Cultural safety for Aboriginal & Torres Strait Islander patients in Emergency Department:

More Indigenous doctors, greater Aboriginal health workforce or a culturally responsive workforce??

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ACEM conference 2018

Overview

- Health disparity
  - Multiple stakeholders
  - Multiple layers of complexity
- Cultural safety in Emergency Departments
  - Culture in Health
  - Culturally appropriate services
- Capacity building the workforce
  - Education & training
  - Education continuum: Enablers and Barriers
    - Primary & Secondary school
    - Tertiary & Other
    - Colleges

Health disparity

- There are significant disparities in the health status of different groups in the Australian community. Aboriginal and Torres Strait Islander people bear the burden of gross social, cultural and health inequity

- These disparities result from social, cultural, geographic, health-related and other factors.

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- Good medical practice involves using expertise and influence to protect and advance the health and well being of individual patients, communities and populations

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- It is not just about culture it is about social justice, human rights, Indigenous peoples rights, and patient rights

Multiple layers of complexity

1. Chronic disease at younger age
2. Higher rates of social disadvantage and unemployment
3. Lower education standards
4. Higher rates of homelessness and overcrowding
5. Higher of rates of incarceration: juvenile over representation in justice system
6. High rates of child removals by Child Protection Department
7. Ongoing racism and discrimination

Addressing disparity involves responsibility from multiple stakeholders

- Federal government
  - Health
  - Education & Training
  - Aboriginal & Torres Strait Islander portfolio
  - Human resources
- State government
  - Education & training
    - High schools
    - Primary schools
  - Health Department
  - Hospitals
    - Multidisciplinary teams
    - Clinical & Administration
  - Housing
  - Ministry of justice
- Individual and collective organisations
  - Universities
  - Colleges
  - Vocational training
  - Accreditation bodies, registration bodies
- Community
- Individuals/consumers
- Collaboration versus isolation

Patient/individual factors

- Cultural diversity
- Socioeconomic factors
- Historical and past experiences
- Rural versus urban
- Police custody
- Incarceration
- Contact with Child Protection Services

Culturally safety in ED what does that mean?

- **Knowledge**: Have an understanding of factors that influence people's lives & health, the environment that people live in and why they present at that point in time.

- **Response:** Responding in a manner that facilitates a person feeling well treated in a respectful manner. Empowering the person to actively participate in interactions, feeling valued, understood and taken seriously. It gives people the power to comment on care, leading to reinforcement of positive experiences. It also enables them to be involved in changes in any service experienced as negative

- **Flexibility**: Adapting the environment to allow provision of health care that supports cultural safety

- **Workforce**: Having workers within the workforce to identify effective appropriate strategies and be part of decision making process

- **Systems**: Having a system that allows implementation and sustainability of strategies from
  - An organisation level
  - Collaboration with other agencies/organisations (not working in isolation)
  - Government levels

Culture for Aboriginal community

- **Culture is a source of strength, resilience, happiness, identity and confidence**

Facets of Aboriginal culture that **empowers** Aboriginal people:

- Kinship and family;
- Holistic approach- Social and Emotional Well-being
- Connection to land/country
- Traditional healing
- Spirituality:

