



Nutrition and mental health in Aboriginal and Torres Strait Islander peoples and communities

Foreword: Nutrition plays a complex role in people's mental health. Trust, respect, and hearing each person's lived experience is crucial to being able to provide appropriate and safe nutrition counselling. It is important to uphold truly person-centred care alongside evidence-based practice, and to acknowledge that mental health is multifactorial and more complex than diet alone.

Purpose

This resource aims to assist dietitians to build knowledge and an understanding of the power that social and historical factors have in influencing the mental and nutritional health of Aboriginal and Torres Strait Islander peoples. It also aims to encourage the development of cultural appropriateness when addressing health issues when working with Aboriginal and Torres Strait Islander peoples.

Background

In 2014, Aboriginal and Torres Strait Islander people in Australia account for 3.0% of the total population (approximately 713,600 people). 10% of the Indigenous population identified as being of Torres Strait Islander origin (63,700 people); almost two-thirds (63%) of the Torres Strait Islander population lived in Queensland. The Indigenous population has a relatively young age structure compared to non-Indigenous Australians. Over one-third (36%) of the population were aged under 15 compared with 18% of non-Indigenous people.¹

“Aboriginal and Torres Strait Islander cultures are complex and diverse. The Indigenous cultures of Australia are the oldest living cultural history in the world – they go back at least 65,000 years. Indigenous communities keep their cultural heritage alive by passing their knowledge, arts, ceremonies and performances from one generation to another, speaking and teaching languages, protecting cultural materials, sacred and significant sites, and objects. For Indigenous Australians, the land is the core of all spirituality and this relationship and the spirit of ‘Country’ is central to the issues that are important to Indigenous people today.”

Ngunnawal Elder, Tina Brown

Closing the Gap, Prime Minister's Report 2018²

There is a stark inequality on almost every measure of health between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people.²⁻⁴ The reasons for these differences primarily stem from the array of social, cultural and historical factors which have largely influenced the health of Aboriginal and Torres Strait Islander peoples since British settlement.^{1,4} Collectively termed ‘the social determinants of health’, these factors encompass wide ranging issues such as education, unemployment, food insecurity, homelessness, residing in rural/remote areas and substance abuse – as well as historical factors such as geographical translocation, discrimination, cultural

dislocation and family separation.² Not only do the social determinants of health directly impact on Aboriginal and Torres Strait Islander peoples' health in a negative way, they can also influence how an individual interacts with the health system, and often lie outside the direct influence of the health sector.^{3,5}

Mental illness

The prevalence of mental illness among Aboriginal and Torres Strait Islander peoples is much higher than that of other Australians.^{6,7} The most recent statistics from 2011 reveal that 19% of the total burden of disease experienced by Aboriginal and Torres Strait Islander peoples was attributable to mental and substance use disorders.^{7,8} Currently there are no national statistics available on the prevalence and incidence of specific diagnosed mental illnesses for Aboriginal and Torres Strait Islander people, rather proxy measures such as hospitalisation rates for diagnosed mental illness and suicide are used instead.⁹ These measures are likely an underestimate, as many Aboriginal and Torres Strait Islander people may delay accessing health services, or do not regularly access health services.⁸

Furthermore:

- 30% of Aboriginal and Torres Strait Islander adults report experiencing high/very high levels of psychological distress, a rate twice that experienced by other non-Aboriginal and Torres Strait Islander people.⁷
- Aboriginal and Torres Strait Islander people utilise psychiatric disability services at two to three times that of other Australians.^{4,10}
- The suicide rate for Aboriginal and Torres Strait Islander adults is twice that of other Australians.^{4,10}
- Of children aged 5-17 years, suicide is five times more likely in Aboriginal and Torres Strait Islander children than non-Aboriginal and Torres Strait Islander children.¹⁰

Evidently, there is a need to further explore the complex interplay of these socio-cultural and historical factors on Aboriginal and Torres Strait Islander peoples' health to establish culturally appropriate mental health services and guide policy development and preventative health strategies.⁹

