



Feature: Aboriginal and Torres Strait Islander peoples

Overcoming cycles of disadvantage for a contributing life

Chris, New South Wales

I am a person of Aboriginal origin that happens to be diagnosed with bipolar disorder. I say that purposely because I am a person before any other labels. I am also a son, a brother, an uncle, a fiancé and a father.

I read in a magazine a list of the 10 most stressful things that could happen to a person in their lifetime. Ironically I read that just after I was diagnosed and all those things had happened to me in the short space of 12 months; my brother suicided and I was badly injured in a car accident which led to me losing my job and becoming homeless.

I got locked up in jail after a fight and two weeks before I was released my mother got hit by a car and was tragically killed. I was released from jail and had to find a job, transport, and housing and at that point my ex-girlfriend moved to Queensland with my eldest son and my heart broke.

Things were really bad; I had nowhere to go. I started to self-medicate with illicit drugs; and was hospitalised.

If only I knew then what I know now – that I have a mental illness. Hindsight is a wonderful thing and looking back I can see the periods of depression, mania and psychosis. My untreated illness was woven throughout my life, impacting my ability to cope. I needed help, but without treatment like others would get for other illnesses, I was lost.

When I was seven years old, my neighbour called me a “little black bastard”. I asked my mother why and she told me for the first time, that I had been adopted from an Aboriginal family.

In time I came to understand that I was a member of the Stolen Generations. Twelve years ago, I woke up with a strong sense that I needed to find my biological mother. Three months later, I found out she had died at the time that I experienced my strong pull to find her.

Since then I have been to my nation, met my family and started learning about the land and all its special and sacred offerings. I am exploring a whole new world of family and kinship. My knowledge of my illness, my extended families and me looking after myself all help me live a positive life.

My uncle said something to me that sums up the feeling: “welcome back son, we’ve been waiting for you”.

Jerara's journey

The story of the mental health and emotional and social wellbeing of Aboriginal and Torres Strait Islander peoples is as diverse as the journeys of different communities and generations. This feature chapter reflects this diversity through the fictional story of a young boy, Jerara. We share his journey from his early life to his adulthood.

It is only one story to provide an insight into the mental health challenges faced by some, although by no means all, Aboriginal and Torres Strait Islander peoples.

There is enormous diversity in contemporary Aboriginal and Torres Strait Islander life and mental health challenges vary accordingly. The relatively traditional lifestyles lived by a minority on remote homelands and islands provide an entirely different context for supporting wellbeing and a contributing life³³ to that of city lifestyles.

Contrary to public perception, almost a third of Aboriginal and Torres Strait Islander peoples live in cities.³⁴ There might be members of many different Aboriginal and Torres Strait Islander nations, and others living together in an urban setting compared to a remote area with one nation predominating.

Historical forces will shape Jerara's mental health before he is conceived. Many different cultural and language groups remain from pre-colonial times, as do holistic conceptions of mental health that have their origins in traditional patterns of living³⁵. 'Social and emotional wellbeing' is a positive state of physical, mental and spiritual health enjoyed by many Aboriginal and Torres Strait Islander peoples today that is connected to the strength of their cultures, country and ancestors, families and communities, however they may operate.³⁶

For Jerara, this might be a source of strength, resilience and healing throughout his life,³⁷ as it is for many Aboriginal and Torres Strait Islander peoples – the majority of whom report enjoying positive wellbeing.³⁸

The other force that will shape Jerara's mental health is the impact of colonisation and the assimilation policies that attempted to replace Aboriginal and Torres Strait Islander cultures with European ways.

Culture is experienced and expressed in different ways. Jerara, for example, might speak an Indigenous language and engage in Aboriginal cultural practice in different ways in remote or urban settings. This diversity in culture and the different ways it is experienced and expressed, all equally valid, is one of the great strengths of Aboriginal and Torres Strait Islander peoples.

There were approximately
669,700
Aboriginal and Torres Strait Islander peoples in Australia in 2011, comprising an estimated 3 per cent of the total population.³⁹

In 2006 about 32 per cent lived in major cities, 43 per cent in regional areas and 26 per cent in remote and very remote areas.⁴⁰

The population is relatively young with a median age of
21 years
compared to 37 years for the non-Indigenous population.³⁹

If Jerara is born into a community with a strong collective and cultural life which is centred on self-determination, he is more likely to enjoy better, life-long mental health. A positive cultural identity and Aboriginal spirituality will help Aboriginal children and young people to navigate being a member of a minority group in their own country;⁴¹ and provide meaning in the face of adversity.⁴²

Jerara might live in a remote setting, or he might live in a city and identify with the contemporary Aboriginal and Torres Strait Islander rights or arts movements.

