POLICIES

POLICIES for Prevention of Mental Disorders

[2] Selective Programs

- a) Biological factors
- b) Psychological factors
- c) Social factors
  - i Indigenous families
  - ii Immigrant families
  - iii Children involved with bullying
  - iv Children in out-of-home care

[2 c i] Indigenous families

Aboriginal and Torres Strait Islander-led organisations in Australia have developed a set of principles which they ask that the nation respects and adheres to. These relate directly to health and welfare policy affecting all members of indigenous communities, not least to the development of children and adolescents, including their mental health and wellbeing. Clearly, these principles need to drive policy concerning the prevention of mental disorders in indigenous communities, as well as policy concerning treatments or interventions aimed at preventing the escalation of the psycho-social problems evident in psychological difficulties of all kinds.

MHYFVic advocates that service development should be in keeping with the following principles.

I. Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Connection to traditional lands and waters are central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill-health will persist.

2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander people's health problems generally, and mental health problems in particular.

4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the colonising disruption to cultural wellbeing. Trauma and loss of great magnitude continues to have inter-generational effects.

5. The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (versus mental ill-health). Human rights relevant to mental health difficulties must be specifically addressed.

6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in traditional or other lifestyles, and frequently move between these ways of living.

9. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance, and a deep understanding of the relationships between human beings and their environment. They value family relationships in culturally specific ways, affirming special responsibilities towards the care of their young.

10. Aboriginal and Torres Strait Islander peoples have different cultures and histories and, in many instances, different needs. Nevertheless, both groups are affected by the problems that face them as Indigenous peoples of Australia. The differences must be acknowledged and may need to be addressed by locally developed, specific strategies.

MHYFVic advocates that service development should also be in keeping with the human rights declarations published as part of the MHYFVic Project Evidence [PE2c i] for Indigenous Mental Health, particularly the *Declaration of the Right to Mental Health and Wellbeing of Indigenous Children, Adolescents and Families*, announced by the *International Association for Child and Adolescent Psychiatry and Allied Professions*, in July 2018.

MHYFVic advocates, accordingly, that to facilitate the prevention of threats to the mental health and wellbeing of indigenous children and adolescents, governments should provide culturally appropriate supports for students and for their families in educational (school) settings, and culturally appropriate mentoring supports for school leavers.

MYFVic advocates that all indigenous children and adolescents in Victoria should have ready access to quality mental health services wherever they reside. This requires resources to be boosted in relation to regional areas. At the very least, all indigenous children, adolescents and families should be able to access mainstream mental health services that receive regular and culturally supportive clinical consultancy, both secondary and tertiary. In other words, a well-funded, comprehensive outreach service to regional mainstream, agencies from a Melbourne-based centre-of-excellence in indigenous mental health, is considered fundamental at this stage. In time, with expansion of mental health professional training among indigenous people, indigenous regional centres should be able to be established.

MHYFVic advocates that a state-wide indigenous child and adolescent mental health service in Victoria (currently the Koori Kids Program of the Victorian Aboriginal Health Service) is adequately funded to provide the necessary range of programs to communities throughout the State, allowing for a centre-based service for the local community, with outreach to other identified population centres. A viable-sized staffing of three multi-disciplinary teams is desirable. Each of the three teams would need to include at least four EFT trained, specialised clinical staff (including psychiatrist, clinical psychologist, social worker and clinician specialised in, for example, speech pathology, occupational therapy, psychiatric nursing or art or music therapy). Because, in the short term it is likely that most clinicians will be non-indigenous, each team should include at least two indigenous health workers to mediate cultural awareness of non-indigenous clinicians. [See 'Viable-sized service.pdf'].

MHYFVic advocates that the highest quality of culturally appropriate mental health services is made available to indigenous children and youth. Staffing should be by indigenous mental health professionals wherever possible, in-service training in culturally appropriate practice should be provided for non-indigenous professionals working with indigenous groups, and indigenous health workers mediating for non-indigenous professionals should be supported in their challenging role by access to appropriate mental health training and ongoing supervision.

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