Issues in In Indigenous Mental Health

Indigenous Allied Health Australia 2013 Conference
Healthy Footprints Leading to Generational Change

Professor Pat Dudgeon
School of Indigenous Studies,
University of Western Australia
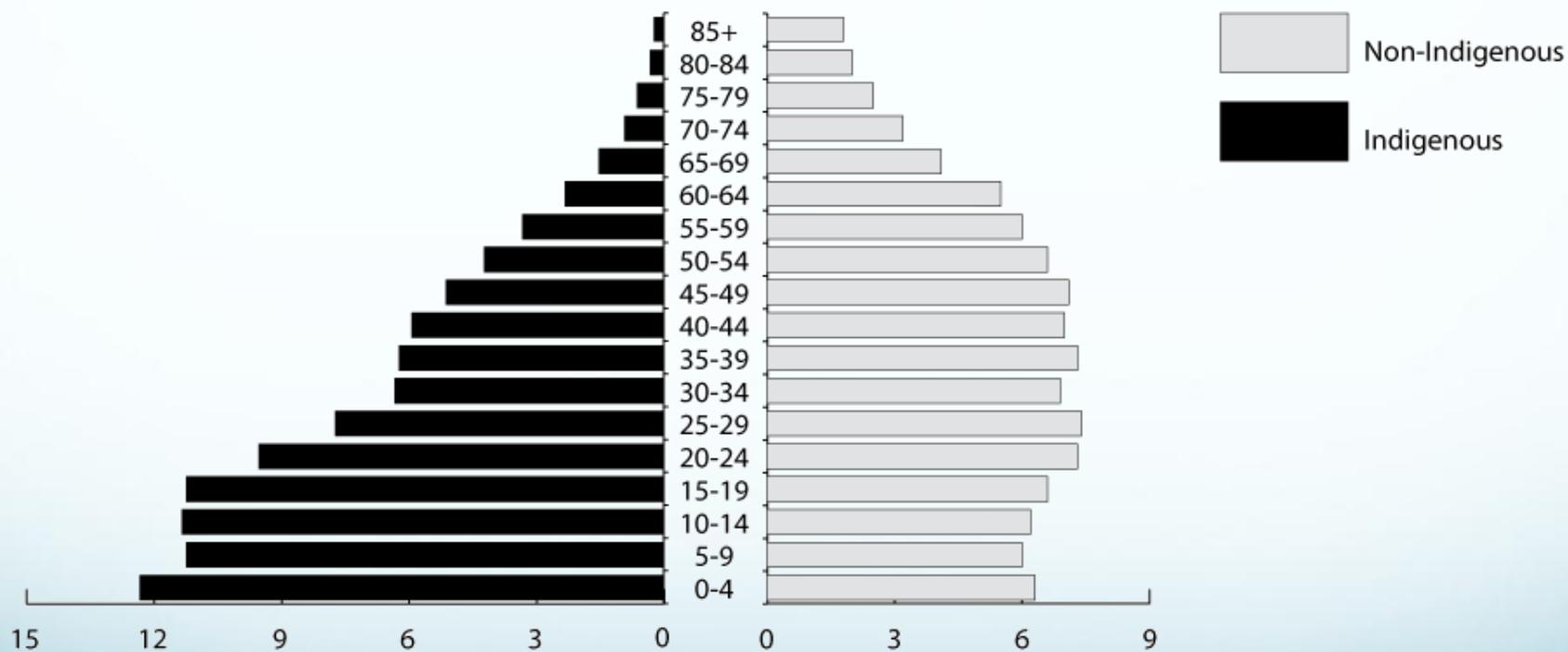Commissioner
National Mental Health Commission

Brief Background

- How perceptions about mental health has been part of the colonising process.

- How things have changed dramatically over the last 30 years.

- Paradigms changes.

- The Indigenous mental health movement in the 1990s.

- The emergence of definitions of Indigenous mental health and social and emotional well being.

- Two important policy documents that symbolise and capture these key changes: The Ways Forward Report and later, the National Strategic Framework for Aboriginal and Torres Strait Islanders Peoples Mental Health and Social and Emotional Well Being, 2004-2009.

- Developing a model of social and emotional well being (AIPA)

- The Australian Indigenous Psychology Education Project (AIPEP)

Aboriginal and Torres Strait Islander Australia

- There was an estimated approximately 669,736 Aboriginal people and Torres Strait Islanders in Australia in 2011, comprising 3% of the total population.

