Building Cultural Safety in Mental Health Services for Aboriginal and Torres Strait Islander Children, Young People, and Families

The KIDS RESEARCH INSTITUTE AUSTRALIA | Embrace

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Healing Kids Healing Families

THE UNIVERSITY OF WESTERN AUSTRALIA

Acknowledgement of Country

The Kids Research Institute Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and waters of Australia. We also acknowledge the Nyoongar Wadjuk, Yawuru, Kariyarra and Kaurna Elders, their people and their land upon which The Kids is located and seek their wisdom in our work to improve the health and development of all children.

Embrace and the Healing Kids, Healing Families team acknowledge the strength, leadership, and wisdom of Aboriginal and Torres Strait Islander peoples, without whom our work would not be possible. We are grateful to the Elders, families, and communities who guide us. Their resilience, stories, and commitment to healing shape our work and inspire a better future for all children and communities. To everyone who shows up and shares their voice—thank you. This future is being built with you, and because of you.

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Suggested reference
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Dabakan Kooliny, Valerie Ah Chee

This artwork represents a holistic journey through youth mental health from an Aboriginal perspective. A journey that must be done at a slow and steady pace so we can take into consideration all the elements that impact on our wellbeing when deciding on what we need to heal and be healthy.

At the centre is a tree embedded in country, roots extending into the earth, to connect to ancestors, culture, and community. In the branches there are children sitting and climbing and just being.

There are 7 connected shapes surrounding everything in the inner circles, representing elements of Aboriginal health: physical, social, emotional, mental, family, cultural, and spiritual. A holistic balance between these elements brings healing and good health. The last layer shows hope for the future, with all children being healthy and strong.

HEAR THE FULL STORY

Scan the QR code to hear Valerie Ah Chee's full story about Dabakan Kooliny.

Contact

The project team can be contacted at embrace@thekids.org.au

Abbreviations

APAR	Aboriginal participatory action research
ACCHO	Aboriginal Community Controlled Health Organisation
CAMHS	Child and Adolescent Mental Health Services
DCP	Department for Child Protection
SEWB	Social and emotional wellbeing

Glossary

Aboriginal Participatory Action Research [APAR][1,2]

A transformative, strengths-based research approach grounded in Aboriginal and Torres Strait Islander knowledge systems, cultural practices, and worldviews. APAR is designed to empower communities by centring their voices and lived experiences, fostering self-determination, and strengthening social and emotional wellbeing. It emphasises collaboration and action—supporting communities to identify and respond to their own priorities, and to work towards healing from the impacts of colonisation by reclaiming and affirming Indigenous ways of knowing, being, and doing.

Adolescents[3]

Individuals aged 12 to 18 years, as defined by the Australian Institute of Health and Welfare and consistent with the eligibility criteria for child and adolescent mental health services in Australia.

Children[3]

Defined as individuals aged 0–12 years, in accordance with the classification used by the Australian Institute of Health and Welfare.

Co-design (with Aboriginal and Torres Strait Islander peoples and communities)[4]

A collaborative process in which diverse stakeholders work together to design research, products, services, or policies by contributing their lived, professional, and practical knowledge. Co-design with Aboriginal and Torres Strait Islander peoples centres Indigenous ways of knowing, being, and doing, and acknowledges the ongoing impacts of colonisation and dispossession. The process should be inclusive, respectful, and empowering for Aboriginal and Torres Strait Islander peoples by honouring their voices, knowledge, and priorities. It should promote equity through cultural respect, capacity building, and shared responsibility.

Cultural Safety

Cultural safety is an environment that is safe for people because it recognises, respects, and nurtures the unique cultural identity of a person or group of people. It is a space that does not challenge or deny someone's identity and culture—people can be who they are. Cultural safety encompasses ways of working and providing services that empower people and allows them to feel safe to be themselves. It is a journey of shared respect, shared meaning, shared knowledge and experience, of learning together with dignity and truly listening.

Fulla

A colloquial variation of the term "fellow" that is typically used to describe a person, and is often compounded as "blackfulla" to describe a person of Aboriginal and/or Torres Strait Islander descent.

Mob

A person or group of people of Aboriginal and/or Torres Strait Islander descent.

Wadjella

In Noongar language, Wadjella is a term used to refer to a non-Aboriginal white person.

Yarning

A way of sharing knowledge through narrative and storytelling. Yarning is often considered as a casual form of conversation making through inclusive dialogue and relationship building in a culturally safe environment.

Young people[3]

Defined as individuals aged 12 to 25 years. This definition broadly aligns with the Australian Institute of Health and Welfare's classification of 12 to 24 years. The inclusion of 25 year olds reflects pragmatic considerations specific to the research project.

Project Team

Professor Helen Milroy

Professor Milroy is a descendant of the Palyku people of the Pilbara region. She is a renowned advocate for the mental health of Aboriginal and Torres Strait Islander children and dedicated to the pursuit of excellence in child and adolescent psychiatry in domains of clinical practice, teaching, research, and leadership. She is the Stan Perron Professor of Child and Adolescent Psychiatry (PCH and UWA), an Honorary Research Fellow and Co-Head of Embrace and Healing Kids, Healing Families at The Kids Research Institute Australia, leading a program researching the impact of trauma on the mental health of children and young people.

Thomas Betts

Thomas Betts is a proud Minang and Wudjari Noongar man who grew up on Whadjuk Noongar boodja. He currently works as a Project Officer with the Healing Kids, Healing Families team, where he leads and supports community and stakeholder engagement, provides a cultural lens to child health research, and offers strategic guidance on embedding culture throughout the research process.

Lisa Kickett

Lisa Buckley-Kickett is a proud Wilyakali, Barkindji, Whadjuk and Ballardong Noongar woman, currently living and working on Whadjuk Noongar boodja. She holds a Bachelor of Health Science and is completing her Master of Social Work at Curtin University. Lisa worked as a Project Officer with the Healing Kids, Healing Families team, where she played a key role in guiding research through a strong cultural lens.

Kahli is a Wongi and Noongar woman, with an interest in improving the mental health and wellbeing for Aboriginal and Torres Strait Islander young peoples and their families and early intervention. She is currently undertaking her Doctor of Psychology and Master of Clinical Psychology at The University of Western Australia under the supervision of Prof Helen Milroy and A/Prof Jeneva Ohan.

Kahli Regan

Gracie is a Wadjella woman, born on Wurundjeri country in Naarm and raised on Whadjuk country in Walyalup. She holds a Bachelor of Arts (Honours) in Anthropology and Sociology from Curtin University specialising in sexuality and sex education outcomes in adolescence and early adulthood.

Gracie Cayley

Bek Morrison

Bek is a proud Bibbulman and Yued Nyoongar woman who grew up on Whadjuk Nyoongar boodja. She is working on the ARC Aboriginal Parenting Program at The Kids Research Institute Australia as an Aboriginal Project Officer.

Tamara Lipscombe

Tamara is a Wadjella researcher with a background in inter-cultural and community psychology, with a particular focus on Indigenous-settler relations. She holds a Bachelor of Psychology (Honours) and is currently completing her PhD, which explores the socio-cultural tensions associated with Australia Day.

Hayley (PhD, Population Health) was born and raised on Whadjuk Noongar Boodja. She has Scottish, English, and French ancestry. Hayley is a postdoctoral researcher at the Kids Research Institute Australia. Her research focuses on improving access to evidence-based, responsive, and culturally safe psychosocial support for children and families affected by physical and mental health challenges.

Dr Hayley Jackson

Sarah Cattermole is a Gija woman and the Community Engagement Coordinator for the Kulunga Aboriginal Unit at The Kids Research Institute Australia. She is also a member of the Embrace and Healing Kids, Healing Families teams. Sarah provides cultural guidance and knowledge to both Aboriginal and non-Aboriginal staff throughout the research and analysis process.

Sarah Cattermole

Dr Louise Delane

Louise is a Wadjella researcher who was born on Yamatji country and now lives on Whadjuk Noongar Boodja. She holds a combined Masters/PhD in Psychology, and also works as a Clinical Psychologist supporting children and families.

Professor Ashleigh Lin

Ashleigh is a youth mental health researcher, born in South Africa and raised in Boorloo on Wadjuk Noongar Booja. She is the Professor in Diversity and Mental Health at La Trobe University and holds an adjunct position at The University of Western Australia. Ashleigh's research focusses on the mental health of marginalised young people, particularly LGBTQIA+ and Aboriginal youth.

