

Inaugural Australasian Mental Health and Higher Education
Conference: Issues, Challenges and Ways Forward

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Aboriginal and Torres Strait Islander Mental Health:
Implications for Universities

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Main Points

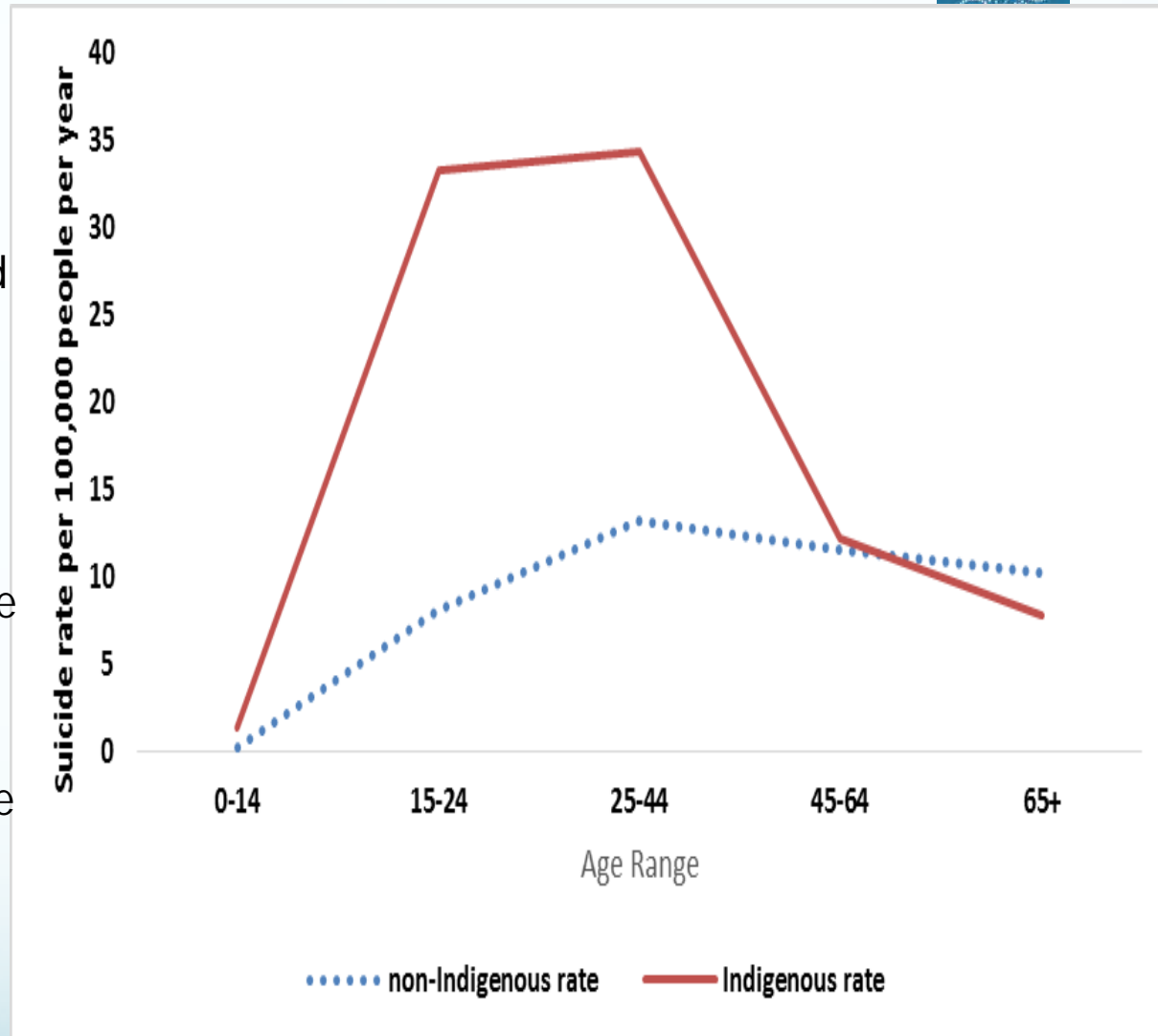
In this presentation:

- How perceptions about mental health has been part of the colonising process.
- Paradigms changes.
- Developing a model of social and emotional well being. 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.
- Changes in the Australian Psychological Society – the APS Apology and AIPEP.