- About 32% live in major cities, 43% in regional areas and with 26% living in remote and very remote areas.

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

Population Pyramid of Indigenous and Non-Indigenous Populations, 2011

Aboriginal and Torres Strait Islander Disadvantage

- The life expectancy of Indigenous people is around 10 years lower than that of other Australians, Death rates were higher across all age groups.

- Indigenous infant death remains at 2 to 3 times the non-Indigenous rates.

- Suicide death and self harm rates are twice higher;

- Homicide death rates are six times higher;

- High rates of arrest and imprisonment

All other social indicators such average income, home ownership, employment, education is likewise extremely low

The Mental Health of Aboriginal and Torres Strait Islander Peoples (2008)

31% of people reported high very high levels of psychological distress (two and a half that of other Australians). This gap was evident in all ages groups.

Rates were higher for women than for men.

No difference in rates of distress between people living remote and non remote.

Life Stressors: 39% of Aboriginal and Torres Strait Islander peoples reported the experience of the death of a family member or close friend, and 31% reported serious illness or disability, as significant stressors with mental health impacts

Aboriginal and Torres Strait Islander peoples use psychiatric disability services at double the rate of other Australians.

Mental Health Conditions and Imprisonment

One-quarter of all prisoners at June 2010 were Aboriginal and Torres Strait Islander peoples. Incarceration has serious mental health impacts.

A 2008 survey in Queensland found most male (72.8%) and female (86.1%) Aboriginal and Torres Strait Islander prisoners had suffered from at least one mental health condition.

In turn, mental health conditions appear to be driving incarceration rates.

A 2009 survey of NSW prisoners found that 55% of Aboriginal men and 64% of women reported an association between drug use and their offence. In the same sample group, 55% of men and 48% of women self-reported mental health conditions.

The cycle of mental and physical health conditions

Life expectancy at birth for an Aboriginal and Torres Strait Islander male is estimated to be 67 years and for a female is estimated to be 73 years, representing gaps of 11.5 and 9.7 years when compared with all Australians.[38]
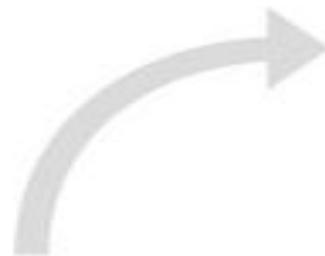
Cardiovascular disease (17 per cent burden of disease) and mental illness (15 per cent) are the two leading drivers for the observed health gap with non-Indigenous Australians.[15]

Mental health conditions in turn[15] contribute to suicide and are associated with high rates of smoking,[66] alcohol and substance abuse[67] and obesity,[50] which lead to chronic disease — the single biggest killer of Aboriginal and Torres Strait Islander peoples.[15]

In a 2008 survey 39 per cent of Aboriginal and Torres Strait Islander peoples reported the experience of the death of a family member or close friend, and 31 per cent reported serious illness or disability,[38] as significant stressors with mental health impacts in the previous 12 months.

The Magical Answers

One: Accept **cultural differences** and ensure it is in the work and services provided.

Two: Work in **partnership** with Aboriginal people.

ROB RILEY

How many psychologists have an understanding of Aboriginal people?

How many of you... have an understanding Aboriginal culture, history and contemporary issues. For many of you, this work is crucial given the social conditions and your work environment in such places as prisons and the welfare sector and where there are large numbers of Aboriginal clients.

It is your responsibility to seek that knowledge and understanding now, and to ensure that it is available for future generations of psychologists, in psychological training and education programs.

(Riley, 1997, p. 15-16)

'Self Determination', 'quality of life', 'well being'…these are terms that have only recently entered the vocabulary of mental health professionals working in Indigenous settings. They are unfamiliar and handled with uncertainty and at times temerity. But they are also unavoidable.

(Ernest Hunter, 1997, p. 6).

Professionals, their organisations and management groups in the mental health field need to learn **to work with** Aboriginal people and not to continue **to work on** them.

(Tom Brideson and Len Kanowski, 2004, p.7).

The Ways Forward Report

National Consultation

National Conference

The Ways Forward Report

- Rather than the 'disease model' perspective there was a prioritising of wellness, holistic health, and culturally informed and appropriate approaches

- Philosophical approach of empowerment and self-determination in the provision of mental health services for Indigenous people

National Strategic Framework for Aboriginal and Torres Strait Islanders Peoples Mental Health and Social and Emotional Wellbeing, 2004-2009.