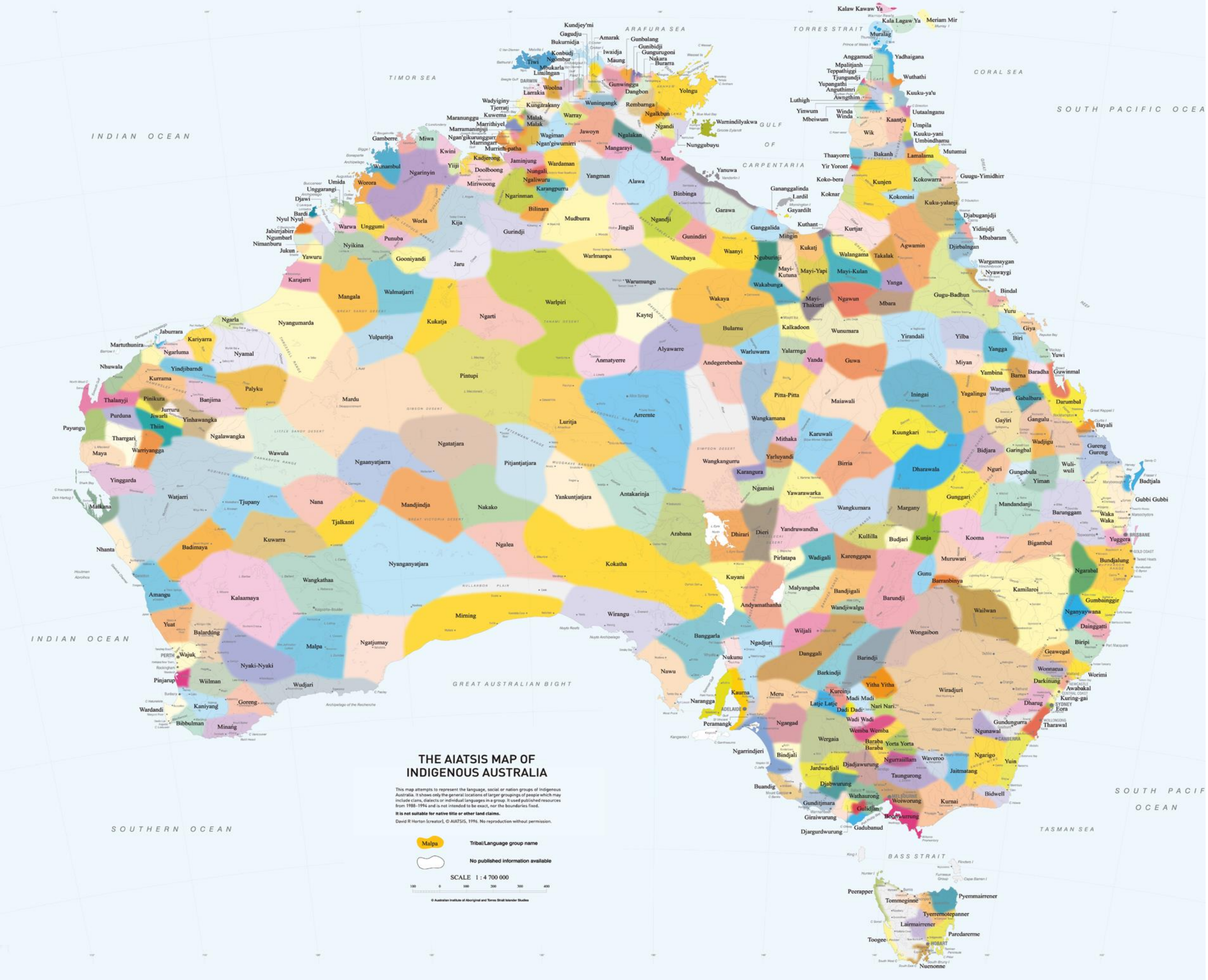
Identity

- Aboriginal identity not about the colour of a person's skin or the percentage of "blood" they have.
- Aboriginal identity has been constructed and imposed, manipulated and used in the creation of assimilation policies and other destructive practices such as the removal of "half-caste" children.
- "Decolonising project" is to challenge these ongoing ingrained assumptions.

Protective Factors: Land

- Connection to Land, Culture, Spirituality and Ancestry
- *“We don't own the land, the land owns us. The land is my mother, my mother is the land. Land is the starting point to where it all began. It's like picking up a piece of dirt and saying this is where I started and this is where I'll go. The land is our food, our culture, our spirit and identity.”*- Knight ATSIC.

- “*Removed from our lands we are literally removed from ourselves.*”


THE AIATSIS MAP OF
INDIGENOUS AUSTRALIA
This map attempts to represent the language, social or nation groups of Indigenous Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988–1994 and is not intended to be exact, nor the boundaries fixed.
It is not suitable for native title or other land claims.
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Malpa
Tribal/Language group name
No published information available
SCALE 1 : 4 700 000
100 0 100 200 300 400
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INDIAN OCEAN
TIMOR SEA
ARAFURA SEA
TORRES STRAIT
CORAL SEA
SOUTH PACIFIC OCEAN
GULF OF CARPENTARIA
INDIAN OCEAN
GREAT AUSTRALIAN BIGHT
SOUTHERN OCEAN
BASS STRAIT
TASMAN SEA
SOUTH PACIFIC OCEAN

Noongar Country

Being Aboriginal

- “This lived experience is the essential, perennial, excruciating, exhilarating, burdensome, volatile, dramatic source of prejudice and pride that sets us apart. It refers to that specialness in identity, the experiential existence of Aboriginal people accrued through the living of our daily lives, from ”womb to tombs” as it were, in which our individual and shared feelings, fears, desires, initiatives, hostilities, learning, actions, reactions, behaviours and relationships exist in a unique and specific attachment to us, individually and collectively, because and only because, we are Aboriginal people(s)”

Protective Factors: Kinship

Community relationships play a critical role in the lives and identity of Aboriginal people, and can be a source of strength and wellbeing.