Professor Ohan was born and raised in Canada by European-descent and Arabic parents. She is a clinical psychologist and Director of the Clinical Psychology Programs at the University of Western Australia (UWA), where she is dedicated to advancing equity in psychology. She has co-authored a nationally recognised framework for culturally responsive supervision for Aboriginal and Torres Strait Islander trainees and co-chaired a national initiative to develop equitable postgraduate entry pathways. At The Kids Research Institute Australia, she co-leads the Healing Kids, Healing Families research team with Professor Milroy, focusing on innovative strategies to improve access to prevention and intervention services for children and families affected by adversity or trauma.

Community Advisory Groups

Two Community Advisory Groups were established for this project: the Aboriginal Advisory Group (> 25 years old) and the Moorditj Mandi Mob (Aboriginal Youth Advisory Group, which comprised members aged 16 to 25 years old). These groups represented Aboriginal families and community members from the Perth metropolitan area. They met seven times, approximately every three months, throughout the duration of the research project.

Key responsibilities included: providing cultural guidance and feedback to ensure the research remained culturally grounded; offering insights to help interpret and communicate findings; assisting with ethical considerations; and supporting the communication of project outcomes back to the community. Throughout the project, they also advised the research team on community concerns and priorities. Their combined perspectives—including as parents/caregivers, community members, professionals, and young people—were essential in shaping the project to reflect the needs and priorities of Aboriginal and Torres Strait Islander young people, families, and communities.

Acknowledgements

First and foremost we would like to thank the young people, carers, professionals and experts who gave their time, experience and knowledge when participating in this research.

Support was also provided by ACCOs Derbal Yerrigan, Langford Aboriginal Association, Yorgum Healing Services and Wadjak Northside, and the Child and Adolescent Mental Health Services.

We would like to thank the project's Aboriginal Advisory Group and Moorditj Mandi Mob (Aboriginal Youth Advisory Group) for their time and commitment in guiding the project and ensuring it remained culturally grounded and responsive to community priorities.

"It's been more of a hands-on approach. Historically you think of research or academics as at a distance, whereas this? We've got The Kids researchers embedded with us, so we've developed a relationship. It's very community focussed, we're all one team. So from an LAA perspective, while it's been a formal relationship, it's been an organic relationship. Our organisation has really bought into it, because we understand the needs and outcomes that can come from it."

- Peter Harris, CEO of Langford Aboriginal Association

Funding

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Executive summary

Purpose

Aboriginal and Torres Strait Islander peoples and cultures have thrived in Australia for over 60,000 years. However, the lasting impacts of colonisation, intergenerational trauma, and ongoing discrimination have resulted in disproportionately high rates of mental health challenges among Aboriginal and Torres Strait Islander people, including children and adolescents. These challenges are compounded by complex and unique barriers to accessing appropriate care. Improving cultural safety in mainstream services is increasingly recognised as essential to closing the gap in both mental health outcomes and service access.

The *Building a Culturally Safe Mental Health System for Aboriginal and Torres Strait Islander Young People* project was designed to address the need for culturally safe care within child and adolescent mental health services in Boorloo (metropolitan Perth, Western Australia). Led by Professor Helen Milroy, a descendant of the Palyku people of the Pilbara region, the project aims to identify strategies, practices, and system-level changes required to embed and sustain cultural safety in these services.

The project was carried out in two phases. **Phase One** explored cultural safety in mental health services and research through the perspectives of key community stakeholders. These insights helped shape the design and scope of **Phase Two**, which explored the lived experiences and recommendations of Aboriginal and Torres Strait Islander families accessing services, as well as Aboriginal staff working within them.

This report presents findings from Phase One only, which included:

i. a review of existing evidence (Study 1), and
ii. initial stakeholder engagement and co-design (Study 2).

Together, these studies ensured the project was culturally informed and community-led, while also providing early insights into experiences of cultural safety and priorities for improvement. The outcomes of Phase Two will be presented separately.

Methods & data collection

The project embedded Aboriginal Participatory Action Research (APAR) principles including Indigenous governance, co-design processes, and the use of culturally appropriate methods such as yarning (a conversational method grounded in Aboriginal ways of sharing knowledge). Phase One began in February 2023 and concluded in October 2024. It included two studies:

- **Study 1** involved a rapid review of the literature on cultural safety in health services to identify knowledge gaps and inform best practices for working with Aboriginal and Torres Strait Islander children, young people and their families in culturally safe ways.
- In **Study 2**, we yarned with 32 Aboriginal and Torres Strait Islander stakeholders through focus groups and individual sessions. Participants were 7 young people (16-25 years), 9 carers and family members, 10 mental health professionals, and 6 subject matter experts. The study aimed to (1) explore their perspectives on cultural safety in mainstream child and adolescent mental health services in WA, and (2) co-design a qualitative study (for Phase Two) to explore the experiences of Aboriginal and Torres Strait Islander families accessing these services. All yarning sessions were facilitated by Aboriginal researchers. Participants were recruited through community networks, services, and word-of-mouth to reflect diverse perspectives.

Insights & key findings

The research team identified several key insights based on findings from the rapid review and yarning sessions with key stakeholder groups (Aboriginal and Torres Strait Islander young people, parents/carers, professionals, and subject matter experts).

1. **Limited evidence base**: Before this project, there was little peer-reviewed evidence on how to support cultural safety in mental health services at the practitioner and service levels for Aboriginal and Torres Strait Islander children and adolescents.
2. **Clear need for service improvements**: All stakeholder groups highlighted an urgent need to improve the cultural safety of mainstream child and adolescent mental health services.
3. **Recognition of sociopolitical and historical context**: Participants highlighted that colonisation, intergenerational trauma, and ongoing discrimination contribute to a deep mistrust and fear of mainstream health services and practitioners.
4. **Characteristics of culturally safe care**: Preliminary insights on the characteristics of culturally safe mental health care were identified: valuing and embedding culture into every element of service delivery; taking time to build genuine and trusting relationships; involving Aboriginal staff at all levels and from the first point of contact; creating welcoming and culturally inclusive environments; and establishing cultural governance alongside clinical and corporate governance.
5. **Co-designing culturally safe research**: research processes need to centre culture and relationships first and foremost, and need to prioritise the comfort and needs of each individual child.

Looking forward

Phase One highlighted the urgent need to reform mainstream child and adolescent mental health services. It provided valuable insights into how cultural safety is currently perceived within these settings and offers practical recommendations for improving cultural safety from key Aboriginal and Torres Strait Islander stakeholder groups. Phase One validated the need for Phase Two research with Aboriginal service users and staff, and provided clear guidance on how to conduct this work in culturally safe ways, including: centring culture, prioritising relationships, and ensuring individual comfort throughout. Looking ahead, findings from both Phases will be combined to inform practical guidance to support culturally safe mental health care for Aboriginal and Torres Strait Islander children and adolescents.

Background & context

Aboriginal and Torres Strait Islander peoples have lived and thrived in Australia for over 60,000 years, supported by family and kinship systems that foster strong social connections, cultural identity, and wellbeing[5]. However, the ongoing impacts of colonisation and continuing discrimination have caused significant trauma and contributed to high rates of mental health challenges among many communities today.

Aboriginal and Torres Strait Islander children and adolescents face disproportionately high rates of mental health conditions and psychological distress[6, 7], and are overrepresented in self-harm and suicide statistics[8, 9]. Despite these elevated needs, Aboriginal and Torres Strait Islander peoples face complex and unique barriers to accessing appropriate care[10, 11], and tend to use mental health services at lower rates than non-Indigenous people[12, 13, 14, 15].

Cultural safety in mental health services

A key factor contributing to inequities in both mental health outcomes and access to services is the lack of culturally safe care for Aboriginal and Torres Strait Islander children and adolescents in many mainstream mental health services[5]. This lack of cultural safety contributes to ongoing mistrust and fear of government and Western service systems—experiences that are rooted in the legacy of colonisation and ongoing discrimination. Early interactions with healthcare are especially important. When care feels unsafe or culturally disconnected, it may be less effective in supporting mental health and can impact on whether the young person feels safe to seek help and remain engaged with services over time[16, 17].

Improving access to culturally safe care in mainstream services is increasingly recognised as essential to closing the gap in mental health outcomes. This priority is reflected in guidance from peak bodies—such as Ahpra and The Royal Australian and New Zealand College of Psychiatrists[18, 19]—and embedded in national health policies and targets[20]. A range of definitions and frameworks for cultural safety are available (e.g. National Cultural Respect Framework for 2016-2026[21], Indigenous Allied Health Australia's Cultural Responsiveness Framework[22]). In this report, we adopt a definition of cultural safety that was developed through public consultation in Australia and reflects how cultural safety is determined in practice:

> *"Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism."[18]*

Cultural safety goes beyond concepts such as cultural awareness (which focuses on understanding different cultures) and cultural competence (which focuses on practitioner skills and behaviours) by addressing power imbalances in healthcare[23, 24]. It also places the determination of culturally safe care in the hands of the Aboriginal and/or Torres Strait Islander healthcare consumer, not the clinician.