Understanding mental health

Aboriginal and Torres Strait Islander peoples' views of mental health are as varied as any community's health beliefs, and tend not to focus so much on psychological and behavioural symptoms but are broader, encompassing a person's social, emotional, spiritual and cultural wellbeing.⁶ From this viewpoint, mental, social and emotional wellbeing are part of a holistic understanding of life, encompassing not only the wellbeing of the individual but also that of the family, community and land.⁶

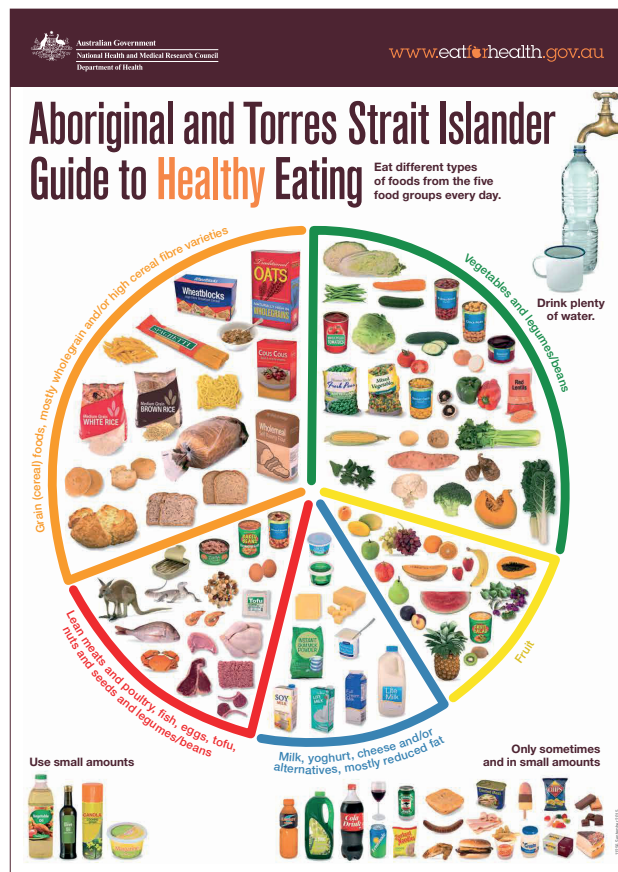
Nutrition and mental health

The traditional diet of Aboriginal and Torres Strait Islander peoples is particularly healthy and is based on seasonal fruits and vegetables, nuts and seeds and wild meats and fish and seafood (depending on location).¹¹ Nutritionally, it is low in saturated fat and high in fibre, vitamins, minerals and antioxidants. Acquisition of these native 'bush' foods often required a substantial amount of physical activity with men traditionally being the 'hunters' of larger animal foods, and women the 'gatherers' of vegetable foods.¹¹ However post British colonisation, early government policy saw Aboriginal people forcibly removed from their traditional lands, and traditional foods becoming less available, with Indigenous people more reliant on introduced foods such as white flour, rice, sugar, tinned/salted meat from missions and settlements. During this time, Aboriginal peoples' diets included a much greater proportion of white flour, sugar and meat and far less fresh fruit, vegetables and dairy products compared with the rest of the Australian population.¹¹

Today, many Aboriginal and Torres Strait Islander peoples have continued to move further away from their traditional diet and, like the majority of the Australian population, have adopted a typical 'western style diet' which is high in saturated fat, sugar and salt, taking very little time or physical activity to obtain or prepare the food.¹¹ Consequently, this diet, combined with a plethora of other social and historical factors, has resulted in Aboriginal and Torres Strait Islander peoples having much higher rates of chronic disease such as diabetes, cardiovascular disease and obesity than the rest of the population. These chronic diseases then in turn may further predispose Aboriginal and Torres Strait Islander peoples to develop mental illness.⁶

Practice tips for working collaboratively

It is crucial that Aboriginal and Torres Strait Islander community leaders, together with health professionals and all levels of government, work collaboratively to address the social issues that continue to influence Aboriginal and Torres Strait Islander peoples' mental health. Dietitians, working alongside Aboriginal and Torres Strait Islander health workers, can encourage traditional foods and incorporate healthy eating recommendations in line with the Aboriginal and Torres Strait Islander Guide to Healthy Eating and Australian Dietary Guidelines in a way that is meaningful and culturally safe for each community.