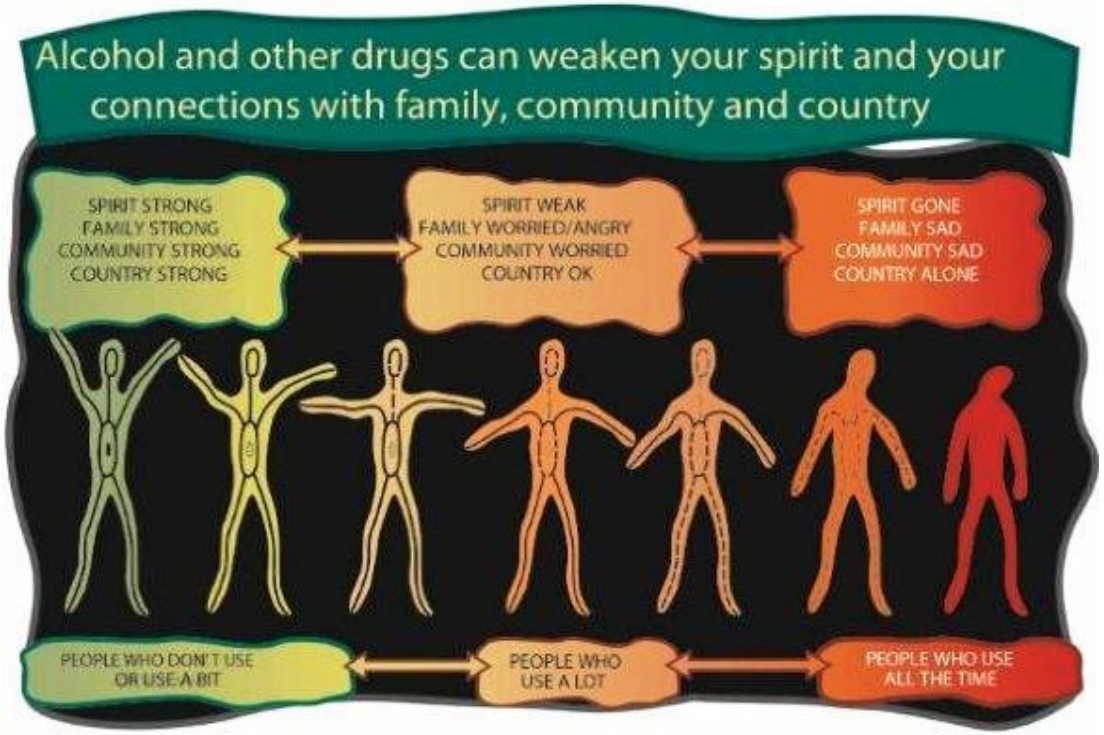
The unique status of every individual is defined by their connections with other people through their kinship, ritual and spiritual relationship.

They have a role and responsibility and provides a sense of belonging.

Ensuring ongoing connection to the dreaming.

Protective Factors:

- Self-determination, Community Governance and Cultural Continuity.
- Good community leadership.
  - Poor governance and leadership catastrophic social dysfunction.



Culture & Health

- Culture & identity is central to health & ill health
- How Aboriginal people view wellness & illness is in part based on cultural beliefs & values
- Beliefs & values influence how, when & where Aboriginal communities access services, their acceptance or rejection of treatment, & the likelihood of adherence to treatment & follow up
- The success of prevention & health promotion strategies & uptake of health programs depend on cultural appropriateness.
- Cultural factors impact on how patients understand, and respond to their illness, culture is a fundamental factor in diagnosis, treatment & care.

Cultural Safety

- Respect of differences and understanding diversity.
- Assessment of own biases, beliefs and assumptions, understand yourself first then others.
- Communication skills.
- Understanding beliefs and values.
- Inclusion in practice at all levels
- Collaboration and complimentary practices.
- Capacity building and governance.
- Advocacy at all levels.

Approach (example)

- Ensuring person feels comfortable
  - Verbal & non verbal responses can provide indication of level of comfort
- **Not rushed**
- **Quiet environment**
- Non judgmental
  - Not making assumptions about person or behavior
  - When individuals are sick they become vulnerable and disempowered this can be further be compounded in an environment that feels alienating, dismissive, judgmental, different discourse. Marginalized groups become further marginalized and disempowered
- Explanations
  - Explanations about the medical condition and its management
  - Importance of asking the questions
  - Normalizing: ie alcohol history is normal part of information collected from all patients
  - Giving the person the choice of refusing to divulge information..
- Confidentiality and its limitations
- Options to see other health professionals if patient not comfortable with discussing issues
- Questions structured from least threatening question to the more threatening questions
- If patient has multiple issues it is important to prioritise according to patients need & medical considerations.
- **Very important to ensure patient feels that their priority is being met**

Indicators of lack of cultural safety

- ‘Denial’ of suggestions that there is not a problem
- Low utilization of available services
- Low ‘compliance/adherence referrals or prescribed interventions
- Reticence in interactions (engagement)
- Emotional responses- disengagement, anger, withdrawal

