

Key issues

In this section, several key issues have been highlighted to assist practitioners in understanding some of the broader issues impacting on Aboriginal and Torres Strait Islander peoples mental health. They include:

- The impact of policy and legislation
- The Stolen Generation
- Health and mental health morbidity
- Social determinants
- Substance use
- The Aboriginal and Torres Strait Islander mental health workforce

Policy and Legislation

With colonisation came race-based legislation that governed all aspects of life for Aboriginal and Torres Strait Islander peoples. Although the legislation was originally intended to be 'protective' it essentially allowed for a system of apartheid to be introduced with segregation of Indigenous peoples away from the rest of the population, often forced from homelands onto missions, reserves or the outskirts of towns. Although the legislation varied across states and territories, the impact was similar. Laws governed where Indigenous people could live, work and who they could associate with as well as restrictions on movements in towns with curfews in place, separate seating on trains and in cinemas for example. Other restrictions also included limiting cultural practices, access to hospitals, schools and other services. There are still many older people today who remember having to carry passes to enter towns, had to apply for citizenship papers or exemption certificates to access services and avoid the full impact of the legislation.

In the 1930s legislation shifted from "protection" to "assimilation". In 1937 the initial Commonwealth and State Aboriginal Authorities Conference was held in Canberra where it was decided that assimilation was the solution to the "Aboriginal problem". This decision was to have devastating and long lasting consequences for the culture and identity of Aboriginal people.

In the 1950s and 1960s new policy was drafted and agreed upon that was based more on integration. Under the new legislation all peoples of Aboriginal descent will choose to maintain a similar standard and manner of living as other Australian people - living in a single Australian community and experiencing the same rights and privileges, accepting the same responsibilities and loyalties as other Australians.

In more recent decades there has been a shift towards self-determination, building community capacity and community control in decision-making. One of the issues in policy development is the separation of policy for Aboriginal and Torres Strait Islander peoples running in parallel with mainstream. This does not always occur synchronously however and implementation can vary. Changes in legislation and policy continue to have significant impact on the lives of Aboriginal and Torres Strait Islander peoples in Australia today. There are still many controls and restrictions in place and ongoing disputes over Indigenous rights and representation in government.

There remains much 'unfinished business' including Native Title, sovereignty, reconciliation, an apology and reparations. It is important for practitioners to understand the nature of the legislation and policy environment and how it has impacted on the communities you are working with. In some cases it may have affected where people and children were moved to such as missions and reserves, how they were able to access services, resources and funding or whether the expected outcomes are being achieved. Although many of the ongoing issues lie outside of the mental health sector, any legislative changes that contribute to the lessening of control Indigenous people can exert over their own lives and cultural heritage will ultimately impact on health and wellbeing.

Stolen Children From the beginning of colonisation Indigenous children were taken from their families for a variety of purposes that included sexual exploitation and child labour. With the advent of a series of formal legislation governing Indigenous affairs, one of the most devastating features of the legislation was the loss of parental rights over children. This legislation applied exclusively to Aboriginal people and was based solely on race. It treated children as objects and legally ratified institutionalism as a way of life, confirming the status of Aboriginal people as inmates. Children were taken from parents, family, community and country by police or other authority figures and placed in institutions, dormitories and missions. Some were fostered and adopted into other families. Many children experienced neglect, emotional, physical and sexual abuse, racism and discrimination. Although parents tried to resist the removal of their children, there were few avenues for appeal. Although the legislation was gradually repealed over time, the removal of Indigenous children continued into the 1970's.

It is important for health practitioners to have an understanding of the early laws governing Aboriginal and Torres Strait Islander peoples as the impact on family and community life has been devastating and continues to impact on health and wellbeing today. Families and communities are still finding lost relatives and for some of the children reared away from family, the journey home as adults has been traumatic. There have been a number of publications regarding the Stolen Generations and to fully understand the impact, personal biographies as well as more formal reports and reviews are recommended reading. These will provide useful information into the experiences of many of the Indigenous clients and

communities you may be working with today.

In 1997 the Human Rights and Equal Opportunity Commission (HEREOC) submitted the "Bringing them home" report, which can be read [here](#).

In 2001 "stolen generation" became officially listed in the Oxford dictionary defined as "Aboriginal people removed from their families as children and placed in institutions or foster homes".

