

General principles of practice and cultural competence

1. General principles of practice
2. Cultural competence

PAPERS WRITTEN BY AMANDA HART AND ASH DARGAN ON BEHALF OF THE
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The Northern Territory Department of Education acknowledges Article 31 of the United Nations Declaration of the Rights of Indigenous peoples, and the need to ensure the cultural, economic and intellectual property rights possessed individually and collectively by Aboriginal and Torres Strait Islander people. 'DoE' also acknowledges the right of Aboriginal and Torres Strait Islander peoples to retain their moral rights in relation to attribution, false attribution and cultural integrity. As such, no part of this document is to be altered without prior consent of authors.

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GENERAL PRINCIPLES OF PRACTICE: WORKING WITH INDIGENOUS STUDENTS

AMANDA HART, ASH DARGAN 2014

Practitioners, along with researchers and policy developers, working to improve the social and emotional wellbeing (SEWB) and mental health of Aboriginal and Torres Strait Islander peoples “*have to grapple with the task of defining these health concepts in ways that are relevant and consistent with Aboriginal and Torres Strait Islander understandings and experiences*”¹. Given the diversity within Aboriginal and Torres Strait Islanders communities, the often complicated nature of client presentations, along with the lack of consensus in defining SEWB and mental health, it can be challenging to determine appropriate assessment practices.

IN CLARIFYING THE RELATIONSHIP BETWEEN SEWB, MENTAL HEALTH AND MENTAL HEALTH DISORDERS FROM AN ABORIGINAL AND TORRES STRAIT ISLANDER PERSPECTIVE, GEE AND COLLEAGUES (2014) DEFINE SEWB AS A COMPLEX, MULTI-DIMENSIONAL CONCEPT OF HEALTH THAT INCLUDES BUT EXTENDS BEYOND CONVENTIONAL UNDERSTANDINGS OF MENTAL HEALTH AND MENTAL DISORDER, WHERE MENTAL HEALTH IS VIEWED ONLY AS ONE COMPONENT OF HEALTH THAT IS INEXTRICABLY LINKED TO THE SOCIAL, EMOTIONAL, PHYSICAL, CULTURAL AND SPIRITUAL DIMENSIONS OF WELLBEING.

To maintain high quality and culturally competent (refer Appendix 1B) services to Aboriginal and Torres Strait Islander students and families in the NT, the following guiding principles are highlighted as underpinning SEWB (thus mental health and mental health disorders).

1. Health as holistic
2. The right to self-determination
3. The need for cultural understanding
4. The impact of history and trauma and loss
5. Recognition of human rights
6. The impact of racism and stigma
7. Recognition of the centrality of kinship
8. Recognition of cultural diversity
9. Recognition of Aboriginal strengths²

Mental health and psychological assessment of Indigenous Australians has a complex and contested history³. The situation of forcible removals, dispossession and many other violations of human rights against Aboriginal and Torres Strait Islander peoples, has led to high levels of psychological distress and ongoing trauma for Indigenous Australians. This reinforces the necessity for culturally informed and competent assessment and testing of Indigenous Australians³ (refer Appendix 1B).

In addition to discipline and service specific standards and competencies, to address the interdisciplinary mental health environment, the National Practice Standards for the Mental Health Workforce⁴ provide key principles and a practice framework for mental health professionals, and detail the common skills, knowledge and attitudes required of individual practitioners. Standard 4 specifically refers to ‘Working with Aboriginal and Torres Strait Islander people, families and communities’ (see inset below).

Standard 4: Working with Aboriginal and Torres Strait Islander people, families and communities

By working with Aboriginal and Torres Strait Islander people, families and communities, mental health practitioners actively and respectfully reduce barriers to access, provide culturally secure systems of care, and improve social and emotional wellbeing.