Rates

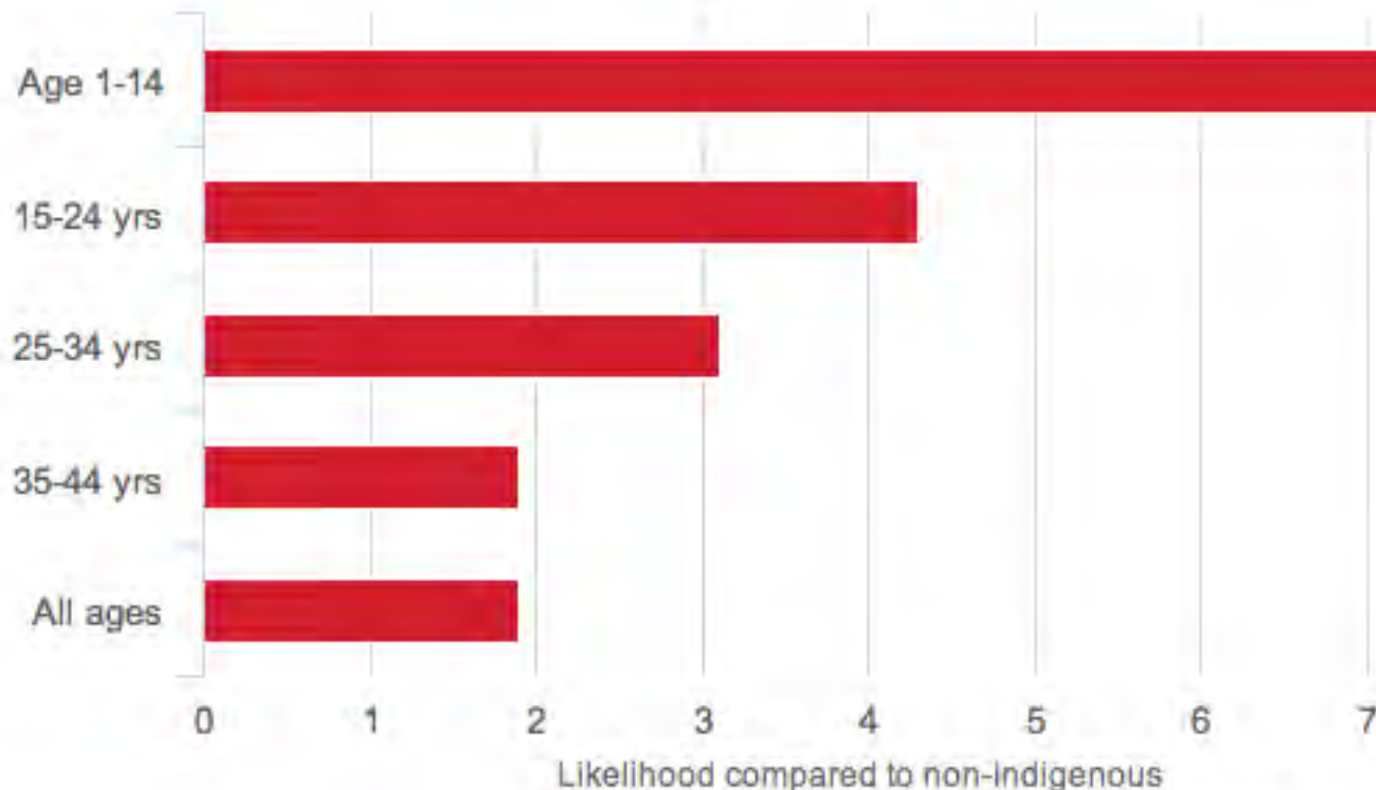


Over the past 30 years Aboriginal suicide has increased dramatically with young Aboriginal people especially males aged 17-23 being the most at risk. In 2015 the overall Aboriginal suicide rate was twice that of other Australians. The rate of intentional self-harm among young Indigenous people aged 15–24 is also high at 5.2 times the rate for the other young people.