Project development

The *Building a Culturally Safe Mental Health System for Aboriginal and Torres Strait Islander Young People* project was initiated to address a clear gap: the lack of research and evidence-based frameworks guiding culturally safe practices, strategies, and policies in Australia's child and adolescent mental health services.

National frameworks—such as the National Cultural Respect Framework (2016–2026)[21] and the Indigenous Allied Health Australia's (IAHA's) Cultural Responsiveness Framework[22]—outline key capabilities for achieving cultural safety in services. These include a whole-of-organisation approach, respect for culture, workforce development, effective communication, inclusive engagement, and organisational accountability. However, these frameworks do not provide locally relevant guidance for practical implementation, nor do they specifically address the needs of Aboriginal and Torres Strait Islander families accessing child and adolescent mental health services. Achieving cultural safety in mental health contexts is particularly complex, given the influence of culture on how mental health and distress are experienced and expressed. For Aboriginal and Torres Strait Islander peoples, these experiences are best understood through the lens of social and emotional wellbeing (SEWB)—a holistic concept that recognises the interconnectedness of body, mind, spirit, culture, Country, family, and community[5].

SEWB provides a culturally grounded framework for understanding health and healing. It reflects the ways in which wellbeing is shaped by historical, social, and cultural factors, including the impacts of colonisation, intergenerational trauma, and ongoing systemic discrimination[5]. Recognising SEWB is therefore essential to understanding what makes care feel safe, appropriate, and effective for Aboriginal and Torres Strait Islander children, young people, and families.

The project was developed by Aboriginal researchers and clinicians in response to the gap in evidence on cultural safety in child and adolescent mental health services. It followed discussions with services and community members. The project aims to understand and improve cultural safety in child and adolescent mental health services for Aboriginal and Torres Strait Islander children, adolescents, and their families in Boorloo (Perth, Western Australia). The project team is led by Professor Helen Milroy, a descendant of the Palyku people of the Pilbara region, with investigators Thomas Betts (Minang wer Wudjari Noongar man), Lisa Kickett (Wilyakali, Barkindji, Whadjuk and Ballardong Noongar woman), and Bek Morrison (Bibbulman, Yued and Goreng Noongar). Aboriginal and Torres Strait Islander perspectives are central to the project.

Project structure

The project comprises four studies across two phases. This report presents findings from Phase One (Study 1 and Study 2), which began in 2023 and laid the groundwork for Phase Two (Study 3 and Study 4), which began in 2025. A co-design methodology was used, which means that the research was developed collaboratively with Aboriginal and Torres Strait Islander community members and stakeholders to ensure responsiveness to community needs and priorities.

Phase One included:

- **Study 1 (Rapid Review)**: Identified existing evidence on culturally safe healthcare services for Aboriginal and Torres Strait Islander children and young people.
- **Study 2 (Co-design and Stakeholder Engagement)**: Engaged Aboriginal and Torres Strait Islander community members and stakeholders to validate the need for the research, collect initial insights on cultural safety, and co-design interview protocols and research methods.

Phase Two, which began in early 2025, builds on Phase One. It includes Studies 3 and 4, which explore the experiences of Aboriginal and Torres Strait Islander children, adolescents, carers, and Aboriginal professionals to provide further insights and recommendations for service improvement. Findings from Phase Two will be reported separately.

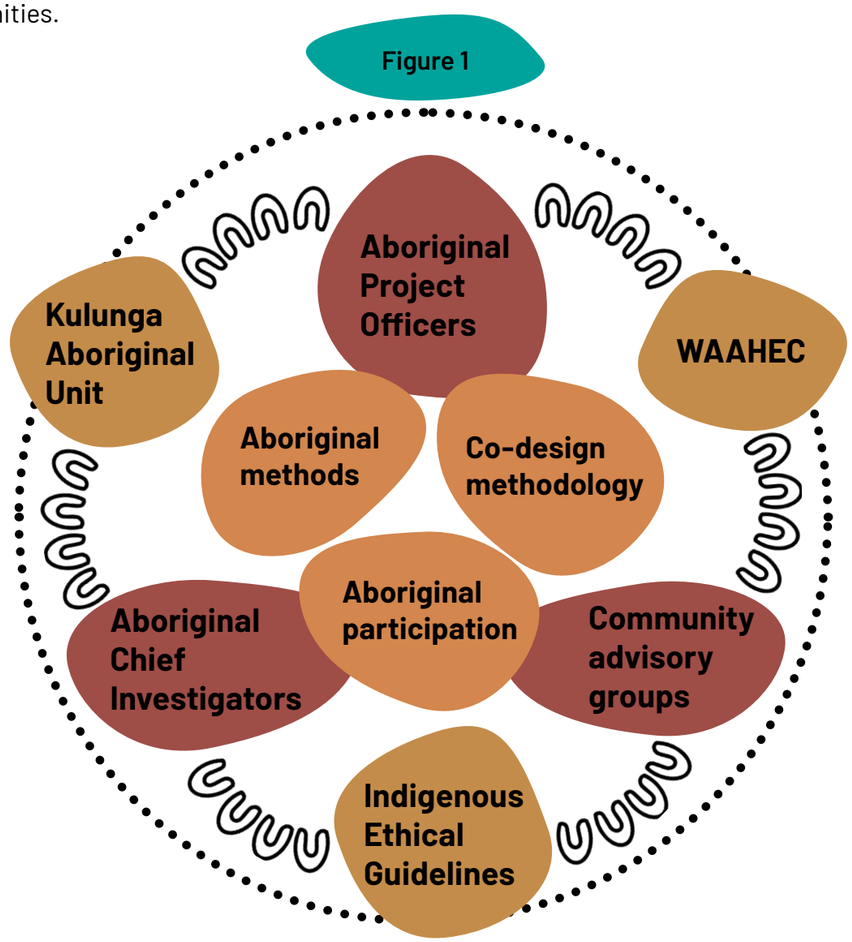
Indigenous governance framework

The project was guided by an Indigenous Governance Framework (Figure 1) designed to uphold cultural integrity, ensure accountability to community, and ensure that decision-making was led by and for Aboriginal and Torres Strait Islander communities. Research activities evolved based on continuous feedback from communities and organisational stakeholders, reflecting the flexible and responsive nature of co-design and APAR approaches.

Key elements of the framework included:

- **Aboriginal research methods and participation** (inner structures), ensuring that cultural protocols and ways of knowing (epistemologies) are respected, and that the research reflects the perspectives and expertise of Aboriginal communities.
- **Aboriginal stewardship** (middle structures), which includes: (i) Aboriginal Project Officers who lead research activities and community engagement; (ii) Aboriginal Chief Investigators, who provide cultural oversight and strategic direction; and (iii) Community Advisory Groups that offer cultural expertise to guide the research.
- **Ethical and institutional oversight** (outer structures) ensures the project meets national Indigenous research standards. The project team works with the Kulunga Aboriginal Unit at The Kids to ensure transparency, accountability, and cultural support. The research is also approved and overseen by the Western Australian Aboriginal Health Ethics Committee to ensure it is culturally appropriate and benefits Aboriginal and Torres Strait Islander communities.

Figure 1



Community advisory groups

Two community advisory groups were established in October 2023 to provide cultural guidance throughout the project and ensure that it remained culturally safe, aligned with community priorities, and reflected the voices of young Aboriginal people and their families. Members were selected through an expression of interest process. Aboriginal Project Officers met individually with applicants to discuss their interest in the project and assess their suitability for the groups. To be eligible, individuals needed to self-identify as Aboriginal and/or Torres Strait Islander, live in the Perth metropolitan area, have an interest in Aboriginal and Torres Strait Islander mental health, and be available to participate for the duration of the project. Members were also informed that the group would include a diverse mix of people—men and women, Elders, and other community members from a range of families.

The key functions of the advisory groups were:

- **Guiding research focus**: Providing insights into community needs, particularly for young people and their families.
- **Ensuring cultural safety**: Ensuring the research is culturally appropriate and reflects community values.
- **Shaping research methods**: Advising on research methods to align with cultural practices and community needs.
- **Promoting community involvement**: Encouraging broader community participation to ensure the research benefits the community.

