

SUFFER LITTLE CHILDREN

By Denny Rosey



For too long – 30 odd years – governments have been aware of alarming levels of mental illness in remote and rural Aboriginal communities. Countless solutions have been proposed and a host of policies implemented. None has had any enduring effect, for reasons mainly to do with inappropriateness, lack of consultation, little or no innovative thinking - and political expediency.

Since then, the burden of mental illness has increased dramatically, states Professor Ernest Hunter, Australia's foremost authority on Aboriginal mental health and Professor in Public Health at the University of Queensland.

Stress (unemployment, imprisonment, violence, fragmentation of families) and heavy substance use are the simplest explanations, he says, for the huge rise in mental illness.

But more complex and important factors lie beneath: "... that burden has been there for some time and it's had a very significant impact on the developmental environment of children and families. So we now have young people growing up in settings that are not conducive to developing resilience and capacity to deal with what life throws at them." Alcohol and cannabis aid avoidance; suicide offers escape.

The statistics make for painful reading. In 2006, 22 indigenous people in WA's Kimberley region, including an 11-year-old boy, died by their own hand – double the number the year before.

The statistics are lower elsewhere but still numbing. Last year a seven-year-old boy in Far North Queensland made a serious attempt to hang himself after being bullied "mercilessly" by an older boy. The boy's father was long gone and his mother drifted between remote towns; there were no mentors and few models to offer a better alternative.

Dr Tracey Westerman, managing director of Curtin University's Indigenous Psychological Services in WA, identifies the reactive nature of mental health services in remote communities as a major problem and says there are virtually no therapeutic and preventative services.

Professor Hunter agrees, saying practitioners have "understandings about the sorts of things that would be useful in a preventative sense" but health services do not have the remit or budget to introduce them. He describes current health services as "narrowly focussed and inadequate" and warns children are particularly vulnerable.

"By virtue of being health services, we bring to bear health-oriented solutions – counselling – to children and adults with established problems. So kids who are running wild,

Opposite: Ranger Mary Karui & her two young cousins at Wadeye, NT. Very few people in Wadeye age 11-40 have literacy levels beyond Year One. Photo courtesy Newspix

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getting into trouble and using dope, receive counselling because that's what we do. It may be that a broader, more enduring solution is very different, such as creating economic opportunity... to provide a degree of pride and control for parents, and the whole community.

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Three crucial recommendations were made in the 1997 *Bringing Them Home* report: an apology, compensation and counselling. There was no "or" between them. The Prime Minister of the time John Howard refused to countenance the first two in any form.

Professor Hunter says by focusing on counselling, the Howard Government "with knowledge and forethought" shifted attention away from critical social issues, such as inadequate education, unstable families, violence, and high unemployment, that should have been addressed.

"It (the government) dealt with the issues in terms of them being a medical problem. Aboriginal people could only claim their social rights had been violated if it had caused consequential harm, that is psychiatric illness. So if you're psychiatrically unwell because your social rights have been violated, what does it mean to get better? The Government set up an impossible situation."

Eleven years on, the acuity of mental illness among indigenous people is much greater, along with increasing numbers of suicides, hospital admission rates, and length of time in hospital. The only decrease is anything but encouraging: the age of children diagnosed with a mental illness has lowered. The same applies in the wider community.

Non-indigenous children with mental and emotional disorders rarely attempt suicide, especially children as



young as seven. However, it is wrong to assume, says Professor Hunter, that severe depression is the reason Aboriginal children (and adults) kill, or try to kill themselves.

Depression may have played a part with the boy in Far North Queensland, he says, but a more likely factor is the prevalence of self-harm in rural and remote communities. “We have a generation of kids in Aboriginal Australia, the first in fact, where most have grown up with knowledge or experience of people who have either killed themselves or attempted to. Events like this reverberate through small communities and children are much more exposed.

“We need to be diligent in not presuming that just because these are kids they don’t understand what’s happening or they’ll be ok because the school or someone else will take care of it. There’s a clinical responsibility to think about the long-term impact of these issues on kids and to think about how we address them but we also need to be mindful that it (suicide) happens in a particular context.”

Indigenous vs non-indigenous health services

Some Aboriginals doubt the ability of non-indigenous health services to work with indigenous conceptions of mental illness, if indeed there is such a thing. Indigenous lecturer, Darren Garvey, works in the Aboriginal Health Unit at the Centre for Aboriginal Studies, at WA’s Curtin University. He stresses the importance to would-be counsellors of knowing and respecting the often profound cultural differences.