Rates Very High Among Our Young People

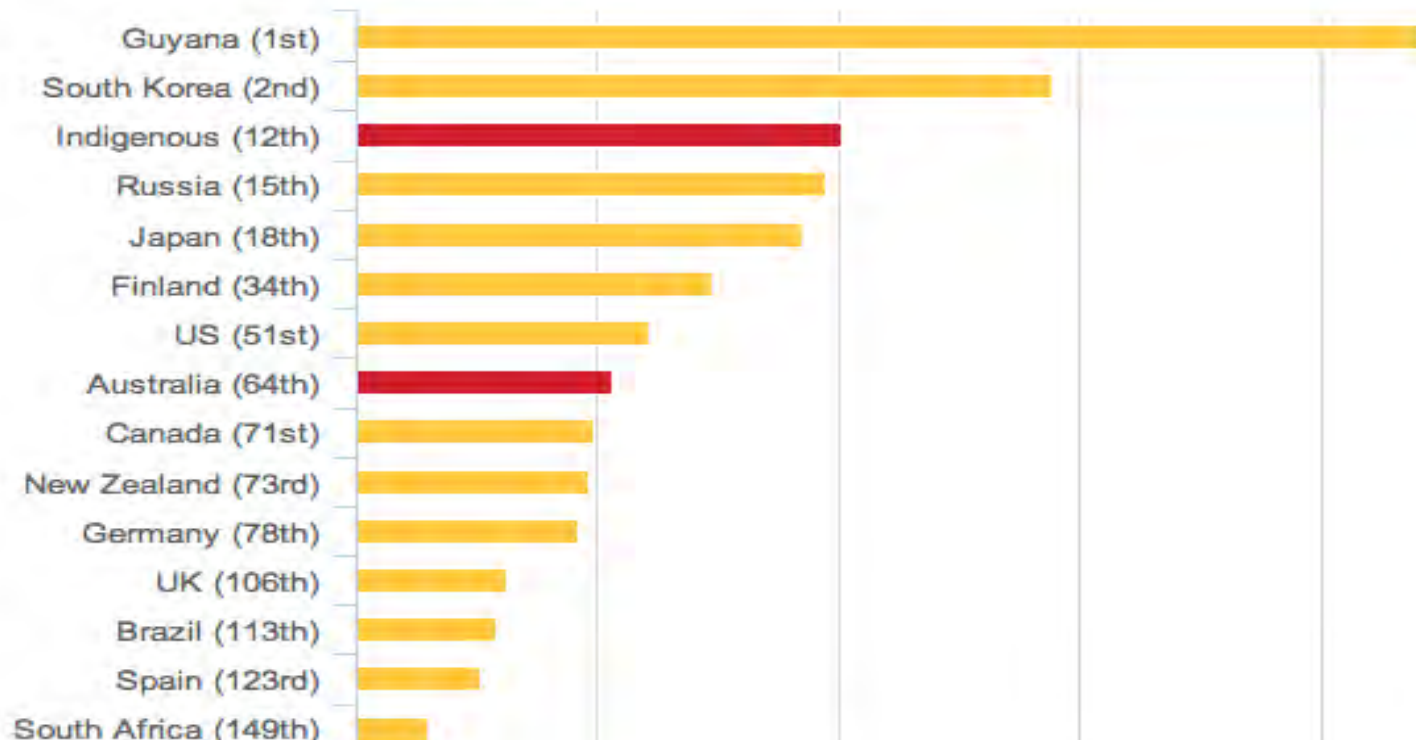
How much more likely are Indigenous people to die by suicide?