The advisory groups consisted of:

1. **Moorditj Mandi Mob** (**Youth Aboriginal Advisory Group**): Composed of Aboriginal young people aged 16–25 years, this group provided essential input into issues relevant to youth and ensured their voices are integrated into the research design and implementation.
2. **Aboriginal Advisory Group**: Comprised Aboriginal community members and healthcare professionals aged 25 and above, this group brought broader community and professional perspectives to ensure that the research was grounded in practical and cultural realities.

Both groups worked closely with the research team throughout the project, ensuring that the research was community-driven and culturally relevant.

Community and stakeholder engagement

The project placed strong emphasis on building and maintaining reciprocal, long-term relationships with Aboriginal and Torres Strait Islander stakeholders. Engagement was designed to enable stakeholders to actively contribute to shaping the research to ensure it reflected their needs and priorities. Stakeholders were kept informed about progress, findings, and upcoming activities, and were actively involved in guiding the project's direction through both formal channels and informal conversations.

Community stakeholders—including the Langford Aboriginal Association, Wadjak Northside Centre, and Champion Centre—provided critical advice on community priorities and perspectives, supported recruitment, and offered access to community resources and networks that strengthened the project's reach.

Organisational stakeholders—such as WA Child and Adolescent Mental Health Services, Derbarl Yerrigan Health Service, Yorgum Healing Services, and the Kulunga Aboriginal Unit at The Kids Research Institute Australia—contributed by advising on recruitment approaches, sharing service-based insights, and highlighting practical considerations to ensure the research complemented health service delivery.

Engagement was tailored to the needs and preferences of each stakeholder group and focused on building relationships that were genuine, ongoing, and mutually beneficial. Communication was led by Aboriginal Project Officers, ensuring outreach was grounded at the grassroots level and responsive to community needs. Support flowed both ways. For example, Aboriginal Project Officers joined the Langford Aboriginal Association's Steering Committee for the Standing Strong NAIDOC Youth Ball, and members of the project team volunteered at the event. This flexible, community-led approach ensured that stakeholders had meaningful opportunities to contribute throughout the project and benefited from the collaboration.

Study 1: Synthesis of existing evidence

Study 1: Synthesis of existing evidence

A rapid review was carried out to identify existing evidence on culturally safe healthcare (including both physical and mental health services) for Aboriginal and Torres Strait Islander children and young people aged 0 to 25 years. The review focused on general health services, as initial searches found limited evidence specifically relating to mental health care for this age group. The findings from the review form part of a broader body of evidence used to inform the development of best practice guidance for delivering culturally safe mental health services to young Aboriginal and Torres Strait Islander people and their families or carers.

Methodology

- **Search strategy**: A systematic search was conducted across six multidisciplinary and specialised databases (PubMed, Web of Science, Embase, PsycINFO, CINAHL, ATSIHEALTH) using relevant keywords such as “Australia”, “cultural safety”, “Aboriginal or Torres Strait Islander”, and “young people”.
- **Eligibility Criteria**: Peer-reviewed studies focused on culturally safe healthcare for Aboriginal and Torres Strait Islander children and young people (aged 0–25), their families, and staff.
- **Study Selection**: Two independent reviewers screened studies for relevance, with data extracted using a standardised form.
- **Quality Assessment**: Studies were evaluated using the Aboriginal and Torres Strait Islander quality appraisal tool[25], which helps assess how well the research aligns with principles of culturally safe and community-led approaches.

Key findings

The review identified 504 unique records, with 20 papers meeting the inclusion criteria. These studies covered urban, regional, and remote service settings and explored factors influencing cultural safety in health services for Aboriginal and Torres Strait Islander children, young people, and families. While three studies focused specifically on mental health care, others examined areas like immunisation, sexual health, and tertiary hospital services. The target age groups varied, with some studies focusing on specific cohorts (e.g., children, adolescents, or young adults), while others included broader age ranges.

The literature consistently highlighted that **cultural safety must be understood in the context of colonisation, intergenerational trauma, and the ongoing impacts of discrimination experienced by Aboriginal and Torres Strait Islander peoples**.

Key themes identified to support cultural safety in healthcare included:

- **Culturally responsive communication and information**: Clear, inclusive, and culturally sensitive communication between healthcare staff, Aboriginal and Torres Strait Islander young people, and their families is essential. Practices such as storytelling and deep listening are central to building trust and meaningful connection. Culturally appropriate information materials and visual aids further support understanding and engagement.

- **Workforce capability and development**: A skilled workforce, including Aboriginal and Torres Strait Islander staff at all levels, is crucial for culturally safe care. Services must support non-Indigenous staff to build trusting, consistent, and authentic relationships with families. Cultural training should go beyond cultural awareness to include knowledge of kinship systems and the development of practical, culturally informed competencies.

- **Family- and community-centred care**: Separation from family and community can lead to distress, isolation, and deepen trauma. Culturally safe care requires the meaningful involvement of families and kinship networks, including shared decision-making, to ensure support is grounded in connection and cultural context.

- **Proactive service-led engagement with communities**: Services should proactively engage with communities before a young person accesses services to help build trust and familiarity. Regularly showing up in community spaces builds relationships over time. Trusted community members can provide support by vouching for services and helping to normalise engagement.

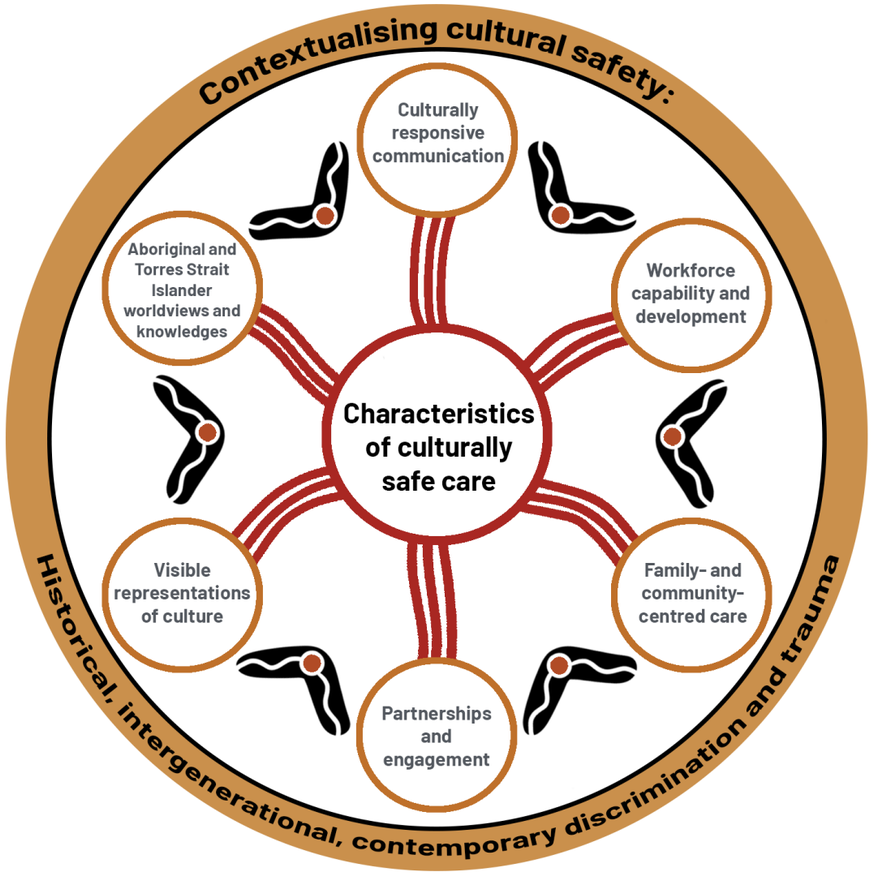
- **Cultural governance**: Culturally safe services require shared leadership and formalised partnerships with Aboriginal and Torres Strait Islander communities. Governance structures should include representation from Elders, young people, and other key community stakeholders. Their sustainability relies on genuine collaboration and strong, ongoing organisational commitment.

- **Visible representation of culture**: Physical and symbolic representations of culture—such as Aboriginal and Torres Strait Islander flags, artwork, maps, and other culturally significant symbols—help foster a sense of inclusion and trust. However, these elements alone are insufficient to ensure cultural safety.

- **Reimagine care through Aboriginal and Torres Strait worldviews and knowledge systems**: Critically, services must actively integrate and respect Aboriginal and Torres Strait Islander cultural, spiritual, and social knowledges to support cultural safety. Mental healthcare in particular must integrate social and emotional wellbeing approaches, including traditional healing practices and time on Country. Additionally, services must respect and adhere to cultural protocols, such as providing gender-specific care.