Derbarl Yerrigan Health Service: Culturally safe services

Service

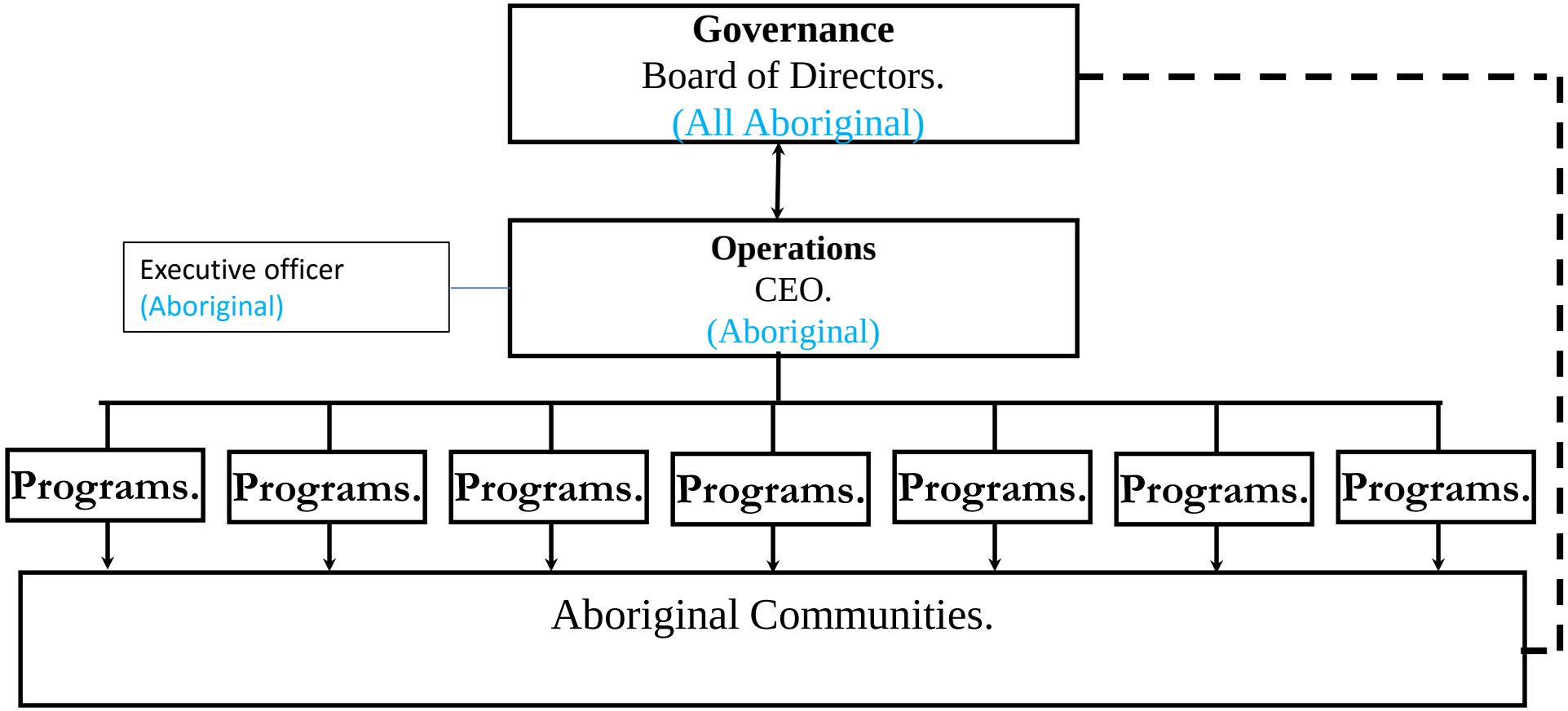
Acceptable, appropriate and accessible

- Connects to community
- Provides culturally safe service
- Flexibility
- Addresses racism
- Improving health status a priority
- Training & education
- Holistic and Multidisciplinary approach

Workforce

- 63% Aboriginal & 37% Non-Aboriginal
- Employs Aboriginal Health Workers who are accredited practitioners
- Aboriginal Liaison Officers & Engagement Officers
- Enrolled nurses & Registered nurses
- Nurse practitioners (2)
- Doctors (15) with 2 Aboriginal doctors
- Dentists (2) with 1 Aboriginal Dentist/Doctor
- Various allied health professionals

Aboriginal Community Controlled.:Derbarl Yerrigan Health Service Structure & workforce



Health service understands the needs of the community as the Aboriginal community can influence direction of the health service that provide health care to their community.

