

CONFERENCE ABSTRACT

Three Steps Forward: The quest to develop a culturally informed mental health outreach framework for engaging indigenous children, young people and families within an urban community

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Introduction: Almost forty percent of all Indigenous Queenslanders are younger than fifteen years of age. It is well known that Indigenous children and young people experience higher rates of mental illness within their developmental years from stressors such as discrimination, loss of language, social dislocation, isolation, violence, grief and loss. Indigenous young people also experience higher rates of substance misuse, lower school retention rates, higher rates of incarceration, over-representation in child protection, living below the poverty line and higher rates of suicidality and deaths by suicide. Many Indigenous children and young people do not access or refuse entry to mainstream mental health services due to the negative judgement, dismissal of rights to care, non-attendance and past historical dogma and discrimination.

This study investigates key care components to support the engagement of Indigenous children, young people and their families in the community. It aims to increase the transparency of the outreach model, highlight barriers in achieving the expected level of performance and will emphasise the need to work inclusively with the local indigenous population and collaboratively across government and non-government sectors.

Methods: To better understand and to articulate a culturally appropriate outreach model, a time and motion study was conducted. This study is critical in observing and understanding the real time activity (consumer related and non-consumer related) of a community based indigenous outreach worker and to identify the obstacles in recording services provided.

Results: The experiential information collation phase conducted two days per week, for a duration of three months was inclusive of indigenous child and youth who met the criteria for mental health referral and had an indigenous background, although not all persons were open to the service (N=120). Categories to support care needs included provisions of service on health procedures, system navigation, interventions, case management, referral pathways and other advocacy and support services.

Discussions and conclusions: The activities of the indigenous outreach worker are at times difficult to capture, with many not being able to be recorded within current systems. However,

it was deemed that these activities form the foundation of continued engagement - without undertaking such activities young people and families do not engage and therefore the opportunity to impact on the health and wellbeing of young people are lost. We need to continue to work with system administrators as we continue to focus on further developing our partnership models within local communities to decrease the disparity for indigenous children and youth is essential.

Meeting the needs of the Indigenous population requires time to develop authentic relationships and community acceptance, communicate across sectors, broaden the traditional models of care and address barriers that prevent providers from engaging in cultural informed practices.

While there remains challenges in capturing the activities, the innovative outreach model developed is seen as holding considerable promise for implementation in other areas and in improving the outcomes for Indigenous children, young people and families across the spectrum of mental health care.

Keywords: child and youth mental health; aboriginal health and wellbeing; outreach; engagement