Limitations of the review included the small number of studies specifically focused on the target age group and mental health, as well as the varying quality of the available evidence.

Figure 2



Study 2: Stakeholder perspectives and co-design

Study 2: Stakeholder perspectives and co-design

Study 2 involved multiple Aboriginal and Torres Strait Islander stakeholder groups to (1) explore perspectives on cultural safety within mainstream child and adolescent mental health services and identify opportunities for improvement and (2) co-design the interview protocols and research methods for Phase Two of the project. Participants included young people, carers, professionals, and subject matter experts. This collaborative approach ensured the research design and methods were culturally safe, community-led, and aligned with the priorities and needs of Aboriginal and Torres Strait Islander children, adolescents, and their families or carers.

Methodology

Data collection for Study 2 took place from May to October 2024 and aimed to explore what culturally safe mental health care looks like for Aboriginal and Torres Strait Islander children and adolescents, as well as how best to talk with young people and their families about their experiences. The study was developed in partnership with Aboriginal Chief Investigators and Advisory Groups, who helped shape the design, questions, and approach to ensure cultural safety and relevance. A total of 32 Aboriginal and Torres Strait Islander stakeholders participated, including 7 young people, 9 carers and family members, 10 professionals working with children and adolescents, and 6 subject matter experts. Participants were invited through community networks, professional contacts, and word of mouth. They were given clear, accessible information about the study. Data were collected through 15 yarning sessions—9 individual interviews and 6 focus groups (2-7 participants each). Fourteen sessions were held in person, with one conducted online. Group sessions lasted between 51 minutes and 2 hours and 21 minutes and individual sessions lasted between 18 minutes and 1 hour and 47 minutes. All sessions were facilitated by Aboriginal Project Officers, with support from non-Indigenous researchers at 4 of the 15 sessions.

Participants shared their views on what cultural safety in mental health services looks like, why it matters, and how it can improve outcomes for children and adolescents (Topic 1: cultural safety in services). They also offered guidance on how best to engage with children, young people, and families on these topics (Topic 2: co-design of research with service users). This included reflections on the importance of understanding family systems, kinship, and the ongoing impacts of the Stolen Generations. The full list of guiding questions used in the yarns is included in Appendix 1. Key questions are given in Box 1.

Box 1

Topic 1: Cultural safety in services

1. How important is it to explore the cultural safety of mental health services for young Aboriginal people?
2. What do you think cultural safety in mental healthcare services looks like?
3. How might culturally safe mental healthcare impact or change the outcomes for young Aboriginal people?

Topic 2: Co-design of research with service users

4. Do you think people will be willing to yarn with us about their experiences accessing mental health services? How might we best explore this topic?
5. At what ages should we speak to young people themselves, and at what ages should we speak with their carers?
6. What sorts of questions should we ask young people and their families to best understand their experiences of accessing mental health services?
7. What are important areas to focus on for understanding Aboriginal peoples' journeys of accessing mainstream mental health services?
8. Do you think mental health services need to know more about the Stolen Generations and why?
9. How should people go about asking about the Stolen Generations?
10. Do you think mental health services need to know more about family systems and kin groups? Why?

Data analysis

All focus groups and individual yarns were audio recorded and transcribed exactly as spoken using Otter.ai (an automated speech-to-text application). Transcripts were checked and potentially identifying information was removed. Researchers analysed the transcripts to identify common themes relating to key experiences and requirements for cultural safety. Participants were invited to review and provide feedback on preliminary themes through a member-checking exercise. Their feedback confirmed that the research team had accurately captured their views, and additional comments were incorporated into the dataset prior to analysis.

Preliminary insights into cultural safety in child and adolescent mental health services

Preliminary insights

This section presents findings from Study 2 on participants' perspectives of the need for cultural safety and what is required to achieve it. The themes highlight common threads across stakeholder groups and provide a foundation for embedding cultural safety in child and adolescent mental health services.

First, it was important to establish that there was a community-identified need to understand and improve cultural safety within mainstream child and adolescent mental health services.

Need for cultural safety in mental health services

All participants strongly agreed that mental health services for Aboriginal and Torres Strait Islander children, adolescents, and families need to be more culturally safe. They also agreed that current services are not meeting this need:

"it's very important…for young people…they want to feel safe and go and approach someone and feel like they are going to be cared for. They don't want to walk into somewhere and feel like they're being judged. Or some people going to look down upon them…just because they're a black fulla… So, cultural safety is massive." (Professional 5)

"…We've dealt with [mainstream health service], and it wasn't a good place." (Carer 6)

"I think it's very important that we explore cultural safety… as a service." (Expert 1)

Participants said that improving cultural safety is not a quick or easy fix. It requires real commitment and time before results can be seen:

"I reckon it wouldn't be an easy, like a short time solution. But over the years, could be able to—10 years or whatever—the amount of young fullas, Aboriginal people to seek these supports, would solve a lot of issues within themselves, it will reflect on their families…But it's not an easy fix, will take a lot of time." (Young Person 5)

Participants warned that if services continue as they are now, families may stop using them or avoid them altogether.

"Seeing mental health services, especially those that aren't equipped for Aboriginal people can be difficult. You may shut off. Because if you don't feel safe or comfortable…you will just suffer in silence. And that will probably be the biggest damage that can happen towards the person or a group of people—not having a safe space or organisation or whatever, just to speak up and get their support for their mental health." (Young Person 5)

On the other hand, it was suggested that improving cultural safety could encourage more children and adolescents to seek help, talk openly, and support others to do the same. This was suggested to help reduce suicide and other negative outcomes, while bringing positive effects to communities and future generations.

"I'm actually really encouraged that…there's going to be some work around embedding culture into this process, but also…how we can support our young people to…grow and flourish and be the people that they're supposed to be in our community…because they're going to be our next leaders. And we want them to be strong, and we want them to be strong in culture and cultural knowledge, and to be proud of who they are." (Expert 2)

Five key themes then emerged around what is needed to achieve cultural safety within mainstream child and adolescent mental health services, each of which are detailed below:

1. Trauma-informed service delivery

Ongoing mental health impacts of colonisation trauma and discrimination

Participants spoke about the ongoing impact of colonisation trauma and discrimination on the mental health and wellbeing of Aboriginal and Torres Strait Islander children, adolescents, and families, and that mental health services and clinicians need to be aware of this:

"Probably that trauma plays a big part as well… a lot of our mob are living through trauma, still, three generations on from stolen generations still passed down. So yeah, maybe understanding around that, and the impacts of what colonisation has done to our people." (Young Person 2)

"They need to know when that Aboriginal person… has just walked into their door… that there's probably a history of trauma coming in… and the psychs should understand that, you know, because I think some of it is not all around psychiatric it's that social and emotional wellbeing and trauma is such a big part of that." (Expert 3)

Participants explained that, as a result of colonisation trauma, children may be disconnected from their culture or family history and may struggle with their sense of identity. They emphasised that these conversations need to be treated with sensitivity to prevent further shame or distress:

"But again, if it's affecting that the youth, I don't know if they understand it, it's coming back from that." (Carer 2)

"Identity crisis. A lot of people its identity crisis. If you're gonna ask the young person that question that might trigger them and they'll go "well I don't know where I was born". You know what I mean, so that might be too strong." (Carer 1)

Participants highlighted the importance of services supporting with healing underlying trauma in culturally safe ways:

"…some of the issues that compound our young people that lead to suicide or ongoing detention in places where they shouldn't be, like Banksia… I think if… there is culturally safe tools that are implemented in this sort of youth mental health… it would really go a long way to supporting some of those sort of… underlying trauma issues that our young people carry that lead to mental health." (Expert 2)

Addressing fear and mistrust of mainstream mental health services

Participants noted that there is ongoing mistrust and fear towards government mental health services due to colonisation and discrimination:

"There's a bit of fear there as well… extending from stolen generation… if you got a child with mental health issues, there's a fear there that if you take your child to go receive services… you going to have DCP on your case." (Professional 5)

"You got to understand that all of our trauma is done in the principal's office… it's at the police station in a small white space. In a small white spaces where we get the bad news from a doctor, even in the hospital, everything is done to traumatize us in a little white space." (Expert 4)

"But Elders are a little bit different, especially because they don't trust government, and that authority, because of what happened to them, and they got to know and even if you got the elder or the carer there, you can say well what's you're experiencing and that young person needs to know that experience to understand his experience… Aw yeah because that's that transgenerational trauma." (Carer 1)

Participants highlighted the need for services to be aware of their power and control when providing mental healthcare:

"Service providers need to have that deep understanding of their power and control, because that's what colonisation was all about." (Expert 5)