The mental health practitioner:

1. Develops an understanding of Aboriginal and Torres Strait Islander history, and particularly the impact of colonisation on present day grief, loss and trauma and its complexity
2. Communicates in a culturally sensitive and respectful way, being aware of potential mistrust of government and other service providers as a result of past history
3. Uses culturally sensitive language and preferred terminology in line with current policy directives
4. Implements culturally specific practices as described in relevant national, state and local guidelines, policies and frameworks that pertain to working with Aboriginal and Torres Strait Islander peoples
5. Respectfully collects and records information identifying Aboriginal and Torres Strait Islander status in line with current policy directives
6. Works in collaboration with Aboriginal and Torres Strait Islander cultural advisors where appropriate regarding appropriate care and engages meaningfully to develop culturally appropriate care in collaboration with these support networks
7. Seeks to understand and work within local cultural protocols and kinship structures of Aboriginal and Torres Strait Islander communities
8. Respectfully follows Indigenous protocols in community contexts, such as the process of vouching in which one or some of the community members attest to the person wishing to enter the community

The National Mental Health Strategy's⁵ implementation guidelines were developed to provide more detail about operationalising the National Standards for private office based mental health practices, for public mental health services and private hospitals, and for non-government community services. All guidelines incorporated recommendations from the following sectors:

- Alcohol, tobacco and other drugs (ATOD)
- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse (CALD) communities
- Mental health consumers and care givers,

Can be found at <http://www.health.gov.au/mhsc>.

Assessment practices in working with Aboriginal and Torres Strait Islander peoples.

Adams and colleagues (2014) describe culturally competent assessment as a decolonising practice that requires practitioners to acknowledge the importance of Aboriginal terms of reference and the impacts of white privilege, that involves commitment to self-exploration,

critical reflexivity and recognition of the implications of power differentials inherent in the role of clinicians and clients³ (refer also to Appendix 1B). In addition to the aforementioned guidelines and standards, consideration of the following factors may be useful in determining appropriate assessment practices:

- Appropriately accessing the knowledge of school staff (including AT's, AIEW's, Indigenous Education Unit)
- Adhere to community protocols (such as seeking permission to visit, checking appropriateness of moving around the community)
- Be aware of cultural 'prohibitions'; such as referring to recently deceased person by name, avoidance kinship relationships (poison cousin/mother-in-law and son-in-law etc.) accessibility of certain areas, including roads, during 'business' or ceremony etc.
- Flexible, patient approach to engaging with client
- Be guided by cultural mentors/advisors/supervisors
- Talk with the right persons to gather information
- Use of interpreters and local cultural consultants
- Gather information from a range of settings (including health clinic and local agencies)
- Take the time to become known and familiar with the community
- Consider appropriateness of assessment tools, and factors to consider in interpreting the data
- Clarify the meaning of behaviours before interpreting from a western perspective
- Negotiate the process of assessment (how many sessions, venue etc.)
- Provide clear explanation of any tests or assessment tools (including purpose, uses of data, limitations and benefits)
- Remember that silence is common during testing process
- Nonverbal skills can be very important, including use of and interpretation of posture, gestures and eye contact

These factors are by no means an exhaustive list. Additional information regarding appropriate assessment frameworks and considerations (including but not limited to 'Understanding the Dance of Life'⁶, 'Implications and Considerations in Mental State Examinations'⁷, various publications of Dr. Tracy Westerman⁸, SEWB framework¹, 'Principles of Practice in Mental Health Assessment of Indigenous Australians'³ and the DSM V chapter "Cultural Formulation" and associated supplementary modules⁹) can be found using references to both Appendices 1A & 1B.

¹ Gee, Dudgeon, Schultz, Hart & Kelly (2014) 'Aboriginal and Torres Strait Islander Social and Emotional Wellbeing' in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Australian Government Department of Health

² Social Health Reference Group (2004) *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*. Australian Government (adapted from Swan & Raphael 1995)

³ Adams, Drew & Walker (2014) 'Principles of Practice in Mental Health Assessment with Aboriginal Australians' in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Australian Government Department of Health

⁴ Australian Government Department of Health (2013)

⁵ Commonwealth of Australia (2010)

⁶ Royal Australian and New Zealand College of Psychiatrists, Australian Indigenous Mental Health

⁷ Sheldon, M Chapter. 'Reviewing Psychiatric Assessment in Remote Aboriginal Communities.' In: Purdie N., Dudgeon, P., & Walker R., editors. *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Commonwealth of Australia; 2010

⁸ see Indigenous Psychological Services website;
www.indigenoupsychservices.com.au⁸

⁸ American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition*

Cultural Competence

Amanda Hart, Ash Dargan 2014

The Northern Territory Department of Education acknowledges Article 31 of the United Nations Declaration of the Rights of Indigenous peoples, and the need to ensure the cultural, economic and intellectual property rights possessed individually and collectively by Aboriginal and Torres Strait Islander people. 'DoE' also acknowledges the right of Aboriginal and Torres Strait Islander peoples to retain their moral rights in relation to attribution, false attribution and cultural integrity. As such, no part of this document is to be altered without

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Cultural Competence

Context statement: Indigenous Australians are disadvantaged in the Western mental health system. “No treatment will be effective in addressing these problems unless health professionals themselves develop an understanding of the impact of colonialism, and have taken measures to identify and extinguish ongoing practices of colonialism, and properly acknowledge the effects of the ongoing history of colonialism”¹.

