Chief Psychiatrist's Community of Practice Summary - Yarning about the Cultural Gathering Tool and Aboriginal Governance.

We pay our respects to the traditional custodians and Elders past and present. We acknowledge the diversity of all Aboriginal language groups that work in health and in places we live, learn, work, and visit.

Glenda Humphries, she/her– Facilitator, experienced Aboriginal Mental Health Coordinator & Senior Project Officer

We know there were multiple notifiable incidents where it was clear that our services are still struggling to understand cultural safety and assessment - this is barrier to providing person-centred care. There is an opportunity to connect better with our Aboriginal consumers and carers, in a culturally safe way.

The Office of the Chief Psychiatrist has been working with the *Looking Forward* team at Curtin University since 2022 and building relationships with our Nyoongar Elders Aunty Sandra and Uncle Peter Wilkes and Auntie Cheryl Phillips as well a group of Aboriginal young people. The Elders suggested the name Kaatadjiny Walbraaniny Danjoo – "Learning to Heal Together" for the project. We are developing our capability and confidence to work with Community, and in Aboriginal ways of being, doing and knowing.

Truth-telling, cultural governance and Aboriginal led innovations, are essential in closing the gaps and disparities in W.A. - together. We look forward to further developments across health.

Dr Nathan Gibson, he/him, Chief Psychiatrist W.A.

The *MR23 WACHS Cultural Information Gathering Tool (Cultural Gathering Tool)* is the first cultural tool of its kind in WA. *Jo Gray, she/her, Aboriginal Mental Health Consultant, WACHS Central Office*

It was adapted from a tool in Queensland to make it culturally responsive for WA through significant clinical consultation across the regions. It is Aboriginal innovation.

- **Only Aboriginal staff members can conduct the *Cultural Gathering Tool*** with Aboriginal consumers and family and/or nominated community. It has sensitive information drawn on through yarning processes.
- **Aboriginal staff have the cultural knowledge and the lived experience to tailor the yarning** in response to cultural needs that arise when using the tool, such as men's and women's business, sorry business, kinship.
- **The tool comes from the consumer** - they only share what they want to share. Be clear on this at the start.
- **Look and learn**. Non-Aboriginal staff can shadow Aboriginal colleagues using the tool, to learn about culture and how to ask culturally safe questions.
- **An e-Learning package** on the *Cultural Information Gathering Tool* is for all health staff and builds awareness.
- **Culture first - not clinical.** MDT meetings must prioritise the cultural feedback first, before clinical handover, so it informs care planning actions. Aboriginal Mental Health Workers don't need to wait to be asked.
- **If you did not document it, you did not do it. Make sure cultural information is written** in PSOLIS/the medical file as well as verbally communicated, so all regional and metro services can have access to relevant, specific cultural information. If there is only a verbal handover from the Aboriginal mental health worker to the clinical team, often the cultural side is not documented or is 'lost in translation.'.
- **Aboriginal diversity is big - like WA**. Therefore, Aboriginal cultural governance can't be "1 size fits all". Aboriginal governance is needed in all areas of corporate and clinical health governance, in all regions.
- **We come in all shades – don't guess. Aboriginal data and demographics are important to collect.** Validating culture is asking about it, identifying it, and recording it to collect the data to fund locally, culturally safe care.

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"It's about getting the simple things right like the person's name. A lot of people don't go by their first name – usually it's their Language-name or nick name. Something simple like that in the tool opens a door straight away."

Mandi Kelly (Snr Project Office WACHS) and Glenda Humphries

Factors to consider when implementing the tool:

- Gender - Match a female worker to female consumer, and male to male, because spiritual and cultural information is very sensitive and won't be shared otherwise.
- Rapport is key - We as Aboriginal mental health workers can share who we are and where our mob is from. Trust develops naturally, by getting to know our connections.
- In transfers from rural/remote regions to other health service providers (HSP) in metro areas, the tool is to follow the consumer to inform care management when off Country.
- Multidisciplinary team meetings are to use the tool when reviewing care plans for consumers.
- We yarn naturally when using the tool. It's not a tick-box and you may not complete it all in one sitting. Listen, sit, reflect, affirm.
- Help the person develop their understanding of being sick, their worries about family.
- Looking down and sideways may be a sign of respecting authority – don't look for eye-contact as it does not indicate rapport.
- Language - We may use Kriol and Aboriginal language within our English yarns.
- Trauma may or may not come out – we are patient. Disclosure will come out in different ways for consumer.
- The tool advocates for Aboriginal rights under the MHA 2014. This includes the rights of Aboriginal consumers as voluntary or involuntary patients and access to healers.
- Cultural and spiritual healing is best when the right healer is recommended by family. It's about using the tool to advocate for traditional healing.

Question: *"Can my team us this tool? It's excellent and could be used by us in palliative care".*

Answer: *"You need to adapt and train the team to working in your health area and the tool is still in early stages of adaptation and edits may be needed to be inclusive of wider health". Jo Gray, Aboriginal Consultant, WACHS*

Next Steps:

1. WACHS has been providing face-to-face training across the regions and for metropolitan services such as the Child and Adolescent Mental Health Service and is progressing evaluation of the tool.
2. The Mental Health Commission is developing an Aboriginal Mental Health Framework to progress state-wide and standardised approaches to implementing the Cultural Gathering Tool, define competency levels and to elevate the importance of the Aboriginal mental health worker role.
3. The Mental Health Unit (Dept. of Health) is working on guidelines on accessing traditional healers.

"The Aboriginal Cultural Governance Framework is important to embed cultural governance in the organisation in both corporate and clinical services for better outcomes for our Aboriginal people across health.

How to support Aboriginal mental health staff? I would challenge clinical leaders here when there is clinical training why are we not bringing in Aboriginal people into these clinical discussions such as SAC 1 investigation panels. Leaders, I invite you to make space for Aboriginal staff – policy speaks loudly.

We need a central Aboriginal training team across health service providers with expertise in this area to train staff.".
Jo Gray, Aboriginal Consultant, WACHS

Resources

Aboriginal Cultural Information Gathering Tool / E-Learning - Cultural Information Gathering Tool (MR23)

Aboriginal Mental Health Model of Care 2022-25 / WACHS Cultural Governance Framework