"Aboriginal ways of doing things is a part of that reconciliation. Right. But we don't understand if why Wadjellas don't understand that because they do it different… and that's more domineering. They're not listening here… they're not listening there." (Carer 1)

"So what input do they have as an Aboriginal person? In those places?... When we sit at the table... what power do we have to be recognised? And say, well, this isn't working? can we do something" (Carer 1)

Participants emphasised the importance of children and families having genuine choice and control about their care when accessing mental health services:

"... So how can a space communicate about control?... If you think, well, so we're going to have a 'choice based model'... sounds like a good idea, but... it's sort of a conditional choice by the sounds, or it's a choice to a point, or it's the illusion of choice." (Expert 6)

"Probably another thing is asking the family, what support are you looking for, ...instead of, you know, the service providing what they should be having, compared to the family coming in asking and asking them, What support would you like? What are you looking for?" (Professional 5)

"Yeah, give them options? And then get them to pick, to pick their option you know? You want to come in, do you want us to come there, where do you feel most comfortable or giving options." (Young Person 2)

2. Building trusting relationships

Participants spoke about the importance of young people feeling that they are welcome within the service from the first point of contact:

"If you don't feel happy or safe in a place, you know it straight away. Soon as you walk in that door, you can sense that vibe... that woman sitting behind the desk... she just has to give you a look... That tone, and it's a microaggression. They might have had 100 before they walked in that door, and then that's it." (Expert 3)

"Just be welcoming, and don't try and push answers out too fast. Like, be respectful of the fact that it might be their first time and they might not want to talk about it straight away." (Young Person 6)

Participants spoke of the need for clinicians to build connection and trust with young people over time, by showing consistency, and through taking time to build a connection without pushing for information before the young person is ready:

"I think that consistency to make sure that it's going to keep on going. Because, you know, it takes a while for our mob to connect and to put that trust, you know, that relationship." (Professional 6)

"Patience... Even just if it takes a couple sessions... building a safe sort of relationship with the client and the clinician. Because they're not gonna want to talk to someone who's a stranger... Even just finding anything, just to, bond over?" (Young Person 5)

Participants suggested that safe and trusted connection could be built through sharing stories or through developmentally appropriate activities, such as games, drawing or sport.

"...try and make it not like, like a counselling session for young children. Look at it like that, where they play Lego... or play a game of cards and then have a yarn or... coloring in while yous are yarning... so you're not... making it look like it's a formal thing where you're sitting down." (Young Person 2)

"It might be like, while they're kicking the footy or walking, going for a walk side by side talking to them." (Carer 10)

When the young person is ready to talk, participants emphasised the importance of genuinely listening to what they have to say to make sure that they feel heard:

"I think just listening... being able to just listen to the person, without jumping in and telling them what to do, and where to go, just listen to what they want, and where they wanna go. Sometimes we get stuck up in our grief because you don't want to talk because everybody's always telling them well you gotta do this you gotta do that, just listen to what they want." (Carer 1)

"So I guess just accept and just make it accepting that it's okay, like you don't have to talk right now. Just know I am here for you. I am here to listen when you're ready. Because yeah, like it is a big thing. And I guess, when they are more open to talk about it, that's when you let it go as long as you want as long as they want. Because that might be the only opportunity they can have to talk." (Young Person 3)

"If you're willing to sit and listen to people's stories for two or three hours, that's cultural safety, yeah? That yarning and the time, yeah? And these systems don't allow for that time, so that goes against cultural safety." (Expert 2)

3. Culturally-grounded care

Participants spoke about the different ways of understanding wellbeing and the ongoing dominance of the 'clinical' Western way of working. For instance, Western models of mental health do not understand the importance of spirituality, cultural healers, and connection to kinship and country as pathways to wellbeing:

"But let's draw on some of the strength that you have because of your culture, and that culture is what's going to help you heal. You know that's everything in our culture was already provided for, and we just need to tap back into that and remember that." (Expert 3)

Participants also spoke of the need for Aboriginal and Torres strait Islander families to feel a sense of belonging when they engage with services, particularly through having artwork on the walls, connection to country, and presence of Aboriginal staff. Participants spoke of the need to minimise the formal clinical set-up of these environments.

"...actually embracing Aboriginal culture...through painting or art or whatever it is... but not do it in [a] tokenistic way. It needs to be done from our branding everywhere... all through the processes, implementing tools that are Aboriginal specific, embracing social and emotional wellbeing as a practice within our clinics, and not just always focusing on the clinical." (Expert 5)

Participants spoke of the importance of understanding different cultural structures, particularly kinship systems, and how services are not set up to value or include these systems in mental health care:

"The complication of the extended genogram... the kinship system... we've got extended families that play a huge role... when you need to get forms and stuff signed... they can't sign off anything. So those that sort of barriers..." (Professional 1).

Further, services may not understand the impact of grief and loss of extended family or how cultural obligations may impact engagement with services.

"And then just obviously being aware of cultural obligations. So sorry, loss, lore, youth justice, or if a young person's going up north for a funeral, they put all their requirements on hold because they obviously have an understanding they've got to be able to do that and go with them, and no matter if it's close family or extended family. So just being aware of that, and then it's also coming down to being aware of what is happening and what it impacts, what is impacting them, especially if they're trying to or even if it's like they can't attend an appointment to see somebody because they gotta look after their little sisters or their siblings, being able to be flexible to do like a phone call one rather than coming in person, just knowing, knowing the young person and their family and what their kind of duties are or role in their family." (Professional 8)

4. Work with (and champion) Aboriginal and Torres Strait Islander staff

Participants emphasised that it is essential to have Aboriginal and Torres Strait Islander staff involved in a young person's care, ideally from the first point of contact:

"I honestly believe if you haven't got Aboriginal mental health workers and other liaison people, it can become dangerous." (Professional 2)

"If there's no Aboriginal Health Worker involved, a lot of them don't even feel comfortable coming to the first appointment. So that's why the... Aboriginal health worker has to make first contact... that can really change the whole dynamic of the thought process like, 'Okay, this is a safe space for my child.'" (Professional 3)

Participants highlighted many reasons why Aboriginal and Torres Strait Islander staff are essential. For children and families, these staff can provide understanding, belonging, safety, support, translation, and advocacy. They are also able to reduce barriers to access and engagement with services.

"My daughter, she accessed CAMHS. The only reason she went was because [Aboriginal staff member] was there... she always mentioned that she would like her to be in the appointments with her because she had that safe person." (Carer 6)

"Having a black person. Oh, my gosh, I get so much anxiety when it's just white people." (Young Person 7)

"I'll feel more comfortable speaking to an Aboriginal person, that's for sure. Especially talking about topics where you feel they have that empathy, they can relate, they know what I'm talking about." (Young Person 5)

For non-Indigenous staff, Aboriginal and Torres Strait Islander staff can provide a bridge to help build connection with families to make sure that relevant information can be gathered and to support with ongoing engagement. Aboriginal and Torres Strait Islander staff can also provide important cultural knowledge, as well as awareness of cultural sensitivities and community contexts.

"...employing your Aboriginal mental health worker from the get-go in your planning is what's needed, because they're going to get that information for you. They're going to help you... working collaboratively with the Aboriginal mental health workers to help families... I think if we started to do that, we would see a difference." (Expert 1)

"It's important non-Aboriginal clinicians... listen to the way that we do things and they adopt those strategies.... take advice." (Professional 10)

5. System-wide cultural safety and coordination

This theme highlights the need for cultural safety across the whole client journey within the mental health system. Participants pointed out that cultural safety needs to start from the first point of contact with a service and continue throughout every element of care.

"All facets of contact and care has to... have cultural safety." (Professional 10)

"...for our children and for all children, they need to feel safe, heard, listened to, understood. All of those values need to be shown to these children from the moment they enter and even after, if they leave and they get care from the you know, people come out and that, that care system has to work to care." (Expert 3)

Further, cultural safety needs to be embedded at every level of the service and be supported from the top-down. Individual clinicians need to be supported by their organisational processes, and there also needs to be top-down governance and policy to ensure that the whole service and broader system are culturally safe.

"Individuals... can make themselves culturally safe in the one-to-one interactions, but it will fall short when they don't have leadership also engaging in those practices... all the way up to government." (Expert 5)

"The organisation has to teach and educate staff from the bottom to the top regarding cultural safety, because if there's gaps within a certain organisation... those gaps actually have a huge impact on cultural safety." (Young Person 5)

Participants noted that initial access to services is often hindered by barriers such as restrictive eligibility criteria, limited resourcing, or insufficient consideration of cultural context. Further, children and adolescents may need to navigate multiple different services without coordinated referral pathways or continuity of care.