Capacity building the workforce

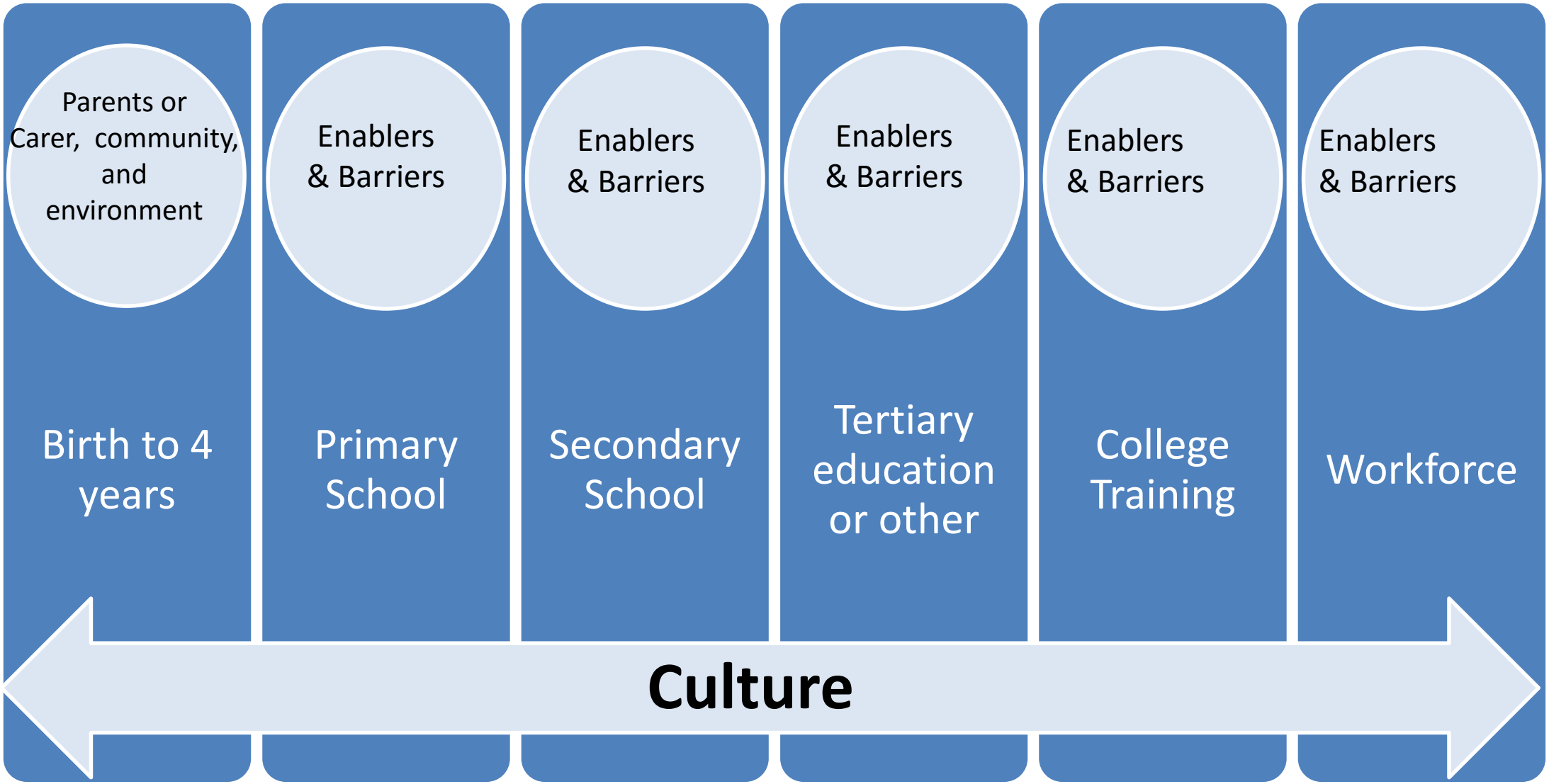
Educational institutes

- Recruitment
  - University programs that target high school students that provide support & pathways to enter tertiary courses
  - Alternative pathways that remove barriers to accessing tertiary education
  - Designated support units
- Retention
  - Support unit with dedicated resources
  - Equitable assessment processes and progression rules
- Specialist college level
  - Supportive training programs

Workforce

- Culturally safe work space
- Individual factors
- Systemic factors
- Government/political
- NGO

Education, training & workforce continuum



Education and training: Primary school & Secondary school

Closing the Gap report 2018 targets

- **Attendance rates** 83.2% vs 93% gap stable but not on track
  - Aboriginal & Torres Strait Islander and non-Aboriginal & Torres Strait Islander attendance rates both fall in secondary grades, declining with increasing year level
  - The decline for Aboriginal & Torres Strait Islander student is more rapid, so the attendance gap increases throughout secondary school
  - Semester 1 2017, 77.1% of all students attended school 90% or more of the time.
  - Close to 25% of Australian children are not attending school consistently.
  - Among Indigenous students, only about half (48.8%) attended school 90 % or more of the time.
- **Literacy & Numeracy;** the gap has narrowed but not on track
  - The proportion of students achieving national minimal standards in NAPLAN is only on track with Year 9 numeracy, in the other 8 areas of reading & numeracy is not on track
- **Vocational training**
  - More students enrolling in higher-level vocational education and training courses
  - 56 per cent of Aboriginal and Torres Strait Islander students undertaking vocational education and training courses are enrolled in Certificate III and above courses.
- Higher **Year 12 completion rates**