For Aboriginal people, mental health is indivisible from the physical, spiritual, and emotional well being of the entire community – a holistic understanding at variance with western traditions where mental illness is an individual problem and social, physical or spiritual factors are irrelevant, he explains. Counsellors need to build relationships and consult, rather than impose diagnoses or treatment.

Apart from cultural schisms, cruel and discriminatory treatment of Aboriginal people in the past has left a legacy of wariness and mistrust of health services.

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“We had locked hospitals and forced incarceration for medical reasons of Aboriginal people up until 1985. That didn’t happen to non-indigenous people,” Professor Hunter explains.

“We had lots of white lepers in Australia but they were never sent off to islands or leprosariums. And there were lots of white people with venereal diseases but they weren’t locked up.

“There was freedom of movement for white people, but in the Kimberley medical reasons were used to preclude movement up until the 1970s. We had a totally separate system of health care for Aboriginal people in Queensland run by the Department of Aboriginal Affairs and there were sub-award wages for any health staff who wanted to work with them.”

But in Professor Hunter’s experience, medical practitioners have “enormous persuasive powers with Aboriginal people” although it is contingent on forming meaningful relationships. (His appearance and manner – waist-length hair, informal clothing and lack of pretension – no doubt serve to set him apart from medicos past and present.)

“Traditional concepts are alive and well. But even in the face of strongly-held beliefs in traditional causation of these sorts of disturbances in the places I visit – and I’ve got to emphasise that’s different from places like Central Australia – there’s a broad acceptance of the need for Western initiatives,” he says.

“Our task is to ensure that can occur and not put people in a situation where they feel there is a conflict between the two systems.” If that requires tribal doctors exorcising evil spirits, so be it.

Loss and grief – how long?

Along with Noel Pearson, whom he calls courageous, Professor Hunter does not subscribe to the idea that Aboriginals’ immense sense of loss and grief at stolen children, lands and identity is immutable, as Germaine Greer suggested this year. It was grossly insensitive, she announced, to expect Aboriginal people to ever move beyond grief.

Professor Hunter does not accept the truth or value of loss as a fixed state. “When we talk about trans-generational loss or grief it’s discussed in ways that seem extremely fatalistic – that once you’ve got it you never get rid of it. Loss has turned into a condition, so people say ‘I’m suffering from loss and grief’ and it then becomes part of the broader set of experiences that are used to define Aboriginality. In that respect it has become complicated and, I think, less useful.”

Education, Professor Hunter maintains, is the way out of the “hopeless future” facing many Aboriginal children.

“Education is a critical right in terms of health and critical to giving fair equality of opportunity. It may mean quintupling the education budget,” he says “but we’ve got to educate Aboriginal kids and I think the rest will follow. But I don’t think we’re doing it properly.”

Prominent indigenous educator Dr Chris Sarra speaking to *The Weekend Australian* (November 15-16), lacerated the standard of services (including health and education) in isolated Aboriginal communities. The system allowed incompetent teachers to be hidden away, Dr Sarra said, and Aboriginal families were blamed when their children failed, instead of sub-standard teaching.

Certainly Professor Hunter sees nothing in the education Aboriginal children get in the areas he visits to be convinced significant change will follow.

“I just don’t see the educational outcomes wanted from government education. All I see are the system’s glaring failures.

“It may be that (educators) need to explore different teacher pupil ratios, different ways of utilising language or using computer technology in innovative ways. It could be something simple like reversing the school year so that kids are at school during the wet when they can’t go out bush and they have their long holidays in the summer when they can. At the moment they go out bush and miss school! That’s madness and it should have been changed decades ago.

“A decade ago I was in Central Australia with probably the best Federal Health Minister Australia’s ever had, Michael Wooldridge, and the American Surgeon General, an Afro-American by the name of David Sacher. We wandered around places where there were kids with scabies, runny noses and cans of petrol and women with smashed faces – a tapestry of horror. Sacher turned to Wooldridge and said: ‘You don’t have a health problem here, you’ve got an educational problem.’ He wasn’t saying strip the health budget, he was saying if you think you can handle this through the health budget, get real!”

Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, criticised the Rudd Government a few weeks ago for its lack of action on Aboriginal issues. Aboriginal children are too valuable for further delays to be justified. Thirty years is iniquitous.