"I was meant to go there [mainstream mental health service] and then doctor said I was too old... Then they referred me to this other place. And that other place was just so bad and... she was like we'll put your dad's number down, and we'll call him... I haven't heard anything... And I've been waiting." (Youth 7)

"Each time they go to a new service, they've got to retell their stories, ... they get to the fifth time they got to tell their story, and they'll just shut down." (Expert 2)

"Also creating services that are... softer... holding people well, and having multiple people do that within a service which reflects a different way of thinking about the exchange or the experience." (Expert 6)

Key learnings from the co-design process

Key learnings from the co-design process

This section highlights three key themes for conducting culturally safe research with service users and their families:

1. Centring culture
Ensuring the research is grounded in Aboriginal ways of knowing, being, and doing

2. Building relationships first
Focusing on trust and connection before collecting information

3. Being child-centred and trauma-informed
Tailoring the approach to each child's unique needs, considering their development and experiences, and being flexible and trauma-informed where needed

1. Centring culture

Participants stressed that culture must be central to the research process to build trust, make people feel comfortable, and ensure the work is meaningful to the community. This means involving Aboriginal researchers at all levels—from yarn facilitators to leadership roles:

"The person who asks the question…if that could be a black fulla." (Youth 1)

"So, you as frontline researchers doing the work, you've got the leadership support and the above support. So, you gotta have all of those things linking up so that you can do it in right ways. Otherwise, it just fall apart, as we know research does." (Expert 5)

Some highlighted the importance of Aboriginal ownership of the research and involving Elders:

"You need to have some ownership of it, not just pass it over to Wadjellas whosay, 'No, this is our intellectual property.'" (Professional 2)

"But you know…you might want to have Elders involved in doing some of that or sort of supporting that process as well." (Expert 2)

Participants agreed on following local cultural ways of knowing, being, and doing. They recommended culturally appropriate methods like yarning circles and activity-based yarning—such as drawing—to help young people open up naturally. As one expert shared from their experience:

"We just did a yarning circle… And we had food and drinks, and we had a couple of elders as well involved in the group, and people that they knew so it just made a lot easier for us. And I think, you know, we just had pretty open-ended questions. So really, it was just a yarn…It was a lot easier." (Expert 2)

Respecting cultural protocols such as single-gender yarning was also important, but some participants noted the need to be flexible for individual preferences:

"…Boys might need that male support, so they'll feel more comfortable…Same with the females. Some could even be opposite like…there's a boy who…would rather speak to female staff members just because always had the negative role model in his house." (Youth 5)

Participants also highlighted the importance of recognising kinship systems, explaining that the support person or carer may not always be a parent as understood in Western culture. Some also raised the need to acknowledge the diversity across Aboriginal cultures:

"All the kids…will be from different places and will have different beliefs, and their family will have different beliefs. So…don't assume that they're all Noongar because we're living in the metro." (Expert 1)

Others emphasised the importance of ensuring appropriate community representation:

"You got to spread it around… if you go consult with one family, another family is going to get upset. 'Why weren't we involved? Why didn't we have our say?' So, what I try and do is spread it out between the families as much as you can, to get more of a broader understanding of different families, points of views, but also…it keeps you respected within the community as well." (Professional 6)

Participants also stressed that cultural priorities, such as family and grief, come before research:

"It's just things that get in the way…What happened on the weekend? You know…it puts things like this on a bit of a back step, you know, because the whole community gets affected. And you if you are engaging with people that are really close to that family, and entrenched in that family, then things like this just get put aside, because family comes first. You know, within the Aboriginal community, you know, through that grief and loss and that sort of time, you know, that's priority." (Professional 5)

2. Building relationships first

Across stakeholder groups, participants agreed that young people and carers were generally willing to share their experiences of accessing services—but only when a trusting relationship had been built.

"I think building the trust…and then whatever you ask them, they'll follow, you know, they'll go down that path. But if you walk into a place and say, 'let's talk"…you're gonna have to make mates with them…or [build] some kind of rapport." (Expert 3)

These relationships needed to be established before formal research could begin, creating a foundation for open conversation:

"I guess even to get that reflection from the kids…you can't just be a stranger and be like "oh how'd the service go?" (Youth 5)

Participants emphasised that this process required time, consistency, and proactive engagement:

"I think, yeah, it would definitely take some time… I think after a while, they'll eventually open up." (Youth 1)

"It's gotta be slowly, couldn't be done overnight." (Professional 2)

Suggestions for building trust included taking time to connect before the yarn, such as through an initial phone call or informal meeting:

"Even just a phone call. A phone call will always be good to build that trust…that like relationship like this is the person I'll talk to when I come in. Making that connection, that first point of contact." (Professional 2)

"It makes me wonder whether maybe factored this in, but it's almost like there's a meeting to talk about that stuff, how we go forward, and then, rather than the first meeting be about…" (Expert 6)

Others suggested meeting young people in familiar spaces, such as youth events or drop-in sessions:

Youth events: *"But I think just piggybacking off, you know, certain events, or there's a could looking at maybe going to a few youth events or whatever, and just, you know, going along to 'em and yarning, and … yeah, like if you drop in sessions and just carry on and mingle with them, get to know them."* (Youth 1)

3. Being child-centred and trauma-informed

Participants emphasised the need to match engagement to a child's developmental stage and emotional readiness, recognising that trauma can affect when and how they feel able to share. While many felt direct engagement was often suitable from around age 10, some cautioned against assuming younger children could not contribute meaningfully:

"I guess the assumption and belief there is that younger people are able to say something about their experience in life… I suspect they… have something to say." (Expert 6)

Readiness to participate was seen as highly individual, shaped by factors such as maturity, life experiences, and family circumstances. It also required sensitivity to potential distress or triggering topics:

"Sometimes using the same question for a child won't work for someone else… It really depends on how much they've gone through or how open they are with you." (Youth 3)

"Depends who the carer is, and what you've actually been through." (Youth 4)

Older adolescents were often considered able to participate independently, but children and younger adolescents (and those with a history of trauma) were thought to benefit from having a trusted support person or caregiver present. This was not always a parent in the Western sense, but someone with whom the child felt safe.

Engagement approaches needed to be flexible and responsive to the child's age, abilities, cultural background, and emotional state. Participants emphasised the importance of avoiding one-size-fits-all questioning, and instead using creative and culturally relevant activities that allow children to express themselves in ways and at a pace that felt safe and comfortable:

"…different methods to engage. Sort of the photo-based method. There's probably more of a yarning method for kids. It's more…creative activities, drawing." (Expert 6)

"Sometimes, using the same question for a child is not going to work the same as it would for someone else… you have to tailor it…if they're younger…make it easier for them to understand… or colours… how does this colour make you feel? …and really get an insight as to how they think." (Youth 3)

WATCH THE VIDEO

Scan the QR code to hear more about the importance of co-design in research on the Embrace website.

Summary

Summary

Phase One of this project laid the groundwork for developing evidence-based recommendations to support culturally safe mental health care for Aboriginal and Torres Strait Islander children and young people accessing mainstream services. The rapid review (Study 1) identified key contributors to culturally safe healthcare and highlighted important gaps in the evidence base, particularly in relation to mental health service contexts. Focus groups and one-on-one yarns with young people, carers, Aboriginal professionals, and subject matter experts (Study 2) provided early insights into stakeholder perspectives on the importance of cultural safety and the changes needed to improve mainstream care. This study also included co-designing Phase Two of the project to ensure culturally appropriate research methods, shaping how we engaged with service users and families to understand their experiences within mental health services.

Our findings show that cultural safety is essential to mental healthcare delivery, and that meaningful improvements are needed. Cultural safety is relevant to every aspect of health service delivery, from the practices of individual clinicians to executive leadership, and from how information is shared to the kinds of therapeutic support offered. Throughout discussions, participants emphasised the importance of valuing culture and building trusting relationships. They called for visible indicators of culture to be embedded across services, from artwork and symbols to culturally-informed understandings of wellbeing and healing. The involvement of Aboriginal staff was seen as vital, not only for the benefit of children and families, but also to support non-Indigenous clinicians in delivering culturally safe care.

An overarching finding is that mental health services must understand and deliver culturally safe care within the context of intergenerational trauma caused by colonisation and ongoing discrimination. This context is essential to recognising the underlying drivers of mental health challenges for Aboriginal and Torres Strait Islander children and adolescents, and identifying meaningful pathways to healing. Acknowledging this history will also help services to actively confront the legacy of power and control embedded in the Western medical system, and to respond to the mistrust and fear that many Aboriginal and Torres Strait Islander community members experience when engaging with these services.