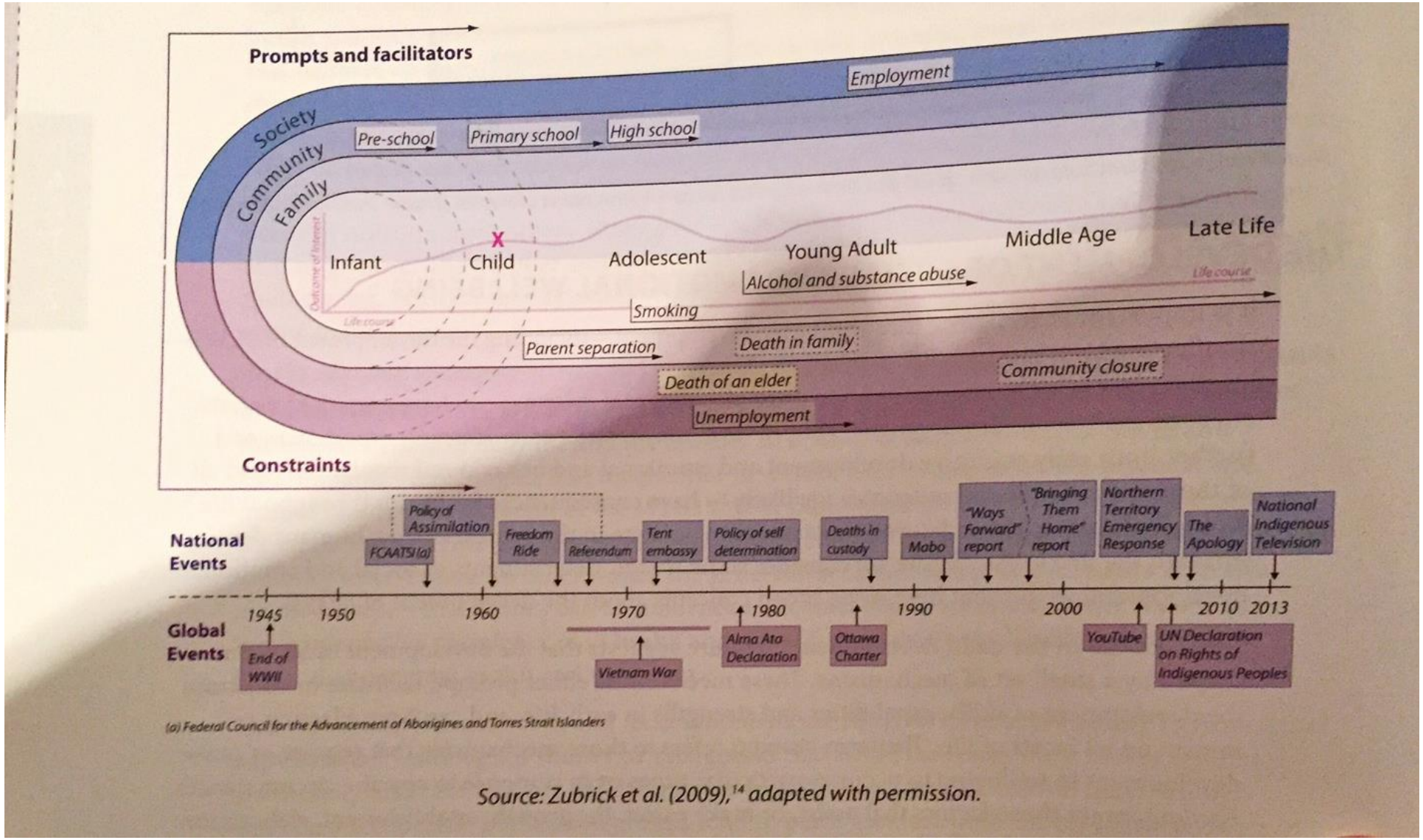
Enablers

- The quality of teaching is recognised as the largest ‘in-school’ influence on student achievement.
  - Well trained, skilled and knowledgeable teachers who are able to engage with their students and the community are essential to lifting student outcomes.
  - flexibility of teaching approach;
  - flexibility of approach to bureaucracy; relaxation of rules and expectations
  - genuine listening;
  - choosing responsive and engaging teaching materials/sources;
  - addressing racist behaviour and its impacts;
  - and consulting with Aboriginal & Torres Strait Islander education support workers and community
- **The Follow the Dream Program:**
  - provides after-school tuition and mentoring support to aspirant Aboriginal secondary students in WA public schools to assist them to achieve positive academic outcomes and meaningful post-school destinations such as university, further training or employment**.**

Barriers: Child and Youth Mental Health

- Complex! It requires consideration of cultural, historical context and social determinants.
- Mental health problems impacted by development and child psychiatric perspectives.
- Development impacts language, cognition. Behaviour, emotional regulation and relationships.
- Development of self and Identity, coping mechanisms

Child Development in the context of the life course with an Aboriginal Perspective.



Source: Zubrick et al. (2009),[14] adapted with permission.

Development of Social and Emotional wellbeing (SEWB)

- Prompts for the development of SEWB:
  - Biology, Expectations, Opportunities

- Facilitators of SEWB:
  - Intellectual flexibility, good language development and emotional support.
- Constraints on the Development of SEWB:
  - Stress that accumulates and overwhelms, chaos, social exclusion, racism and social inequality.

- Child mental health affected by risk factors and protective factors.

Risks of Social and Emotional Wellbeing for Aboriginal kids.