Twelfth highest suicide rate in the world

Global suicide rates

Suicide rates and rank out of 171, selected countries, 2012



The Mental Health And Suicide

STRESS & DISTRESS		SERVICE GAPS	UNTREATED MENTAL HEALTH PROBLEMS...		NEGATIVE CYCLES
<p>Multiple, frequent and severe exposure to stressors and adverse historical and social determinants/ weakened resilience</p>	<p>Triple the average rates of high and very high psychological distress</p>	<p>Significantly less access to culturally appropriate primary mental health care services</p> <p>Institutional racism in general population mental health and suicide prevention services</p>	<p>SHOW UP IN STATS AS:</p> <p>Double the average rates of hospitalisation for mental health conditions</p> <p>Double the average rates of suicide</p>	<p>CONTRIBUTE TO:</p> <p>Alcohol and other drug use</p> <p>Violence and trauma</p> <p>Unemploy'm't and poverty</p> <p>Imprisonment</p> <p>Community, family and cultural stress</p>	<p>Additional stressors</p> <p>Trigger new and exacerbate existing mental health problems and suicide ideation/ further weaken resilience</p>
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Milestones Of The Last Decade – 1

- 2004 • The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* (2004 – 2009) is launched.
- 2006 • Close the Gap Campaign is established. The NHLF convenes for the first time in 2011.
- 2008 • The Australian Indigenous Psychologists Association is established by the APS.
 - National Apology.
- 2009 • The *Fourth National Mental Health Plan* (2009–2014) calls for the renewal of *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*.
 - The National Aboriginal and Torres Strait Islander Healing Foundation is established.
- 2010 • The first edition of the *Working Together Book* is published; followed by a second edition in 2014.

Milestones Of The Last Decade - 2

- 2012
 - The Aboriginal and Torres Strait Islander Mental Health Advisory Group (ATSIMHAG) is established. In 2013, ATSIMHAG and the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group (ATSISPAG) are merged to form the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG).
 - The National Mental Health Commission is established.
- 2013
 - The renewal of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* begins. About to be launched!
 - The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013* is launched.
- 2014
 - The National Aboriginal and Torres Strait Islander Leadership in Mental Health Group is established. Gayaa Dhuwi Declaration
- 2015
 - The National Mental Health Commission's Review of Mental Health Services and Programmes report is released.
- 2016 APS Apology. Mental Health Reforms Suicide Trial Sites including 2 Indigenous ones.

Cathedrals of the Spirit: Psychological Impacts of Colonisation

[T]hey were hit by the full blight of an alien way of thinking. They were hit by the intolerance and uncomprehending barbarism of a people intent only on progress in material terms, a people who never credited that there could be cathedrals of the spirit as well as stone. Their view of Aborigines as the most miserable people on earth was seared into Aboriginal thinking because they now controlled the provisions that allowed blacks to continue to exist at all. Independence from them was not possible....It is my thesis that Aboriginal Australia underwent a rape of the soul so profound that the blight continues in the minds of most blacks today. It is this psychological blight, more than anything else that causes the conditions that we see on the reserves and missions. And it is repeated down the generations.

Kevin Gilbert, *Living Black*, 1977, pp. 2-3.

‘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).

High Aboriginal and Torres Strait Islander Suicide Rates

The high Indigenous suicide rate is attributed to a range of complex and interrelated factors that heighten the risk for suicidal behaviours and self-harm. These can include the cumulative impact of:

- Ongoing exposure to socio-economic disadvantage and multiple psychological stressors
- Grief from the premature deaths of family, community members and friends, including suicide
- Violence and inter-personal conflict
- Transgenerational trauma, grief and loss associated with the ongoing impact of dislocation and the effects of forced removal of children and mistreatment
- Pervasive racism and discrimination at individual, institutional and system levels
- A loss of a sense of purpose and meaning in life
- Poor health, including a number of co-morbidities and severely compromised mental health and emotional wellbeing
- An 'access' gap to mental health services with 34.5% of Indigenous peoples who reported high or very high rates of psychological distress also experiencing access problems to health services.



