and alcohol support services, in partnership with over 30 Elders living in the Perth region. This research has extended to the Kimberley, where we have worked with Yawuru Elders and [young people](#), and youth mental health services.

One of the main messages from Looking Forward's consultation with Elders and the broader Aboriginal community was the need:

"to be part of the process and to have input into all policies."

For this to occur, trust needs to be built between mental health services and the community. And relationships are essential for understanding and trust to grow.

Engaging in a "relational" way means slowing down and dedicating time and space to connect, listen and learn. Doing so opens a space for dialogue so people feel heard and included.

Very few non-Aboriginal people have meaningful relationships with Aboriginal people. Our [research participants](#) remark on how much they

value the opportunity to build a relationship with Elders and the Aboriginal community. It is more likely that people will trust one another when they get to know each other.

The Elders make a big impression by communicating their love for their Country (the term used for different groups' distinct ancestral land) and their desire for their community to build self-determination.

In contrast to the often transactional nature of cultural training, this engagement enables service providers to understand the deep and enduring connection Aboriginal people have with kin, culture and Country.

Breaking down the transactional mindset

Our research [has found](#) most organizations, and the people working in them, are eager to be more relational, to the extent that many want to take immediate action. But we stress the need to go steady—*debakarn*—and to build relationships first.

Over time, participants move beyond a narrowly transactional mindset and become more relational and culturally flexible in their everyday workplace. Importantly, participants build their confidence in relating with Aboriginal Elders and community members.

Many organization leaders and their staff describe this steady relationship-building experience as being transformational. As one leader pointed out:

"[Y]ou've got to be personally invested. Unless you're personally invested in this, you will not make a change."

Another said they want their organization to:

"[get to a place] where we're actually accountable to the Aboriginal people. Where the Elders feel they have a strong enough relationship with us so they can come to us and say, "This isn't good enough; we want you to do this." "

The latest Looking Forward [case study](#) identified five key elements for successfully collaborating with Elders to improve health services:

- openness and humility to be teachable
- commitment, listening and responding
- unlearning to apply new learning
- integrating new leadership practices
- stewarding resources to facilitate decisions that impact Aboriginal clients.

The real test is for mental health services, led by Elders, to keep walking the path in a sustained working relationship with the Aboriginal community so constructive changes are co-designed to benefit consumers. Doing so not only creates positive and lasting change for Aboriginal people's social and emotional well-being, it's good for all mental health consumers.

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Provided by The Conversation

Citation: Mental health services that consult with Elders can deliver better care to Aboriginal people (2024, July 11) retrieved 9 September 2024 from <https://phys.org/news/2024-07-mental-health-elders-aboriginal-people.html>

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