- Discrimination and Racism
- Widespread grief and loss
- Child removals and unresolved trauma
- Life stress
- Social Exclusion
- Economic and Social Disadvantage
- Incarceration and Juvenile Justice Supervision
- Child Removal by care and Protection Orders
- Violence
- Family Violence
- Substance Use

Marla

- Marla is a 10 year old Aboriginal girl living with her family in 3-bedroom house in an urban metropolitan setting.
  - 2 younger brother 6yo and 6 month old
- In the last 12/12
  - Maternal GMo 54 year old deceased due to chronic illness.
  - Father 30 years old deceased MI
  - Male cousin 16years old completed suicide.
- In the last 3 years
  - 13/12 month old sister deceased from SIDS

<u>PC:</u>

- lost interest in attending school, spent most of the time looking after her Mother with the baby.. Previously described as a bright and pleasant student with good physical health and normal developmental milestones.

<u>Collateral Hx:</u>

- Mo concerned about school refusal, patchy over recent years. She is worried she worried that the school will report the family to child welfare services and reluctantly accepted the referral to CAMHS for Ax.

Marla

Kinship:

- Marla's family is supported by extensive family kinship system with several aunties and paternal grandparents and there are often additional relatives staying in the home.

Upon Ax:

- Shy demeanor stays in close proximity with her mother often fussing over the baby. Monosyllabic answers, admits enjoys staying home to look after her brother.
- Initial insomnia.
- And will venture to stay in mother's bed at night.
- Displays little emotion but brightens up when interacting with her baby brother. She appears disinterested in the toys in the rood, poor eye contact and refuses to stay without her mother present in the room.

Case Study: Marla Dx, Mx & Px

- Complex case
- Vast amount of Grief and loss within family.
- Marla's maternal grandmother apart of Stolen generation and had suffered the loss of her own children at times under child protection including Marla's mother.
- Grand Mo→ mental health and physical co-morbidities.
  - Marla's Mo providing care.
- Marla resilient and capable carer for family. 10 yo exposed to the hardened realities of life.
- Fear of losing family members
- School attendance seems insignificant
- Cultural obligation to care for family was taught at a young age with expense of childhood and school attendance

Case Study: Marla Dx, Mx & Px

- Extended family suffering from same grief and trauma
- Limited elders within communities to alleviate by buffering and supporting family.

- Limited number of adults secondary to chronic disease to care for sick relatives or earn sufficient income for families contributing to overcrowding.

Addressing Trauma & Loss

- Transgenerational trauma and fear that contributes to the need for Marla to stay home and be close to her mother as well as cultural practices and obligations to care for her brothers.

- The withdrawal and avoidance behaviour following repeated grief and loss are predictable reactions

Strategies for working with Marla & family.

- Education she is receiving may not affirm her cultural identity and alienate her from her family
- For practitioners and teachers diagnostic uncertainty will be present.
- Labelling for the purpose of treatment and medicalising historical, cultural and social factors can be disempowering.
- Holistic approach for Marla to reach her potential.
- Marla’s school attendance isn’t due to neglect but it is seen as a low priority.
- Supporting Marla’s Mo is the key to relieve Marla’s burden.
- Cultural vouching
- Incorporate

Supporting Cultural Connections

- Engaging with Marla
- Narrative approach, story telling
- Helping her understand the historical burden she is carrying
- Empathic response by clinician at her present predicament and promote her strengths and help create her own story
- Incorporate cultural concepts and beliefs around ancestry, spirituality and cultural connections can support the grief process and consolidate “Identity”.

Marr Moorditj: Culturally safe education & training centre

Marr Mooditj is a Registered Training Organisation in health courses

- Access to high-quality training and assessment services**,** delivered in a culturally safe and secure environment.

Marr Moorditj Mission:

- To maximise and enhance the employability of Aboriginal and Torres Strait Islander people through the provision of Training and Assessment service.

Courses

- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- Certificate IV in Mental Health
- Diploma of Counselling
- Diploma of Alcohol and Other Drugs
- Diploma of Nursing
- Diploma of Mental Health

Benefits of studying at Marr Mooditj

- Culturally sensitive teaching and learning environment
- Classes don't run during school holidays, **flexible** delivery blocks
- **Support services tailored for individual students**
- Language, literacy and numeracy support team available
- Nationally recognised qualification
- Plenty of free parking on campus
- On-campus cafe with discounted student rates
- Crèche facility

Tertiary level

- There have been very strong improvements in university enrolment numbers over the past decade.
- The number of Aboriginal and Torres Strait Islander students in higher education award courses has more than doubled over the past decade
- Indigenous students remain underrepresented in universities, with Indigenous people comprising only 1.7 per cent of the domestic student population (compared with 3.1 per cent of the Australian working age population).
- While access to higher education has increased for Indigenous Australians, participation and completion rates remain lower than those of non-Indigenous Australians.