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 of Aboriginal and Torres Strait Islander clients in your work environment in such places as prisons and the welfare sector and communities 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)

American Psychology Association: Task Force on Indigenous Psychology

As Western psychology is translated into other cultures, the more we make sure that the influence is going both ways, and the more we allow conflicting voices to inhabit the terms we use in psychology, the more likely it is that alternative ways of doing psychological science will emerge. Thus, inherent in the Indigenous Psychology movement is a global surge of the creative energy and potential in psychology, a movement that, if nurtured, will lead to a very different psychology of tomorrow.

The Division 32 Task Force on Indigenous Psychology is established to facilitate this process of growth and transformation in psychology at the global level. In particular, it reiterates the need to recognize the legitimacy of all indigenous forms of knowledge and the ultimate benefit of global sharing and collaboration.

- Dedicated to the promotion and advocacy of indigenous psychologies across the globe, the task force will implement the following goals:
- Making a mission statement or manifesto for indigenous psychology that is congenial to the indigenous psychologies across the globe.
- Dissemination of knowledge concerning indigenous psychology through conferences, journals, and edited volumes.
- Promoting online debates and exchanges across the globe on issues concerning indigenous psychology.

Serving as resources, via our website, for the global community of indigenous psychologists.

From the website: <http://www.indigenouspsych.org/index.html>

The social and emotional wellbeing concept recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual

National Aboriginal Health Strategy (1989)

Ways Forward (1995)

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009 (SEWB Framework)

The Ways Forward Report

National Consultation

National Conference

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

Social and Emotional Wellbeing Framework

There is a need for more holistic approaches that take into account the widespread grief, loss and trauma associated with colonization, the aftermath of widespread removal of children and on-going disadvantage, rather than services which focus on individual pathology.

(SHRG, 2004)

The Framework aims to respond to the high incidence of social and emotional well being problems and mental ill health, by providing a framework for national action. It has been developed under the auspices of the National Mental Health Working Group and the National Aboriginal and Torres Strait Islander Health Council, by the Social Health Reference Group, which was specially appointed to undertake this task.

The Framework recognises the strengths, resilience, and diversity of Aboriginal and Torres Strait Islander communities. It acknowledges that Aboriginal and Torres Strait Islander peoples have different cultures and histories, and in many instances different needs, which must be acknowledged and may need to be addressed by locally developed, specific strategies.

The Framework recognises that supporting Aboriginal and Torres Strait Islander families to effectively deal with, and triumph over, the effects of past policies and practices is a priority. This includes expanding services to children in order for them to obtain and achieve their full potential. This requires a whole-of-life, and a community and government approach sustained across generations and beyond the life of this Framework.

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.