Building trusting relationships

When working with Aboriginal and Torres Strait Islander peoples it is important first and foremost to build a trusting relationship. Therefore, it is helpful that a dietitian's approach should firstly identify the social hierarchical structure which the community abides by. Then, establishing key relationships in the community is encouraged. For example, being introduced by an elder or leader of the community is often highly valued. This takes time, and it vital to working well in a community.

Understanding history, culture and customs

Dietitians need to have a good understanding of local history, culture and customs prior to engaging with communities.¹¹ This level of understanding can be achieved through a local orientation, cultural awareness program and establishing a mentoring relationship with an Aboriginal or Torres Strait Islander colleague.¹² As general advice, every person and community is unique and there is no single correct way to engage, but humility, respect and allowing time goes a long way.¹³

Interpreting guidelines

There are a number of national and community based ethical guidelines, protocols and principles of practice available for practitioners working with Aboriginal and Torres Strait Islander peoples and communities.¹² When putting these guidelines and protocols into practice, it is of great importance that health professionals take into account the local communities values, culture and customs and appropriately adjust screening tools, guidelines and protocols to better meet the needs of these individuals.¹² This is also applicable when participating in research, when ethical considerations need to respect cultural safety.¹³ Maintaining a culturally appropriate manner in which to address Aboriginal and Torres Strait Islander people is vital for mutual respect and a sustainable therapeutic relationship. Failure to acknowledge Indigenous culture creates uncertainty, self-doubt, loss of trust.¹⁴

Working with individuals and their families

When working with an individual, it is likely you will be closely involved with their family, as the health of one person is not seen as theirs alone.⁶ This can be achieved by having a 'yarn' with the client and family in a place where they are most comfortable.¹² Yarning, which describes the coming together of a group of Indigenous people to discuss issues and share knowledge, has shown to be a more suitable method of educating Indigenous women about managing their diabetes, and is a way to improve clinician-patient communication for general health conversations.^{15, 16} It is also important to ask for the client's permission when seeking to discuss personal topics which the client may be sensitive to.¹⁷ Services provided should be tailored to each person's needs and take into account their culture and concept of mental illness.

Working flexibly

It is important to note that clinical interactions are not likely to occur in the same time frame as non-Indigenous organisations. This may be due to a number of reasons: English may be a second or third language; clients may lack a feeling of safety and trust; and cultural issues such as gender disparities e.g. a female clinician seeing a male patient could be problematic. Dietitians must adopt more flexible sense of time when providing services in communities and clients may need more consultations in order to build the trusting relationship, because a client may not reveal all aspects of their presenting issues until that trust is established over time.

Recommended resources and readings:

- [National Strategic Framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017-2023](#)
- [Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice 2014](#)
- [Elders Report into Preventing Self Harm and Youth Suicide 2014](#)
- [Beyond Blue resources for Aboriginal and Torres Strait Islander peoples 2018](#)
- [Headspace Position Paper 2011](#)

General resources:

- Working with Indigenous Australians
- [National Aboriginal Community Controlled Health Organisation](#)
- [HealthInfoNet](#)

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- [Joint Policy Statement on Food Security for Aboriginal & Torres Strait Islander Peoples](#)
- [Statement of Intent between Indigenous Allied Health Australia \(IAHA\), Allied Health Professions Australia \(AHPA\), and its Member and Friend Organisations](#)

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Afterword: When working to improve the mental health and wellbeing of others, it is also important to look after your own mental health. Personal life stress, and stress related to work can affect your mood, thoughts and feelings in different ways, at different times. Remember to be mindful of your own wellbeing and make time to take care of your mental health at work, such as debriefing, taking a short walk/break outdoors, seeking support, and practising self-care. If any of the topics discussed in this resource brought up any distress for you, you can find helpful resources at Beyond Blue, Head to Health, and Mental Health Australia.

Disclaimer: The aim of this document is to both provide an introduction and highlight the key nutrition issues in mental health. This resource has been reviewed to ensure the information is current and up to date, however it is not an in-depth literature review. References, recommended reading and resource lists are included for further research.

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