Tertiary level: Aboriginal & Torres Strait Islander Graduates from UWA: MBBS & MD 1983-2017

- Retention of students in the medical course at University of Western over the years has predominantly been successful both in the MBBS and MD course.
- Attrition rates have related to life stressors, illness and no longer wanting to pursue medicine as a career (this includes lack of cultural safety in medical course and clinical environment) rather than academic capability but when students performed poorly and failed, all were having significant difficulties with personal stressors whether life stressors, illness or both contributing to failing.
- Majority of students went through the course without repeating years
- Many of the graduates have gone onto speciality fields that include Psychiatry, Cardiology, Paediatrics, Obstetrics, General Practice, and combined Medicine/Dentistry degree.
- This highlights the importance of having alternative pathways for Aboriginal and Torres Strait Islander people to access higher education in health fields.

MBBS 1983-2017:
There were 67 students that entered medicine during this period, 43 graduated with 3 graduating at other universities following transfer, 1 graduating from MD in 2018, 1 expected to graduate in 2019

Of the 43 graduates, 38 entered through the Alternative Pathways therefore without those pathways there would have only been 5 Aboriginal and Torres Strait Islander doctors in a 34 year time frame from UWA MBBS.

1. Retention rate:
    a. UWA graduates 60%
    b. UWA + Transfers 64%
    c. UWA + MD 62%
    d. UWA+ Transfers+ MD expected= 67%
2. Withdrawal rate: 17%
3. Fail rate: 16%

MD 2014-current (2017)
The graduate entry course commenced in 2014
1. Retention rate: 15/23=65%
2. Withdrawal rate: 5/23=21.7%
3. Fail rate: 2/23=0.87%

Enablers of retention and graduation

- Alternate entry pathways
- Dedicated Indigenous support units School of Indigenous studies and Centre of Aboriginal Medical & Dental Health
  - Working collaboratively with School of Indigenous studies to provide optimal support
  - Provision of student resources, tutoring, student networks
- Inclusion of CAMDH staff at Faculty level, at committee meetings and particularly BOE to advocate Aboriginal and Torres Strait Islander students
- Family & community support

Factors that influenced retention rates and fail rates

- Factors impacting on retention rates
  - Cultural safety
  - Health factors
  - Life stressors
    - Deaths in family
  - Cultural obligations
  - Relocation for study
  - Academic
  - Combination of all these factors-> multilayered compounding effects

Course

  - Special consideration
  - Progression rules
  - Assessments

Transitioning to Fellowship training

- Information, support and assistance about the pathway into Medical Colleges.
  - Selection process for trainees
  - The length of the training programs and are extensions to the training progam, if so on what basis & how long
  - What are the yearly college fees, in addition to membership to other medical organisations , AMA, APHRA (registration), Indemnity, Health cover
  - Are there different entry pathways into training at colleges, what alternative entry pathways maybe possible
    - RACGP- has Australian General Practice Training (AGPT) exam, Specialist Pathway Program (International graduates) Exam & General Practice Pathways

- What is the assessment structure and context of assessment for the training, are costs associated with each component.
- What supports are available to assist trainees with passing assessments and what are the costs if any for the assistance.

- Professional mentoring and cultural support along the continuum.
  - This needs to include information regarding dealing with stress, dealing with death in a culturally appropriate manner, healing yourself, and what to do if you fail an exam

Enablers

- Colleges providing **dedicated training places**
  - All Medical Colleges develop and implement a recruitment and retention plan to support Aboriginal & Torres Strait Islander doctors in training
- Facilitating **flexible training opportunities** that develop a suite of skills within the portfolio, including Aboriginal and Torres Strait Islander health
- **Mentoring**
- Sufficient resources:**Scholarships**
- **Cultural safety**: All Medical Colleges provide culturally competent and safe support to Aboriginal and Torres Strait Islander medical graduates, Registrars and Fellows

Challenges for Aboriginal Workforce & students

- Obligations
  - Cultural
  - Family & extended family
  - Community
  - Society
  - Profession & Medicolegally

Challenges for Aboriginal Workforce & students

- Life stressors
  - Financial
  - Health & Chronic disease
  - Deaths
  - Advocating for family, patients & community
  - Trauma- may revisit perpetually through patients and own personal experience
  - Have to show resilience & strength, not being allowed to show weakness, stress and failure

Challenges for Aboriginal Workforce & students

- Community expectations
  - Follow cultural protocols
  - Provide good health care
  - Advocate on their behalf
    - Health service
- Institutional racism
- Unconscious bias
- Aboriginal workforce can not work in isolation need to be well supported in the organization.
- Have identified meaningful roles with professional development and capacity building.
- Burnout

Resourcing cultural safety

Organisational infrastructure

- How to identify and allocate the resources needed to plan, deliver and evaluate culturally competent services

Services & interventions

- How to deliver or facilitate clinical, public health or health-related services in a culturally competent manner.

Do we need more Indigenous doctors?

- Need more Aboriginal & Torres Strait Islander doctors
- Need greater Aboriginal & Torres Strait Islander workforce at all levels of the organization
- Need an Aboriginal employment strategy
- Need meaningful sustainable policies that will not change because the ‘champion’ has left the organization,
- Need commitment and resources at all levels
- Need collaborative working not working isolation