Cultural Competence: A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations².

Cross et. al's (1989) definition recognises the connection among the individual, organisational, and structural applications of cultural competence (CC) and that CC can be applied on three levels:

- Individual: refers to individual knowledge, skills, values and behaviours (see Figure 2).
- Organisation: refers to an organisations management and operational framework (and practices), including policies, procedures, mission/vision statements, planning documents, services etc.
- System: every organisation works within a broader system (e.g. Territory/State, federal system with its own standards, legislation, regulations and infrastructure, etc³).

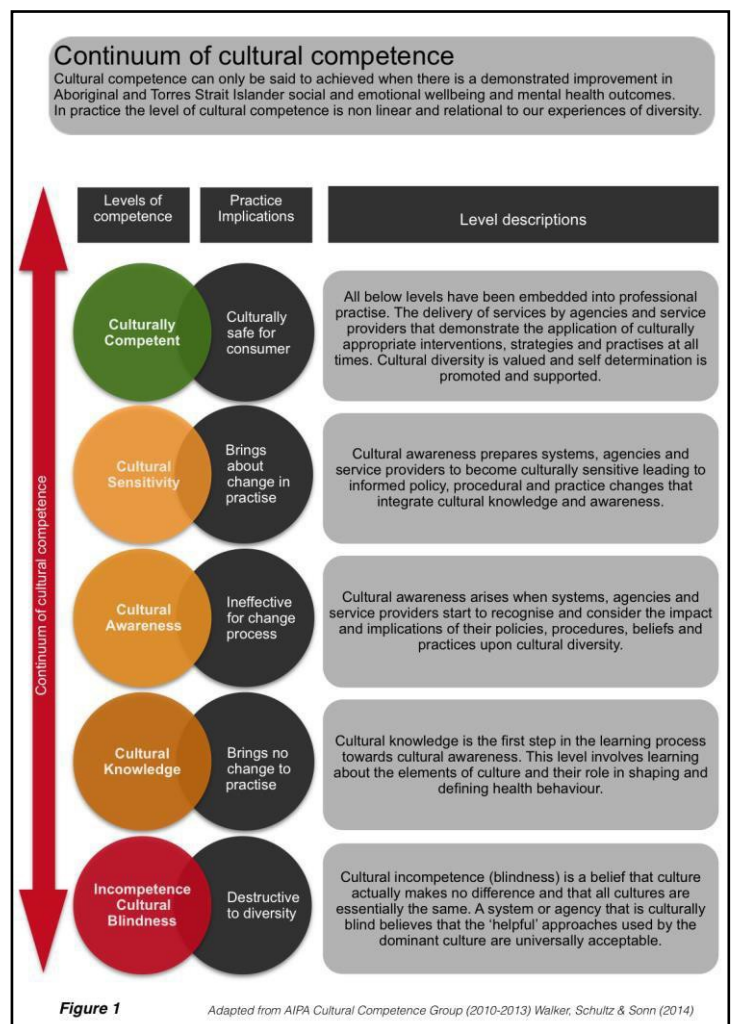
CC can be conceived as a continuum – which assumes that CC is a dynamic process with multiple levels of achievement. It can be used to assess an organisations or an individual's level of CC, to establish benchmarks and to measure progress (see Figure 1).

This definition of CC transcends notions of Cultural Awareness and Cultural Safety to include **critical reflexivity** of self and of professions, capacity building of skills and the decolonisation of individual and organisational paradigms, policies and procedures.

Cultural Awareness: whilst awareness training for practitioners is useful (and incorporated into CC models) it has been found to be ineffective in its failure to effect change in practices⁴ and to address the systemic issues that disadvantage Indigenous clientele⁵.

Cultural Safety: an environment which is safe for people: where there is no assault, challenge or denial of their identity, or who they are or what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity and true listening⁶.