While many cultures and communities are strong, almost all experience challenges. Some of these challenges might relate to languages, access to traditional lands, traditional law, governance and kinship structures.⁴³ Government programs that result in a 'takeover' from culturally based forms of community governance in remote communities, or from community controlled services in urban settings, only add to these challenges.⁴³

Among individuals in different settings, these challenges might be experienced as family violence,⁴⁴ lateral violence,⁴⁵ alcohol and drug use³⁴ or a pervasive sense of being out of control.⁴⁶ 'Malignant grief' has been observed in some communities: irresolvable, collective and cumulative grief that causes individuals and communities to cease functioning and causes death and suicide clusters in communities.⁴⁷

Inter-generational and trans-generational trauma among Stolen Generations survivors, their descendants and the almost four in 10 (38 per cent) of people whose families were affected by child-removal policies is well documented, and is associated with poverty,

substance abuse, incarceration and mental health conditions.⁴⁸ The unique challenges facing survivors further complicate the overall picture.³⁴

Into this world Jerara will be born. However, his personal journey begins before he is born.

Optimally, Jerara's mother would have been able to access culturally competent maternal health services (such as the Nurse Family Partnership Program⁴⁹) through Aboriginal Community Controlled Health Services in the first trimester, and gained from the multiple flow-on benefits – such as stopping smoking. She might have received advice on diet and made friends with other expectant mothers and broken a pattern of social isolation.

But Jerara might not have such an auspicious start. His mother might be socially isolated, living far from other community members, or even without a community.



Jerara's mother might be one of the **three in ten** Aboriginal and Torres Strait Islander peoples who report barriers to accessing health services.⁵⁰

As a result of not receiving anti-smoking messages, or as a way of coping with stress, she might have been one of the **fifty per cent** of Aboriginal and Torres Strait Islander mothers who smoke while pregnant.³⁸

Jerara might, in utero, share his mother's experience of family violence or her fears for her safety and her loss of control. Trauma and stress experienced by mothers during pregnancy has been associated with behavioural problems in young children.⁵¹ Further, Jerara's mother might be one of the

one in seven

women with post-natal depression,⁵² perhaps because she had little choice but to give birth away from her community supports and disconnected from her country.⁵²

Jerara might be one of the one in four who have experienced racism and discrimination and the associated health impacts.³⁴