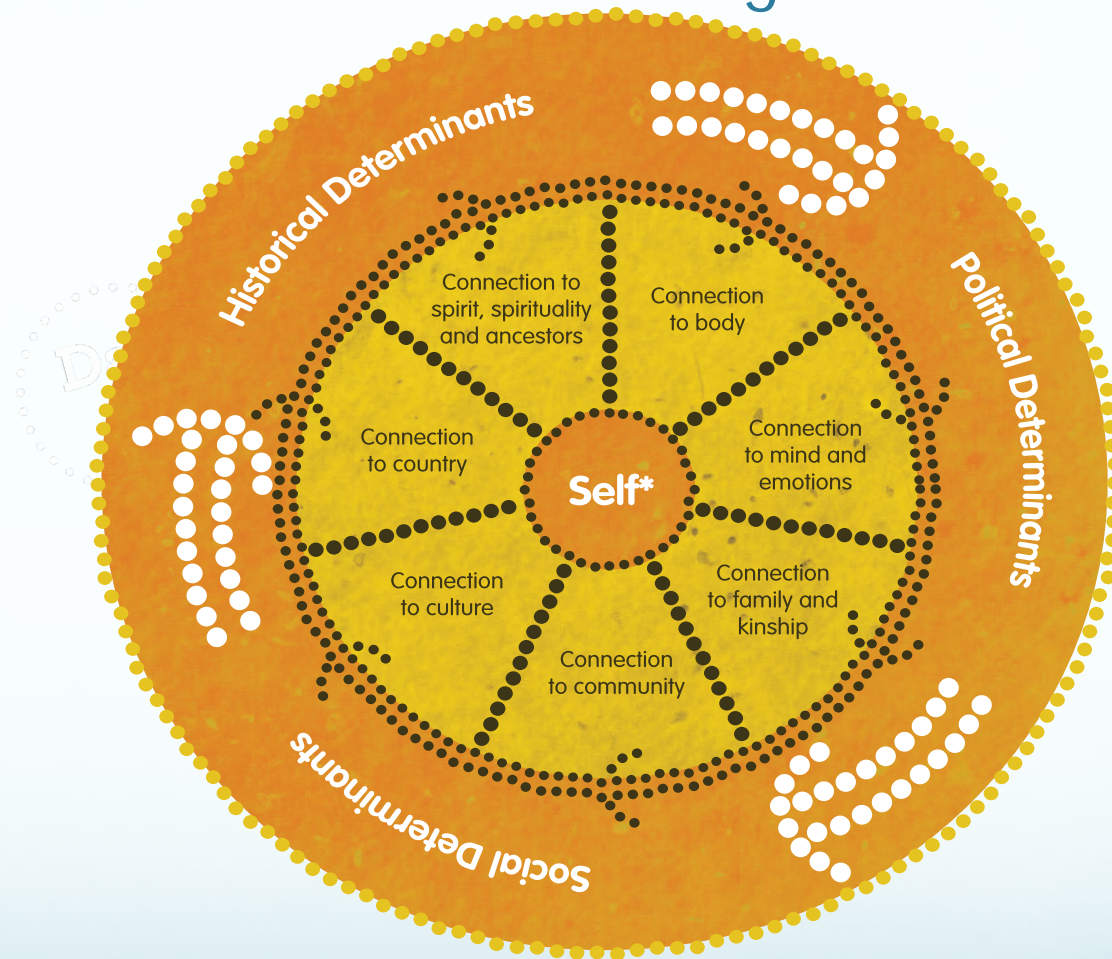
Mental Health and Social and Emotional Wellbeing Framework 2004-2009 Guiding Principles

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.

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.

Understanding SEWB



Reference: Gee, Dudgeon, Schultz, Hart & Kelly. (2013) on behalf of the Australian Indigenous Psychologists Association
Artist: Tristan Schultz, Relative Creative

AIPEP Project Team



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Australian Indigenous Psychologists
Association
Indigenous Community Partners &
Workshop Facilitators

AIPEP National Reference Committee

- Australian Indigenous Psychologists Association (AIPA)
- Indigenous Allied Health Association (IAHA)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Heads of Departments & Schools of Psychology Association (HoDSPA)
- National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
- Australian Psychology Accreditation Council (APAC)
- National Standing Committee on Bicultural Issues (NSCBI) of the New Zealand Psychological Society (NZPsS)
- Australian Psychological Society (APS)
- APS Aboriginal and Torres Strait Islander Peoples and Psychology (ATSIPP) Interest Group
- Academic staff with specific expertise
- Aboriginal and/or Torres Strait Islander psychology student

AIPEP Aims

To increase:

- Indigenous knowledge and content in undergraduate and postgraduate psychology training
- Recruitment and retention of Aboriginal and Torres Strait Islander psychology students

Data Collection – Primary Data

University and tertiary education institutions

Heads and key staff of departments/schools of psychology (interviews/focus gps) (Feb-Oct 2014)

Heads and key staff of Indigenous education centres (interviews/focus gps) (Feb – Aug 2014)

Indigenous Psychologists

AIPA Annual gathering (Perth, May 2014) workshops

Adelaide (Dec 2014) Brisbane (Jan 2015) workshops

Workforce

APS members and others (Oct 2014 - Feb 2015) Survey

NSW Rural Mental Health Conference (Nov 2013) Symposium

APS members and others (Feb & Mar 2015) Interviews

Psychology students

First year psychology students (2014) focus groups

AIPEP Findings – Curriculum

- Curriculum change is seen as needed but difficult
- Curriculum should include
 - Australian Indigenous and colonial history
 - Local knowledge/understanding
 - Social and emotional wellbeing
 - Cultural engagement and safety (including listening and partnership)
 - Specific groups/needs/issues (eg. Stolen Generation, trauma and loss, forensic...)
 - Types of practice (including culturally appropriate research and assessment tools)

