Emerging themes in Aboriginal child and adolescent mental health: findings from a qualitative study in Sydney, New South Wales

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ABSTRACT

Objective: To explore emerging themes related to the mental health of Aboriginal children and adolescents (“young people”) arising from focus groups conducted in Sydney, New South Wales.

Design, setting and participants: A qualitative study was conducted between April 2008 and September 2009 in three Aboriginal community-controlled health organisations in Sydney. A semi-structured approach was used in focus groups and small group interviews to elicit the views of 15 Aboriginal parents and 32 Aboriginal workers from a variety of health and social work backgrounds on important factors surrounding the mental health of Aboriginal young people.

Results: Major themes identified were the centrality of family and kinship relationships, the importance of identity, confounding factors in the mental health of Aboriginal young people, and issues related to service access and implementation.

Conclusion: Clinicians working with Aboriginal young people should be mindful of the critical importance of family and identity issues and should assess possible physical health or social factors that may complicate a diagnosis. Improvements in access to mental health services for Aboriginal families and a more holistic approach to mental health treatment are urgently required.

RESULTS

Forty-seven people participated; 30 were women. Fifteen participants were parents and 32 were Aboriginal workers (30 of whom were also parents).

The mental health of young people was considered by all to be a major issue. Several key themes emerged and were categorised as family and kinship relationships, identity, confounding factors, and issues surrounding service access and implementation. There was much commonality in the views expressed by workers and parents, with the exception that workers expressed more concern about service access and implementation.

Family and kinship relationships

The importance of extended family and kinship relationships was mentioned throughout all interviews and emerged as the dominant theme.

I think that is the main thing. That’s where it all starts and that’s where it all ends. Like, the whole social and emotional wellbeing, it’s in the family. (Female worker)

Strong family connections and support were seen as the foundation of good social...
and emotional wellbeing among Aboriginal young people, while family problems were thought to be the primary cause of most difficulties. Peer relationships were considered to play a role in the mental health of young people, but their significance was generally viewed as minor compared with that of family relationships. The importance of a young person's relationship to family was demonstrated by many participants stating that it would be impossible to accurately assess the mental health of an Aboriginal young person without observing his or her interaction with relatives.

Identity

Participants agreed that a strong sense of identity as an Aboriginal person is vital to the wellbeing of Aboriginal young people. Identity issues were seen to emerge at a very young age for some children, often undetected, and to become a major source of difficulty. Close contact with extended family was viewed as essential for developing a strong sense of identity.

...kids don't have a sense of belonging or who they are...so when there are elders or other people in the community who can let them know where they've come from, that really helps them...

(Father)

Confounding factors

Participants considered behaviours such as becoming withdrawn and misbehaving at home or school to be problematic, and thought that these behaviours were sometimes caused by physical or social issues. Concerns were raised about Aboriginal young people being incorrectly diagnosed with mental health problems due to under-recognition of such issues.

...unless you were absolutely aware of Aboriginal culture, Aboriginal health, the whole history, socioeconomic conditions and so on, and if you just approached this strictly from a mental health or emotional social wellbeing [viewpoint] without taking all the other issues into account, you could make the wrong decision and therefore subject not only the child, but the parents and everybody, to needless hours of the wrong way of treating it. (Female worker)

Hearing, speech or learning difficulties and hunger (eg, going to school without breakfast) were of particular concern with regard to apparent behavioural problems.

Apparent emotional problems were thought to sometimes be a normal reaction to grief, family disturbances and overcrowding.

Issues surrounding service access

A major theme throughout was the extent to which many Aboriginal families felt unable to access mental health services, either for young people or their carers, for fear of government authorities becoming involved and children being removed. This was the case for minor as well as serious mental health problems and was seen as a dangerous situation that exacerbated the difficulties being experienced.

No matter how miniscule the problem is they probably won't say anything, but that little problem grows into a bigger problem and it's not seen to — fear of DOCS [Department of Community Services], fear of the police, fear of authorities. It's probably a hangover from way back...

