Aboriginal mental-health workers hold our care system together

Helen Milroy

Aboriginal and Torres Strait Islander peoples have long known culturally-safe mental health care is central to healing. It shapes whether trust can grow and whether people feel safe enough to seek help in the first place.

Our new research, published in JAMA Network Open, reflects what many Aboriginal peoples already know through experience: too often, psychiatric care is fragmented, culturally unsafe, and disconnected from family, community, and the supports which are central to wellbeing.

Over the past few years, our team has been walking alongside Aboriginal people in the great southern region to understand what really happens when our Mob come into contact with the mental-health system during a crisis. We worked with 20 Aboriginal adults who had used the Great Southern Mental Health Service, gathering both the stories they shared in yarning interviews and detailed records of more than 1,100 clinical interactions across emergency, inpatient and community care.

This research was guided by Aboriginal leadership, using an Aboriginal Participatory Action Research approach and the Social and Emotional Wellbeing (SEWB) framework, so that community priorities, not just service structures, shaped the questions we asked and the way we interpreted the findings.

What we found was a fragmented system, where Aboriginal patients were too often left to hold the pieces together. Our analysis showed how patients frequently became the link between hospital staff, family, GPs, police and outside services at the very time they most needed care and support around them.

At the same time, one role stood out clearly and powerfully: the Aboriginal mental-health worker. In both the quantitative analysis and the yarning interviews, Aboriginal mental-health workers emerged as the people who most effectively connected hospital care with family, community, and external services, and who helped create trust, understanding, and cultural safety for patients.

Aboriginal mental-health workers occupied a uniquely central position in the care network, with a level of structural importance higher than would be expected simply from the number of people they were connected to. They were not just part of the system; they were one of the main ways the system held together.

The yarning interviews gave life and depth to those findings. Participants spoke of culture, Country, kinship, spirituality and family as the heart of wellbeing, not something separate from care. They also described Aboriginal mental-health workers as people who "get it", who understand large families, sorry business, the impact of child removal, and the spiritual dimensions of distress without needing everything explained. Aboriginal mental-health workers were seen as cultural brokers, advocates and sources of calm in situations which might otherwise be frightening or shaming. This makes their absence after hours and on weekends even more concerning, because the times when people are most in need are often the times when this support is least available. When Aboriginal mental-health workers are not there, Aboriginal patients can be left facing a fragmented system without the cultural support which helps them feel safe, understood and connected.

In our research, we found that Aboriginal mental-health journeys are rarely linear, and identified three care pathways commonly experienced by Aboriginal peoples. Some people remained largely engaged with the one internal service, others experienced extended engagement with a service without clear progression, and some people moved through more complex patterns of engagement involving outside referrals and repeated re-admissions. This tells us that rigid models of care do not reflect the realities of many Aboriginal people's lives and that services need to be designed with flexibility, continuity, and trauma-informed practice in mind.

Importantly, family and kin were described as central to healing and support, yet they appeared only inconsistently in the documented workflows of the service. This gap between what matters to Aboriginal peoples and what the system routinely captures is one of the most important signals that redesign is needed.

Where to from here?

The clearest message from this research is that the Aboriginal mental-health workforce needs real investment now. Aboriginal mental-health workers are not sitting on the edge of the system – they are helping hold it together. Yet too often they are expected to carry an enormous cultural and relational load without enough support, additional staffing or authority.

At the same time, ongoing cultural safety and trauma-informed practice must be embedded across the organisation and strengthened through Aboriginal leadership and accountability.

Services also need to be redesigned around Aboriginal experiences of health and healing. That means better inclusion of family and kin, stronger links with community-controlled and external supports, culturally-safe inpatient environments, and care pathways that recognise Country, connection, and lived experience as part of good mental health care rather than something outside it.

For Aboriginal and Torres Strait Islander peoples, healing has always been relational, cultural, and collective. Lasting change will come when services recognise this, invest in First Nations people and leadership, and create care which feels safe, connected and grounded in what wellbeing truly means for our communities.

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This article is part of a series of Koori Mail columns about Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and suicide prevention contributed to by authors from the CBPATSISP, which was established in 2017 to develop and share evidence about effective suicide-prevention approaches for First Nations peoples and communities.

The article can be found at www.cbpatsisp.com.au/news-and-media/#cbpatsispinthenews

Professor Helen Milroy AM presenting at the most recent Social and Emotional Wellbeing Gathering 6 on the findings of this research.

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