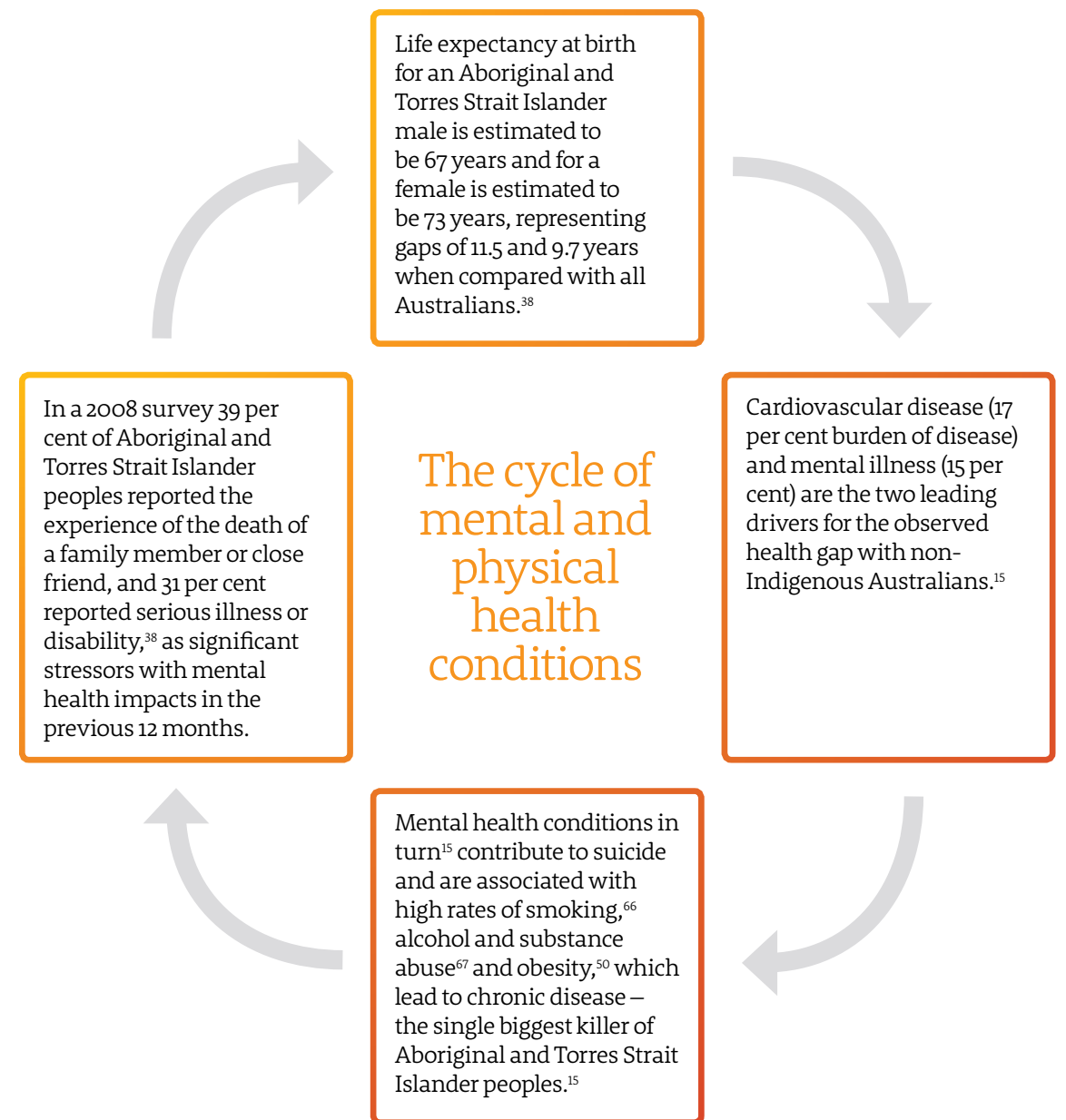
Equally important in determining adult mental health conditions,⁵³ there is a high likelihood that Jerara will be born into poverty in either a city or remote setting – a legacy of colonial dispossession, displacement and long-term social exclusion. As a child, Jerara is two and a half times more likely than a non-Indigenous child to be born into the lowest income group.³⁸ Poverty (at least as indicated by unemployment, lower education attainment and lower income)⁵⁰, and ill-health³⁴ is strongly associated with high rates of stressors and psychological distress.³⁴

Jerara has a one in two chance of living with a disability or long-term health condition, and if so, less access to health and other services.^{34,54} He might live in sub-standard or overcrowded housing that compounds these issues.

As Jerara grows, he has a one in two chance of being raised in a one-parent household,⁵⁰ often without an adult male role model to shape his cultural development. His mother and father might otherwise lack parenting skills because they are one of the one in twelve Aboriginal and Torres Strait Islander adults removed from their family as a child³⁴ and who have not been exposed to the influences of parents.

From an early age, trauma and stress might adversely affect Jerara's cognitive development.^{55,56} His capacity to exercise self-control – to delay self-gratification – might be compromised. Ensuring that every young Aboriginal and Torres Strait Islander child has access to quality and supportive day care programs and education is very important.

Prominent Aboriginal psychiatrist Professor Helen Milroy reports that it is not unusual for the Aboriginal children she sees as patients to have experienced many deaths in their immediate family networks (including by homicide, fatal illnesses and motor vehicle accidents) in addition to other traumatising incidents, such as sexual abuse,⁵⁷ in the 18-month period prior to their presentation.⁵⁸



There were at least
946
 Aboriginal and Torres Strait Islander suicides between 2001 and 2010: **twice the rate of other Australians.**⁶²

Professor Milroy reports that the impact of trauma on Aboriginal and Torres Strait Islander children and their families is a major undetected, underestimated and misunderstood determinant of mental health conditions in the Aboriginal and Torres Strait Islander adult population. Despite the existence of dedicated mental health professionals and teachers, there is a lack of resources across the system. In turn this can mean that early childhood services, primary school, high school, GP, child protection services, child mental health services and juvenile justice services⁵⁹ might fail to detect Jerara's distress or to intervene effectively.

Jerara might be placed in the 'too hard basket' because of his aggressive behaviour and low educational attainment, rather than this being understood as an expression of his distress.