Today removal of Indigenous children continues at unacceptably high rates for welfare reasons and through incarceration in Juvenile detention facilities. It is not surprising families may be reluctant to engage with mental health services especially if their ability as parents is being assessed. Given the difficulties families continue to experience currently, not enough has been done to address these historical issues, restore family systems and support families to bring up healthy, happy children. It is important for services and clinicians to be appropriately responsive and sensitive to issues faced by Aboriginal and Torres Strait Islander families.

Indigenous health and mental health morbidity There are a number of health reviews and reports available that can assist in understanding the high levels of health morbidity in the Aboriginal and Torres Strait Islander population. As there is the potential for health and mental health conditions to be inter-related and the need for caution in regard to medication interactions and side effects, a good understanding of health profiles is required for good mental health care.

The health of the Aboriginal and Torres Strait Islander population is far below the standard for other Australians. General health levels and life expectancy are poor and there are higher than average levels of psychiatric morbidity. Major life stress events are far more common and communities suffer significantly from repeated loss and grief as well as significant trauma such as domestic violence, adding risk for mental health problems. As major health problems can occur in children and young people, screening for general health morbidity is essential across all age groups and in many cases physical illness may underlie or contribute to psychiatric conditions. As chronic stress can also impact on physical health, identifying and treating psychiatric conditions appropriately is important for improving health outcomes.

There are higher rates of psychiatric morbidity, especially in the areas of depression, post-traumatic disorders and comorbidity (with either substance abuse or a physical condition). Rates of schizophrenia and bipolar disorder are similar to the non-Indigenous population. Suicide rates on average are three times higher but vary considerably across communities.

Life expectancy remains 17-20 years less for Indigenous people in Australia. Indigenous people are more than twice as likely to die, in any age group, than non-Aboriginal people. In the 25 to 44 year age bracket, mortality is five times higher. Aboriginal mothers are ten times more likely to die in childbirth than non-Aboriginal mothers. Health outcomes for infants are also poorer and infants are more likely to have lower birth weight and experience obstetric complications. Problems in childhood often go unaddressed, and many children have chronic infections, poor nutrition, anaemia, and other developmental problems such as language delay adding risk for later problems.

Rates of diabetes, heart disease and renal failure are much higher and are occurring in younger age groups, adding risk for psychiatric morbidity, especially depression. As well sexually transmitted disease, anaemia, chronic infection, respiratory disease, injury, ear and eye problems are more common adding significant health burden for families.

In addition to the higher rates of psychiatric disorders, health outcomes are also worse due to difficulties with providing mental health services. Because a higher proportion of the Aboriginal and Torres Strait Islander populations live in some of the most remote areas, they have poorer access to health services and resources. Services may not be delivered in an appropriate way and there may be difficulties with clinical partnerships. The tendency of Aboriginal and Torres Strait Islander patients to present late in the course of illness can also contribute to the problem.

It is important for clinicians to be aware of the need for comprehensive health and mental health assessment and consider the impact of health and stress burden for families and children.

Essential reading

Indigenous Health Infonet

On the basis of existing data:

- There are higher rates of: depression, substance abuse and comorbidity, post-traumatic stress disorder.
- Rates of schizophrenia and bipolar disorder are roughly equal.
- There is a high rate of domestic violence in Aboriginal communities, most of it directed toward women. The majority of sexual or physical assaults against Aboriginal women go unreported.
- Trauma and grief in particular are significant concerns in Aboriginal mental wellbeing, both with relation to current conditions (e.g. discrimination, higher mortality rates, abuse) and historical conditions (e.g. stolen generation, destruction of culture).
- Depression is present in 50% of Aboriginal people, based on random samples, and two-thirds of those presenting to a GP.
- The suicide rate is higher than the Australian standard. This is particularly high for young men in custody.
- Mental disorders are frequently co-morbid with general health conditions. Depression associated with diabetes is a particular concern, as the rate of diabetes is very high.
- Psychiatry of Old Age is not well understood in the Aboriginal population, due to the low life expectancy.