Similar themes emerged when exploring how to conduct culturally safe research with Aboriginal and Torres Strait Islander young people and families. Central to this is the need for research processes to prioritise culture and relationship above all else. These processes must also be flexible and able to adapt to the comfort, needs, and circumstances of each child or young person, including being sensitive to the experiences of trauma.

Preliminary recommendations for mainstream child and adolescent mental health services

The following preliminary recommendations outline key actions to embed cultural safety across mainstream child and adolescent mental health services.

1. Cultural safety must be systemically embedded

Embed cultural safety across all levels of mental health service delivery—from frontline practice to executive leadership. Cultural safety is a core system requirement, not a peripheral concern. Develop and implement frameworks and standards that integrate cultural safety into governance, policy, workforce development, and performance evaluation to ensure consistent and measurable application.

2. Workforce development is critical

Prioritise recruitment, retention, and leadership development of Aboriginal staff as a core strategic objective. Aboriginal staff are critical to effective service delivery and culturally responsive decision-making. Ensure these roles are adequately resourced and supported, without placing sole responsibility for cultural guidance on Aboriginal employees.

Require all non-Indigenous staff to contribute to culturally safe practice through structured learning, reflective supervision, and accountability mechanisms. Embed ongoing training and feedback systems to sustain capability across the workforce.

3. Acknowledge impacts of colonisation and ongoing discrimination

Acknowledge and address the historical and systemic factors driving mistrust of mainstream services among Aboriginal and Torres Strait Islander communities. These include colonisation, intergenerational trauma, and ongoing racism. Ensure open acknowledgment of these impacts in service delivery and communication. Where appropriate, integrate truth-telling and reconciliation practices to strengthen trust and cultural safety.

4. Relationship and trust building

Build trust with Aboriginal and Torres Strait Islander communities, families, children, and Elders through sustained, transparent, and consistent engagement. Prioritise continuity of care by maintaining the same clinicians wherever possible. Actively invest in long-term community relationships by demonstrating how community input informs service design and delivery, and by following through on commitments to reinforce reliability and respect.

5. Co-Design with Aboriginal and Torres Strait Islander communities

Embed co-design as a foundation for all aspects of service design, delivery, and evaluation. Involve Aboriginal and Torres Strait Islander staff, caregivers, Elders, and young people to ensure services reflect lived experience and address their historic exclusion from decision-making. Ensure co-design processes are culturally grounded, relationship-based, and trauma-informed to drive genuine and sustainable change.

6. Visible indications of culture matter

Make cultural safety visible and tangible across the client experience. Reflect Aboriginal and Torres Strait Islander identities and strengths through artwork, cultural symbols, communication materials, and environmental design. Ensure all decisions are locally relevant and guided by community input to promote meaningful, respectful, and culturally appropriate service environments.

Looking to the future

Phase Two will build on the insights from Phase One. Study 3 will provide an in-depth understanding of the experiences of Aboriginal and Torres Strait Islander children, adolescents, and carers when they use mental health services, and what needs to change to make those services feel safer. Study 4 will explore the knowledge, perspectives, and practical recommendations of Aboriginal professionals who work closely with families and communities every day.

Together, findings from all studies will inform practical guidelines to help services strengthen cultural safety in mental healthcare, through improved communication, culturally inclusive environments, workforce development, and meaningful engagement with families and communities.

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Appendix 1: Yarning Schedule

Acknowledgement of Country

Introduction and thanks

Thank everyone for their attendance. Have everyone introduce themselves.

Preamble for yarning scope

In this project, we want to understand how we can make mainstream mental health systems culturally safe for young Aboriginal and Torres Strait Islander peoples -aged 0-25 years- and their carers/families helping young mob access these services.

This research project is occurring in two parts. Part One -what we are focusing on today- is about talking to community members (you all) and asking for ideas about how we can make our research itself safe while we explore: the cultural safety of mental health services for young Aboriginal and Torres Strait Islander mobs. We realise that cultural safety with mental healthcare for Indigenous youth is a sensitive topic and we want to make sure our project meets the needs and ideas of the community that it concerns.

This will help us design and do Part Two of the research. In Part Two of the research, we want to yarn with young Aboriginal and Torres Strait Islander mob who have accessed or attempted to access mental healthcare, and their carers/families, about their dealings with mental healthcare services. For this second part of the research, we want to ask people about (i) their experiences of attempting to access mental healthcare, and (ii) what is needed for mental health assessment/understanding to be culturally safe.

Our yarns here today will help us develop the materials for discussing cultural safety with young mob and their carers, as well as ensure that how we engage them is safe as and relevant to community.

Questions and considerations

Any questions or considerations that anyone would like to discuss about this research before we get into it?

Yarning session structure

The structure for our yarning session today includes:

- Making ground rules for our yarning circle
- Thoughts on building culturally safe mental health services (project validation)
- Break for 15 minutes
- How should we do go about this research (format and protocol)
- What ideas and experiences to explore with people (content codesign)
- Reflections on our yarning session.

Session charter: Making ground rules for our yarning circle

Let's decide on a few ground rules, so that everyone can feel safe, heard, and comfortable to share.

For example:

'**Share the air**': We want to be inclusive and make space for everyone to share. Some people might be more ready or quick to speak than others. Let's make sure that there are enough spaces for everyone to share.

'**Be present**': Let's try our best to stay focused on the people and stories shared in this session. Please put phones away, and if you need to take a call you are welcome to step outside.

'**Respect**': Let's ensure everyone feels respected. We can do this by seeking to understand what others' share and valuing the ways in which our perspectives are both similar and different.

'**Confidentiality**': 'Keeping things in the room'. You are welcome to tell people about your participation in this research. However, not everyone might be comfortable sharing this. For this reason, please do not disclose others' involvement on their behalf.

Project validation

Cultural safety is an environment, which is safe for people because it recognises, respects, and nurtures the unique cultural identity of a person or group of people. It is a space that does not challenge or deny someone's identity and culture – people can be who they are. Cultural safety encompasses ways of working and providing services that empower people and allows them to feel safe to be themselves. It is a journey of shared respect, shared meaning, shared knowledge and experience, of learning together with dignity and truly listening.

1. How important is it to explore the cultural safety of mental health services for young Aboriginal people?
    - Prompt: How 'safe' are mainstream services for young Aboriginal kids?
2. What do you think cultural safety in mental healthcare services looks like?
    - Prompt: how might these ideas of cultural safety translate to:
        - Someone's experience when they enter the clinic/organisation
        - The environmental setting of the clinic/organisation \
        - Working with a clinician
        - The questions asked and/or language used?
    - Prompt: how might cultural safety in mental health specifically cater to young mob?
        - Are there particular cultural ideas, values, or ways of working that services need to be aware of?
3. How might culturally safe mental healthcare impact or change the outcomes for young Aboriginal people?

BREAK

Format & protocol

1. Do you think young people will be willing yarn with us about their experiences accessing mental health services? How might we best explore?
    - Prompt: How should we run the yarning session to best explore what cultural safety is for young people accessing mental health systems?
    - Prompt: are there any sensitive or cultural considerations we need to consider when talking to people? Prompt: are there any specific topics or things we should not talk about? How should we go about asking questions in an interview? How long should an interview go for?
2. At what ages should we speak to young people themselves, and at what ages should we speak with their carers?
    - Prompt: Will young people feel comfortable yarning in a group with other young people, or one-on-one?

Content co-design

1. What sorts of questions should we ask young people and their families to best understand their experiences accessing mental health services?
    - Prompt: What are essential topics to cover?
    - Prompt: Are there specific questions for young people that we should ask?
    - Prompt: Are there specific questions for the carers of young people that we should ask?
2. What are important areas to focus on for understanding Aboriginal peoples ' journeys of accessing mainstream mental health services?
3. Do you think mental health services need to know more about the Stolen Generations and why?
    - Prompt: Should mental health services be asking people about how their families have been impacted by the Stolen Generations and other traumas in the family?
4. How should people go about asking about the Stolen Generations?
5. Do you think mental health services need to know more about family systems and kin groups and why?
    - Prompt: How might mental health services ask people the right questions to understand Aboriginal family systems?
    - Prompt: What sorts of questions do we need to ask to understand the importance of family systems for youth mental health?

Reflective yarn

Participant evaluation

1. What has it been like for you to participate in this yarning session?
    - Prompt: What (if anything) have you valued from participating in this research?
    - Prompt: Any recommendations on how this sort of yarning session could be improved?

Closing the yarning session
Acknowledgement & thanks

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