- Work Integrated Learning (WIL) is seen by both students and the workforce as important to:
 - a) develop knowledge and skills; and
 - b) create relevance for Indigenous students wanting to work with their people
- The paradox of visibility/invisibility needs to be understood and addressed for both student and staff wellbeing
- Isolation, both in terms of student representation and the reflection of Indigenous ways of knowing and being in the curriculum, has a significant impact on retention and success
- Cultural understanding is important in the development of psychological skills, but also in relation to student retention and success
- Indigenous student support is fundamental to student retention and success

AIPEP Findings – Student Recruitment & Retention

In order to increase the recruitment, retention and success of Aboriginal and Torres Strait Islander students in psychology the following factors should be in place:

- Organisational leadership and enabling culture
- An inclusive curriculum that reflects Aboriginal and Torres Strait Islander knowledges and realities
- Pathways into higher education and between undergraduate and postgraduate level courses
- Financial incentives and assistance (including scholarships and traineeships)
- Cultural, academic and emotional support for students

continued

- Outreach from universities and the profession to schools and communities
- Role models in universities and the profession
- Strategies to address racism and the paradox of visibility/invisibility
- Cohort recruitment (within the school and/or university)
- Strong relationships and partnerships between schools and Indigenous Education Centres

Indigenous Psychology Student Success Through an Inclusive Curriculum

- Include Indigenous people in the design, deliver and evaluation of curriculum through partnerships within and beyond the university
- Include foundation Indigenous social and emotional wellbeing as an integral part of the curriculum through discrete, compulsory subjects and integrated content throughout the curriculum
- Build upon knowledge and skills throughout the course and across discipline areas
- Link with traditional owners and formally recognise them in functions, literature and lectures
- Adopt a positive strengths-based model rather than a deficit model
- Link with other disciplines to share developments
- Evaluate all resources to ensure they are culturally sensitive, accurate and appropriate

What Will Move the Agenda?

Higher Education/University Sector

- Understanding and resisting the neoliberal agendas driving education
- Inclusion of Elders in residence, Community leaders as educators.
- Understanding the role of Indigenous centres – more than just 'support'
- Critical pedagogy

Society/Nation

- Understanding the legacies of colonisation
- Positioning the sector, discipline and people (staff and students)
- Recognising and respecting the contribution of Indigenous knowledges
- Respectful partnerships
- Working *with* rather than *on*
- Valuing differences as beneficial to all

For further information...

www.Indigenouspsyched.org.au

[AIPEP Curriculum Framework](#)

[AIPEP Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Straits Islander Psychology Students](#)

[AIPEP Workforce Capabilities Framework](#)

National Aboriginal and Torres Strait Islander Leadership in Mental Health

Together we are strong



Gayaa Dhuwi (Proud Spirit) Declaration

NATSILMH: <http://natsilmh.org.au>

Gayaa Dhuwi: http://natsilmh.org.au/sites/default/files/WEB_gayaa_dhuwi_declaration_A4-2.pdf

Theme 1

Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances, support specialised areas of practice.



Theme 2

Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.



Theme 5

Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.



Call to Action - Key elements of implementation components

Building access to cultural healers and cultural healing

Supporting the development of Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures

Aboriginal and Torres Strait Islander people are trained, employed, empowered and valued to work (and, where appropriate, lead) across all parts of the Australian mental health system

Developing, and resourcing the implementation of, policies to ensure the Australian mental health system supports Aboriginal and Torres Strait Islander leaders to practice culturally informed concepts of leadership

Working Together Book

Working Together:

Aboriginal and Torres Strait Islander
Mental Health and Wellbeing
Principles and Practice - 2nd Edition

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domains of SEWB:

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Thank You