(Male worker)

ACCHOs were noted to be places where families could feel safe in seeking help; however, participants believed that increased funding of child and adolescent mental health services was needed for most ACCHOs in Sydney.

Participants felt that families were often better equipped than services to help young people with minor wellbeing issues, but services were seen as necessary in some situations. The majority of participants reported major problems with gaining access when services were sought.

If you try to get a child into adolescent mental health you have a 3-year waiting list. It doesn't take 3 years for a child to harm themselves, and you can't wait...You get an assessment then you wait, and meantime you have a child who might do physical harm to another child or a parent or whatever, and parents just have to wait... (Female worker)

Participants expressed frustration that services were often not made available to young people until a major problem, such as an arrest, had already occurred. On the other hand, participants felt that young people were sometimes referred to mental health services for normal behaviour. In particular, there was a perception that diagnoses of attention deficit hyperactivity disorder were too readily applied.

Issues surrounding how services are implemented

Participants recognised that the mental health problems experienced by Aboriginal young people are influenced by many factors, ranging from family issues, to housing, to health. Consequently, collaboration across sectors was seen as essential if the causes of mental health problems are to be adequately addressed. Workers expressed frustration that such collaborations either did not appear to exist or were operating ineffectively so that families were often referred from service to service with little tangible benefit.

All the social issues interlink, housing, education and so on...and there is no support system there whatsoever...

You get this run-around referral. (Female worker)

The involvement of Aboriginal workers in mental health service delivery to Aboriginal young people was seen as essential. In circumstances where this involvement cannot be direct, participants felt that non-Aboriginal clinicians should actively seek the advice and collaboration of Aboriginal mental health professionals to ensure that their diagnoses and treatment plans are culturally appropriate.

DISCUSSION

The results of this study illustrate the cultural specificity of many of the factors underpinning the mental health of Aboriginal young people and their use of mental health services. They reflect the importance of obtaining Aboriginal input, and that of ACCHOs in particular, into mental health policy and service provision for Aboriginal young people.

Our findings suggest that an exploration of issues surrounding extended family is an important starting point for clinicians working with Aboriginal young people. Indeed, given the perceived dominance of family in determining mental health status, involving family members may be particularly important. Peer relationships, while important, were seen to be less significant than family relationships. In particular, many participants felt that young people who interacted well with family had good mental health, regardless of any difficulties they may experience with peers or others.

As has been noted for Indigenous adults, a strong sense of identity as an Aboriginal person was considered critical for the mental health of young people and essential to
developing the resilience needed for overcoming the discrimination that Aboriginal people experience. Problems with identity can be extremely damaging and may be more common among those who do not have close contact with their extended family or an Aboriginal community to which they feel they belong. Such problems are complex, and may be particularly difficult to recognise and address outside of clinical settings with Aboriginal workers who are able to provide the relevant cultural expertise.

While the study reflects much commonality between Aboriginal and non-Aboriginal views of what constitutes problematic behaviour, a key concern raised was that Aboriginal young people may be incorrectly diagnosed with mental health problems due to behavioural or emotional problems caused by physical or social factors. In particular, hearing, speaking and learning difficulties may lead to social withdrawal, disruptive behaviour and apparent difficulties with concentration. The results of our study suggest that clinicians should rule out or be mindful of critical issues for Aboriginal people living in other parts of Australia, given the high levels of diversity between communities.

Our results suggest that clinicians should be mindful of critical issues for Aboriginal young people including family, identity, and physical and social factors that may confound their diagnoses. Non-Aboriginal clinicians should work closely with their Aboriginal colleagues in order to do this appropriately. An urgent need was identified for mental health services to become more accessible, culturally safe, and able to work with families holistically. ACCHOs may be ideally placed to address many of these concerns, provided adequate funding is made available.

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COMPETING INTERESTS

None identified.

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REFERENCES