The notion of cultural safety (and cultural awareness, cultural security and cultural

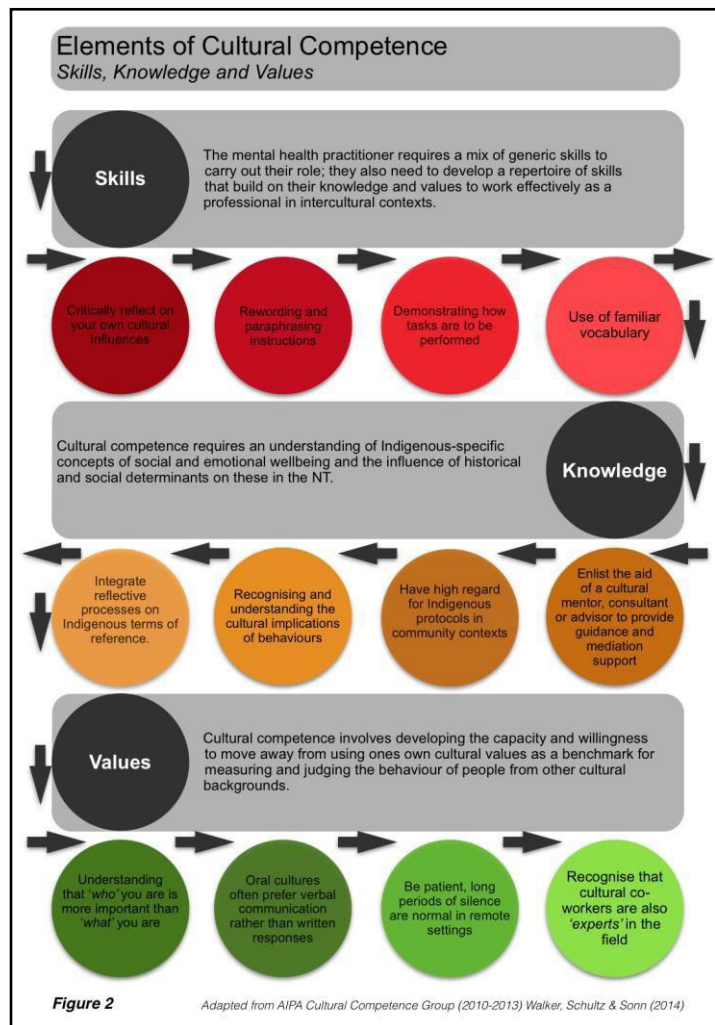


respect) largely subsumed into the more comprehensive notion of cultural competency⁷.

The term competency appears to have attracted more currency in that it ‘implies a higher standard of proficiency than safety, whilst still encompassing safe practice’⁸.

Critical Reflexivity is the process by which one can build over time their capacity of skills, knowledge and values essential to engaging respectfully and ethically with sociocultural diversity. It is also central to developing cultural competence in both personal and professional interactions with people of different cultures. Principles and practices underpinning cultural competence require critical reflexivity to bring about a personal shift from an intellectual understanding of the varying elements of cultural difference into a deepening awareness of one’s own cultural prejudices and biases⁹. Critical reflexivity on aspects of cultural differences (see points below) allows the integration of skills, knowledge and values over time to better inform actions and practices that best meet the needs of culturally diverse people (see Figure 2).

- The nature and dynamics of power as it operates in many levels from practitioner-client, to organisational and political systems and between various professions (and disciplines)
- The nature and impacts (both on Aboriginal and non-Aboriginal people) of unearned or ascribed privilege
- The nature and effects of racism at individual, institutional and ideological and discipline levels
- The history of relationships between Aboriginal Australians and systems and professions
- The effects of this history on Aboriginal perspectives about the professions and the extent to which each profession is constrained by the culturally constructed models and disciplinary knowledge/theories used by the profession
- The effects of white privilege and cultural blindness⁹



White Privilege and Racism

Despite having no biological basis, the idea of distinct races still exists as a social construct. Racism has its roots in the belief that some people are superior because they belong to a particular race, ethnic or national group¹⁰.

