



CULTURALLY SAFE MENTAL HEALTHCARE

By Shirley McGough

Cultural safety holds a great opportunity in transforming culturally appropriate healthcare for Aboriginal Australians (Taylor & Guerin, 2010). However the experiences of non-Aboriginal health professionals in providing culturally safe mental healthcare is not well documented. Therefore it is critical that culturally safe care in this setting is explored.

Objectives

The objective of the research was to:

- explore and describe mental health professionals' experiences of providing culturally safe mental healthcare to Aboriginal people in the Western Australian community;
- identify the factors that facilitate or inhibit that experience and generate a substantive theory that explains the interactional and structural aspect of care provision for Aboriginal people;
- evaluate the developed theory within the context of existing international literature.

THIS STUDY REVEALED THAT MANY MENTAL HEALTH PROFESSIONALS FELT UNPREPARED TO PROVIDE CULTURALLY SAFE CARE AND THIS WAS ATTRIBUTED TO A LACK OF KNOWLEDGE AND UNDERSTANDING OF ABORIGINAL CULTURE, BEING UNPREPARED BY THE SYSTEM AND FEELING OVERWHELMED.

Method

Twenty-eight semi-structured interviews were conducted with mental health professionals (25 registered nurses and three psychologists) working in mainstream mental health services in Western Australia. Constant comparative methods of data analysis continued until core codes emerged and analysis persisted until data saturation was reached. Permission for this study was obtained from the University's Human Ethics Committee and the South Metropolitan Area Health Service Hospital Ethics Committee.

Findings

This study revealed that many mental health professionals felt unprepared to provide culturally safe care and this was attributed to a lack of knowledge and understanding of Aboriginal culture, being unprepared by the system and feeling overwhelmed. A range of emotions accompanied the feeling of being unprepared including fear and anxiety, sadness, shame and guilt and feeling futile.

To manage the experience of being unprepared participants engaged in

a process entitled seeking solutions by navigating the labyrinth. Phases identified as part of this process included: neutralising the differences, moving forward, seeking new solutions, and becoming a culturally safe practitioner.

Several conditions influenced this process namely: participants' experience of racism and discrimination, participants' level of social support and feeling part of the solution.

Implications and recommendations

The experience of being unprepared to provide culturally safe care to Aboriginal patients occurred despite national agendas to reduce the gap in poor health outcomes for Aboriginal people and the national frameworks outlining cultural care requirements for health services and professionals.

The findings suggest there is a need to continue to push towards improving health professionals' understanding of Aboriginal history and culture and recognising the relationship to mental health and wellbeing for Aboriginal people.



Reference

Taylor, K. & Guerin, P. 2010. *Healthcare and Indigenous Australians: Cultural safety in practice*. 2nd ed. South Yarra: Palgrave Macmillan

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