A solution proposed by Professor Milroy is to ensure that schools and all services working with Aboriginal and Torres Strait Islander children are 'trauma-sensitive', and that clear clinical and culturally competent pathways are established to ensure traumatised Aboriginal and Torres Strait Islander children receive the treatment they need at an early age.⁵⁸

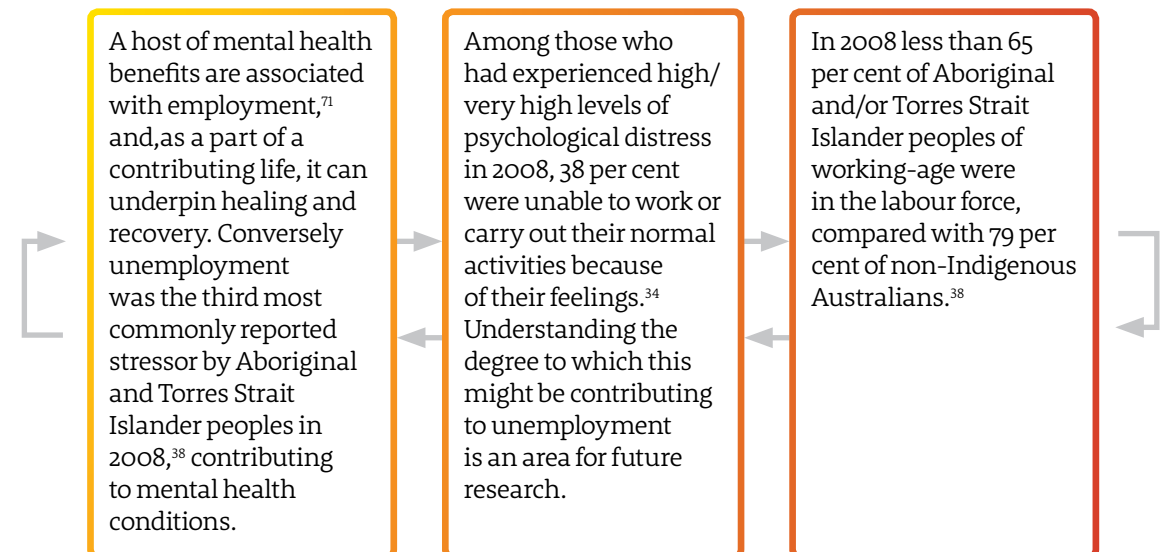
But experience shows that Jerara may well enter adult life with his trauma undetected and untreated – and he might now also have an alcohol and substance abuse problem.

Jerara might be re-traumatised all his adult life. High rates of life stressors are reported for Aboriginal and Torres Strait Islander peoples.³⁴ He might experience lower levels of employment,³⁴ education⁶⁰ and housing⁶¹.

The cycle of mental health conditions and imprisonment



The cycle of mental health conditions and unemployment



Studies show a strong association between strong culture and cultural participation with better wellbeing and physical health in Aboriginal and Torres Strait Islander peoples.^{63, 64}

Nearly one-third of Aboriginal and Torres Strait Islander peoples aged 15 and over reported high or very high levels of psychological distress in the previous four weeks:

2 1/2

times the rate reported by non-Indigenous Australians.³⁴

Aboriginal and Torres Strait Islander peoples use psychiatric disability services at

double

the rate of non-Indigenous Australians.⁹

Jerara might be gay or transgender, live as a 'sistergirl' and experience homophobia and transphobia from his own and the wider community. He might find himself in compounding cycles of poverty, aimlessness, trouble with the law, alcohol and substance abuse, isolation, trauma and mental health conditions – including, ultimately, psychosis.

At some point Jerara might seek professional help. He might feel confident navigating the 'mainstream' mental health services (GPs and community mental health services, for example) available in cities, but he might not.

In his vulnerable state he might not feel comfortable if there are no Aboriginal mental health professionals or other Aboriginal staff visible or available. Or he might receive a sub-standard service that is not culturally competent.

If his ancestors appear to him in his thoughts it might be taken as a symptom of psychosis when in fact it might be part of the healing process. Navigating services and programs which may not be culturally responsive might disadvantage Jerara throughout his life.

Jerara would be unlikely to encounter such problems in mental health and social and emotional wellbeing services designed and delivered by Aboriginal and Torres Strait Islander peoples and communities.