- Children's mental health receives inadequate attention, as there is a high tolerance of behavioural problems in children. Children develop behavioural problems on account of chronic middle ear infections, which interfere with their hearing and hence their ability to learn and communicate. Sources: (Meadows and Singh, 2001); Curtin Indigenous Research Centre

Social determinants On all socio-economic indicators Aboriginal and Torres Strait Islander peoples suffer the most disadvantage of any population group in Australia. In many communities housing is inadequate with significant overcrowding, poor sewerage, limited access to clean water and limited food storage facilities. In general compared to the non-Indigenous population, Aboriginal and Torres Strait Islander peoples are more likely to have:

- Lower levels of household incomes
- Higher rates of unemployment
- Lower levels of educational achievement, attendance and retention to Year 12
- Higher rates of incarceration of men, women and youth
- Higher rates of child removal under care and protection orders

There may also be limited recreational, training and employment opportunities. As well, in more remote communities, the increased cost and poor availability of fresh and healthy foods may impact significantly on diet and nutrition.

Combined with the high levels of health and mental health morbidity, prevention and treatment of and recovery from mental disorders is complex and requires a broad range of strategies that also address the fundamental pre-requisites for good development and healthy lifestyles.

Recommended Reading AIHW reports

Substance Use Alcohol and substance abuse can play a significant role in the onset, treatment and recovery from mental illness. Strategies for dealing with substance use issues in the Aboriginal and Torres Strait Islander population vary across communities partially depending on available resources but there is general acknowledgement of the need for greater assistance in this area.

Aboriginal and Torres Strait Islander people are less likely to use alcohol, but more likely to do so dangerously compared to the non-Indigenous population. One of the major concerns regarding alcohol use is exposure in pregnancy leading to Foetal Alcohol Syndrome or effects causing major developmental issues for children. Alcohol use has also been implicated in domestic violence and family dysfunction.

Rates of smoking are higher among Aboriginal people, being roughly double the national average. In some areas, you may see people chewing wads of "native tobacco" or pituri. This is a stimulant similar to regular tobacco, with similar health risks. Its use is mostly confined to Central Australia, and is more common among women. Cannabis use is higher among Aboriginal and Torres Strait Islander people and appears to be increasing.

Inhalant use can reach endemic proportions in some communities, but is virtually phased out in others. Indigenous youth are most likely to use inhalants but "chroming" is known to varying extent in youth of all backgrounds.

It is important to understand the differences in patterns of use of substances in the Aboriginal and Torres Strait Islander population, the potential impact in pregnancy and throughout development as well as the underlying factors contributing to substance abuse.

Recommended reading

National Drug Research Institute Indigenous Australian Research Program www.db.ndri.curtin.edu.au. Provides a bibliographic database on Alcohol and other drugs. Some trends which have been noted include:

- Indigenous people are statistically less likely to use alcohol, but more likely to abuse it, if used.
- Rates of smoking are higher among Indigenous people, being roughly double the national average.
- Indigenous people are more likely to use inhalants (e.g. petrol, "chroming"). This is more common in remote communities.
- In some areas, Aboriginal or Torres Strait Islander people may use kava.
- In some areas, you may see people chewing wads of "native tobacco" or pituri. This is a stimulant similar to regular tobacco, with similar health risks. Its use is mostly confined to Central Australia, and is more common among women.
- Substance abuse is usually co-morbid with depression, chronic illness or post-traumatic stress disorder (PTSD).

Sources: (Meadows and Singh, 2001); Curtin Indigenous Research Centre

Workforce issues: Aboriginal and Torres Strait Islander Mental Health Workers

Aboriginal and Torres Strait Islander mental health workers are trained in various western medical skills, with some having degrees or diplomas in health, community development or social science. For many Aboriginal communities a person's point of entry into the western health system will be through the Aboriginal health or mental health worker.

Aboriginal and Torres Strait Islander mental health workers perform a crucial role in forming bridges between cultures, acting as mediators between western and traditional medical systems. In many cases they have the skills to apply counselling techniques and therapies based on Indigenous knowledge and experience as well as the knowledge and application of conventional psychiatric treatments. Aboriginal and Torres Strait Islander mental health workers facilitate your work as a non-Indigenous mental health professional by introducing you properly to the client or community; providing valuable information, cultural expertise and insight into the background of the situation; translating complex medical information into appropriate language that the client can understand and can assist with follow up in the community.

The Aboriginal and Torres Strait Islander mental health worker can also assist in most of the treatment and consult extensively with the family, community and traditional healers if necessary. Issues faced by Aboriginal and Torres Strait Islander mental health workers are addressed in the College statement. Given the complex case management and multiple tasks that workers undertake, they need to be properly supported, have appropriate career structures and be recognised for their multiple roles and expertise as invaluable team members.