The Social and Emotional Well Being Framework is based on the Aboriginal definition of health (NAHS, 1989) recognising that achieving optimal conditions for health and well being requires a holistic and whole-of-life view of health, referring to the social, emotional and cultural wellbeing of the whole community.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

1. **Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health.**

Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

2. Self determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples health problems generally and mental health problems in particular.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing.

Trauma and loss of this magnitude continues to have inter-generational effects.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

5. The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected.

Failure to respect these human rights constitutes continuous disruption to mental health (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living.

Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living.

Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles
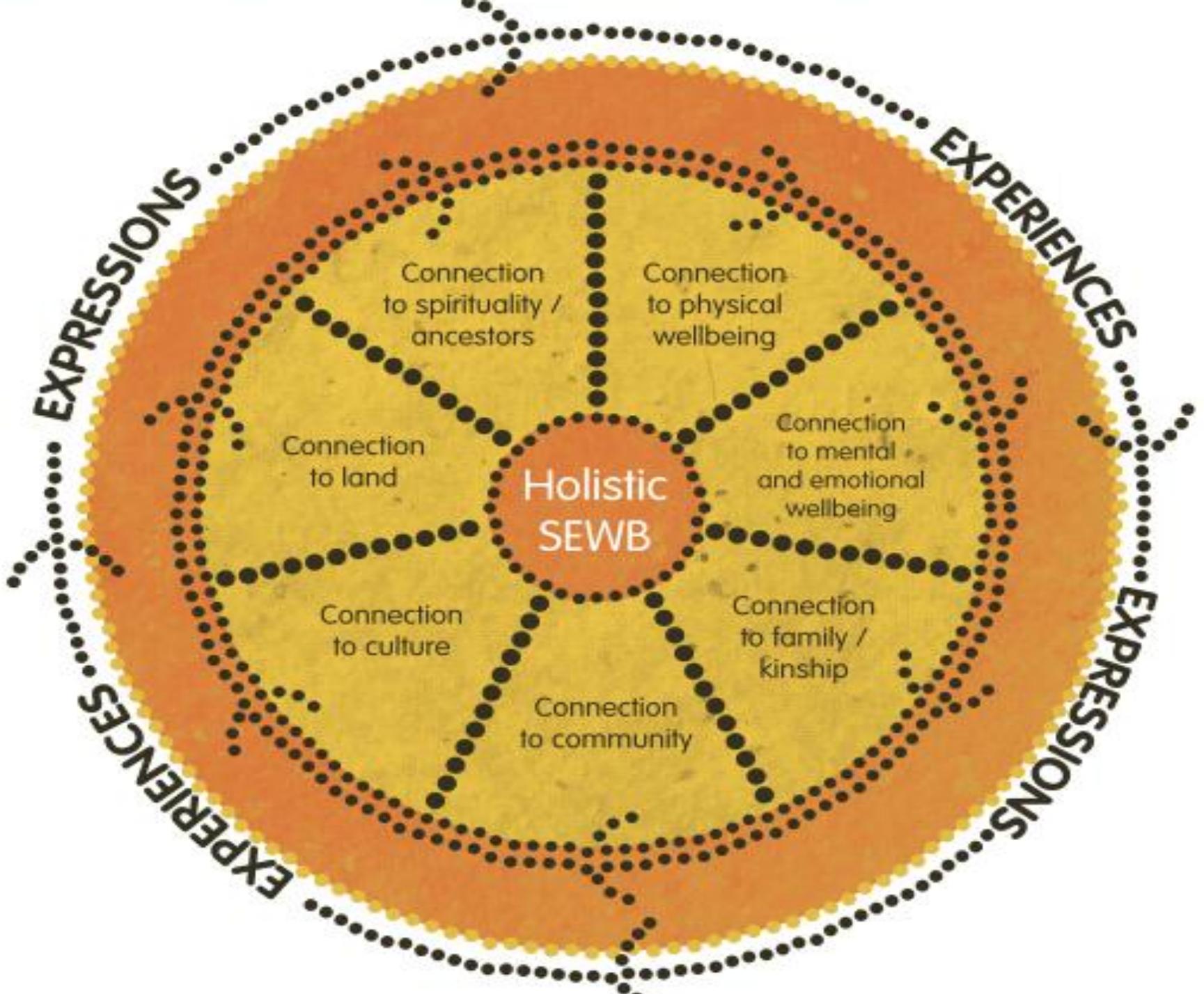
9. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.
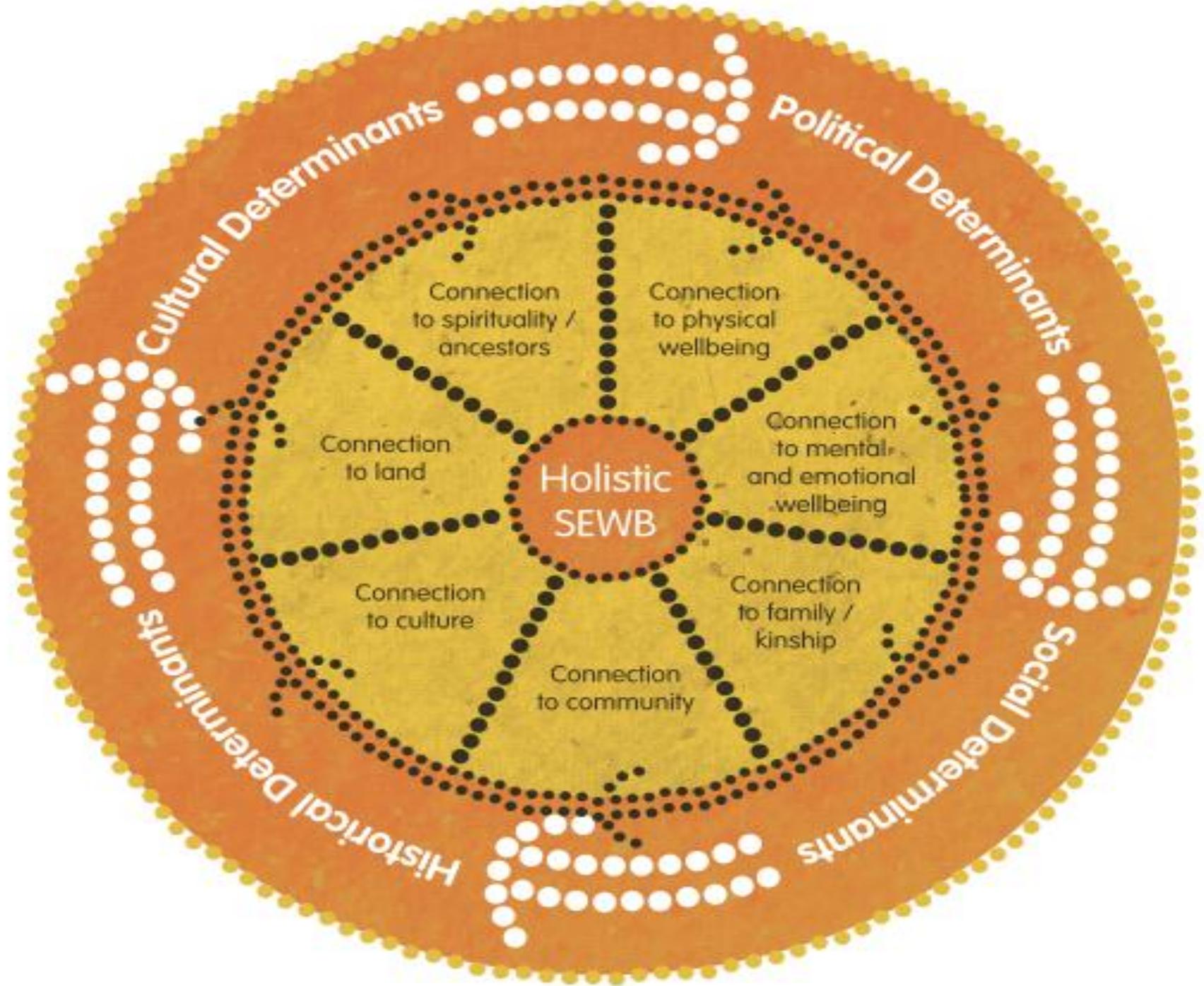
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Torres Strait Islander peoples have different cultures and histories and in many instances different needs.

Nevertheless, both groups are affected by the problems that face them as Indigenous peoples of Australia. The differences must be acknowledged and may need to be addressed by locally developed, specific strategies.