The Aboriginal Community Controlled Health Sector recommends that services be funded to offer an integrated social and emotional wellbeing program with Aboriginal Family Support Workers, alcohol and substance abuse workers, social workers and psychologists available.⁶⁵ These services are also better placed to offer traditional healing: cultural medicine for cultural wounds.

Mental health and social and emotional wellbeing services are an important support for living a contributing life, and Jerara might rely on them to begin his road to healing and recovery from mental health difficulties and addictions.

In time he might re-enter the workforce and begin healthy relationships. Just as a negative compounding cycle might have undermined Jerara's mental health in the first place, an equally compounding – but this time positive – cycle might support the contributing life that, in turn, underpins the good mental health that Jerara will enjoy for the rest of his life.

Jerara might also reclaim his culture as a significant part of his healing process. As an Aboriginal man in healing, participating in his culture might play a vital part of a contributing life.

Living with loss

Experience of bereavement and loss is a part of the lives of many Aboriginal and Torres Strait Islander peoples. Thirty-nine percent of Aboriginal and Torres Strait Islander peoples have reported they have experienced the death of a family member or close friend.³⁸ Among Aboriginal and Torres Strait communities there were 946 suicides between 2001 and 2010,⁶² a figure that is double the rate of non-Indigenous Australians. As a community, life expectancies are about 10 years less than those of other Australians.

What it means for Julie, Northern Territory

I am a single mother who is walking on a painful, lonely journey that is one of the most devastating of all human experiences – the loss of a child to suicide.

The death of a child is an enormous tragedy. What follows afterwards is the horrible despair and pain which is thought by many to exceed all other bereavement experiences. When we lose a child, we are robbed of the anticipated future together. When our child dies, it feels like a part of us dies with them.

It feels particularly frightening to a single parent, for there is no partner to bridge the gap of isolation. My parents were deceased, all my siblings lived interstate and although I had friends, many did not understand the loss of a child to suicide.

The isolation becomes real after a few weeks. Friends who were initially supportive drifted away, assuming someone else was checking on me. When I reached out to my family and friends, they were busy or not home, which made me feel

more rejected than ever.

Finding a support group was a lifesaver.

I knew they were available by phone 24/7, and willing to talk or listen. Just knowing that helped reduce my sense of isolation. They gave me hope. I also knew as a single parent I had to help myself, to help my surviving children.

The knowledge that I am strong enough to handle my job as a single parent is what gives me the courage I need to survive.

Sadly I also lost two other children, one who drowned and one to Sudden Infant Death Syndrome. But it was through the loss of my three children, that I was taught my life learning lessons and I have become who I am today. I believe with all my heart, despite what I have been through, I am now going to go through the best period of my life and it will be phenomenal! For me there is no sadness, only joy, as I walk this journey I know my children are walking in spirit with me.



While mental health and social and emotional wellbeing services are essential, they are not the whole story.

The majority

of Aboriginal and Torres Strait Islander peoples **reported feeling happy** (72 per cent), calm and peaceful (59 per cent) and full of life (57 per cent) all or most of the time.³⁴

It is vital that the human ‘capital’ in culture and communities (however they operate) and the context they provide for a contributing life, is recognised and supported as a part of any overall approach to Aboriginal and Torres Strait Islander mental health.

Even though Jerara’s journey as relayed in this chapter is based on a composite experience from the perspective of a young Aboriginal man growing up and dealing with a mental health difficulty, in parts the issues are equally true for Aboriginal and Torres Strait Islander women. There also are important issues which are specific for Aboriginal and Torres Strait Islander women which cannot be ignored.

We must consider the diversity of Aboriginal and Torres Strait Islander peoples in supporting them to have a contributing life, however they define it.

Aboriginal and Torres Strait Islander leaders must be at the centre of thinking and decision-making about Aboriginal and Torres Strait Islander health and mental health at the national level.

Aboriginal and Torres Strait Islander social and emotional wellbeing will depend on the engagement of many agencies outside health – education, housing, welfare, employment and many others. Decisions must be made in partnership with leaders from:

- The National Health Leadership Forum of the National Congress of Australia’s First Peoples
- Aboriginal and Torres Strait Islander Mental Health Advisory Group
- The National Indigenous Drug and Alcohol Council
- The Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group.

Australian governments must start thinking about Aboriginal and Torres Strait Islander peoples’ mental health in different ways.

The evidence shows a strong support for investing in culture and communities to support social and emotional wellbeing. Supporting self-determination and working in partnership should be part of any overall response. A shift away from top-down policies and programs to those led by communities is vital.