Contemporary theories of racism tend to examine the presence and role of 'whiteness' rather than the perceived characteristics of particular 'races'. One of these is Whiteness Studies which refers to a growing body of literature since the 1980's about the construction of the concept of 'race' and how this has privileged White people, while at the same time disadvantaging non-White people¹⁰. Theories of White Privilege suggest that Whites view their social, cultural and economic experiences as the 'norm', and that this assumption constrains discussions of inequity to factors that contribute to the 'failures' to meet the 'norm' and what can be done to achieve the 'normal' standards experienced by Whites.

In terms of knowledge and history construction, Western views and ways of knowing and doing have been privileged at the expense of other ways of knowing and doing^{9,11}.

Walker, Schultz & Sonn⁹ cite McKinney¹² in highlighting that anti-racism practice for white people requires a shift in focus from prejudice reduction to an awareness of systemic and inherited privilege and a commitment to challenge racist behaviour.

Walker and colleagues argue that critical reflexivity in this context often means letting go of certainties and being prepared to negotiate with clients and communities, which can be emotionally challenging and leave one feeling vulnerable, powerless and out of place. Therefore, the ability to work outside one's comfort zone is crucial^{9,10} and critical reflexivity is an essential component of culturally competent practice.

Trauma Informed

Trauma-informed organisations, programs and services are based on an understanding of the particular vulnerabilities and/or triggers that trauma survivor's experience (that traditional service delivery approaches may exacerbate) so that these services and programs can be more supportive, effective and take care to avoid re-traumatisation¹³.

For Aboriginal and Torres Strait Islander peoples transgenerational trauma (historical trauma) is considered cumulative and ongoing, brought about by colonisation (first generation of survivors) and subsequent policies, racism, removal from family and lack of culturally informed services (second and further generations) that have together been a destructive force upon the wellbeing of Indigenous populations across Australia⁽¹⁴⁾ Developing trauma informed services is synchronous to the continuing development of culturally competent services as they are both integral and interdependent to enhancing physical, emotional, social, spiritual and cultural wellbeing¹⁵.

¹ . O'Shane (1995) in Bishop, B., Vicary, D., Mitchell, J., & Pearson, G. (2012). Aboriginal Concepts of Place and Country and their Meaning in Mental Health. *The Australian Community Psychologist*, 24 (2), 26-42.

² Cross, T. L., Bazron, B.J., Dennis, K. W., & Issacs, M. R. (1989). *Towards a culturally competent system of care*, Vol. 1. Washington, DC. CASSP Technical Assistant Center, Georgetown University Child Development Center.

³ Wells, S.A., & Black, R.M. (2000). *Cultural Competency: For Health Professionals*. American Occupational

Therapy Association.

⁴ . Kai, J., Wilkes, M., & Gill, P. (1999). Learning to value ethnic diversity – What, why and how. *Medical Education*, 33(8), 616- 623.

⁵ Health Department of Western Australia. (2003). Aboriginal cultural security: a background paper. Perth: Government of Western Australia.

⁶ Ungunmerr-Baumann, M. (1989) *Dadirri – Listening to One Another*.

⁷ Grote, E. (2008) PhD Dissertation prepared for the Indigenous Higher Education Advisory Council. *Principles and Practices of Cultural Competency: A Review of the Literature*.

⁸ Nash, R., Meiklejohn, B. & Sacre, S. (2006). The Yapanyah project: embedding Aboriginal and Torres Strait Islander perspectives in the nursing curriculum. *Contemporary Nurse*, 22(2), 296-316.

⁹ Walker, R., Schultz, C. & Sonn, C. (2014). Cultural competence – Transforming Policy, Services, Programs and Practice. In *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed). Canberra, ACT.

¹⁰ Kelly, K. for Australian Indigenous Psychologists Association Cultural Competence Group (2010, 2011, 2012, 2013 & 2014) *Participant Workbook: Working Together: Journey Toward Cultural Competence with Aboriginal and Torres Strait Islander Peoples*.

¹¹ Westerman, T. (2007) Keynote address *The value of unique service provision for Aboriginal Australians* (ips website).

¹² McKinney, K. (2005) *Being white: Stories of race and racism*. Routledge. New York.

¹³ SAMHSA, National Mental Health Information Centre (2004).

¹⁴ Atkinson (2013) 'Trauma-informed services and trauma-specific care for Indigenous Australian children' *Closing the Gap Clearing House*, No. 21.

¹⁵ Social Health Reference Group (2004) *Social and emotional well being framework: a national strategic framework for Aboriginal and Torres Strait Islander mental health and social and emotional well being 2004-2009*.