An Aboriginal Torres Strait Islander Model of Social and Emotional Wellbeing

- An Aboriginal Torres Strait Islander national social and emotional wellbeing conference in Adelaide in 2012

- A statewide conference of Aboriginal Torres Strait Islander sewb and mental health professionals professionals in Queensland 2012

- A statewide conference of Aboriginal Torres Strait Islander mental health professionals in NSW 2013

- In the discussion paper for the national consultations for the renewal of the Aboriginal Torres Strait Islander Mental Health and SEWB Framework 2013

EXPERIENCES

EXPRESSIONS

EXPRESSIONS

EXPERIENCES

Connection to spirituality / ancestors

Connection to physical wellbeing

Connection to land

Connection to mental and emotional wellbeing

Holistic SEWB

Connection to culture

Connection to family / kinship

Connection to community

Cultural Determinants

Political Determinants

Social Determinants

Historical Determinants

Connection to spirituality / ancestors

Connection to physical wellbeing

Connection to land

Holistic SEWB

Connection to mental and emotional wellbeing

Connection to culture

Connection to family / kinship

Connection to community

Social Determinants of Health

The social determinants of health are the economic, physical and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They include housing, education, social networks, and connections, physical infrastructure, connection with land, racism, employment, and law enforcement, and the legal and custodial system. (CRCAH, 2007)

Cultural Determinants

Political Determinants

Historical Determinants

Other Promising Policies and Bodies...

- The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ministerial)

- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

- Renewal of the Aboriginal and Torres Strait Islander Mental Health Social and Emotional Wellbeing Framework

- National Mental Health Commissions and state Mental Health Commissions

The Australian Indigenous Psychology Education Project (AIPEP)

Changing the Face of Psychology Education

AIPEP Overview

- OLT grant $350,000 (July 2013 – July 2015)

- Partnerships
  - Industry partners   Australian Psychological Society (APS)
    Western NSW Local Health District (WNSWLHD)
  - Indigenous partners   Australian Indigenous Psychologists Association (AIPA)

- Research Team

  - Professor Pat Dudgeon (Project Leader)   University of WA/AIPA
  - Professor Jeannie Herbert   Charles Sturt University
  - A/Professor Jacky Cranney   University of NSW
  - Dr Jillene Harris   Charles Sturt University
  - A/Professor Judi Homewood   Macquarie University
  - Dr Russell Roberts   Western NSW Local Health District
  - Dr Sabine Hammond   Australian Psychological Society
  -

AIPEP Aims (1)

1. Greater **understanding of current and best practice for recruiting and retaining Indigenous student**s in psychology and mental health training programs

2. Greater **understanding of the current extent of integration of Indigenous content and cultural competency training** in undergraduate (**UG**) and postgraduate (**PG**) psychology programs

3. Greater **understanding of the specific competencies** required for psychology and mental health graduates for employment in Indigenous mental health

AIPEP Aims (2)

4. The **design, implementation and evaluation of curricular and support frameworks** in psychology, in order to maximise

(a) recruitment and retention of Indigenous students,

(b) integration of Indigenous content and cultural competency training for all students, and

(c) integration of relevant competency training for Indigenous mental health workers.

5. continued building of effective **partnerships between the stakeholders** to support this project and to continue to promote and share evidence-based strategies that will assist in improving HE participation by Indigenous peoples in the long-term

Strategies

Project Outcome 1: Increased Indigenous participation in higher education

➤ Data strategy A: National survey, site visits and interviews: with Heads of Departments and Schools of psychology and teaching staff.

➤ Data strategy B: Enrolment, retention and graduation data

➤ Data strategy C: Site visits and interviews with staff Indigenous education centres regarding strategies to recruit and retain Indigenous students

Project Outcome 2: Greater Indigenous content/presence in psychology curricula

➤ Data strategy A: National survey, site visits and interviews with Heads of Departments and Schools of psychology and teaching staff.

Project Outcome 3: Increased Indigenous Psychologists and Mental Health Professionals

➤ Data strategy A: Survey of employers, Indigenous Mental Health Workers and Indigenous Psychologists

Working Together:

Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice

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The Commission plays a key role in the Government's commitment to long-term reforms in mental health. It will:

•Manage and administer the annual 'National Report Card on Mental Health and Suicide Prevention';
•Monitor and report on the performance of the mental health system
•including through ongoing evaluation of the Ten Year Roadmap for Mental Health Reform which is currently being developed;
•Develop, collate and analyse data and reports from other sources including Commonwealth agencies reporting on progress - with a particular focus on ensuring a cross sectoral perspective is taken to mental health reform;
•Provide mental health policy advice to Government in consultation with relevant agencies; and
•Engage consumers and carers in mental health policy and service improvements.