Our mind our mob our spirits. Keynote November 24th 2009

Dr Marshall Watson

I would like to acknowledge the traditional peoples of this place that we are meeting on today, the Noongar people of the south west of WA.

My name is Marshall Watson, my father is Alan Oldridge, my grandmother was Edith Holmes and my great grandmother was Alice Williams. My mob hails from Albany originally, but those we have found in recent years reside around Moora these days, with those I am aware of and yet to meet, scattered in between.

Elders, family, friends and guests I am honoured to be here today. It gives me great pleasure as a noongar man (and psychiatry registrar) to share with you my thoughts about some pertinent issues relating to the social and emotional wellbeing of our people.

But first a story…..

Tree was old. It had been many years since he was a young tree and he had seen many things happen around him. He remembered when the children used to play around him, and years later with there own children who would rest under the shade of his branches. When he was older, the men would come and use his branches for spears and for fire. The women would use the leaves to help make a sheltered place for the children to rest. The children would climb on him and play in the shade that he provided. The animals would also rest under his shade or in his branches and eat the leaves that he provided. Tree did not mind, he was happy to help the people, because they cared for him, by looking after his friends land and river, which allowed the soil to remain fertile and the water clean. This allowed tree to remain healthy.

Over the years Tree saw many changes. He remembered when the children were taken away, making the women and men sad, the men were no longer allowed to hunt and he rarely heard the singing and dancing that the people used to do that made them happy. It had been replaced by crying and sorrow.

Also land had become hurt. He had suffered many scars from the new people, and there were now different animals to those who had cared for him. Some of Tree's animal friends and had since gone. There were now machines that cut deep into him and his family, leaving open wounds.

River too was not well. Her walls were damaged by the new animals and people, more fish were being taken than before, the plants that she provided water for were to becoming unwell and dying. People were also taking more water than they needed, making river weak and sick.

Tree's eyes were also hurting. No longer could he see the land and hill's, they had been replaced by buildings and smoke that made the blue sky now a sickly grey. How could the sun provide warmth and energy? It did not seem to matter, the new people seemed to find other ways to replace what the sun had provided for many years.

Tree was sad. The people that had looked after him had lost their way and no longer could look after the land, river, sky and sun, as they had done so well for many, many years. Tree had become ill, he could not look after his friends nor they look after him.

So what does this mean for health.

If I reflect upon my own life journey as a noongar man and doctor, there are some several points I wish to share with you today. I did not grow up with my Aboriginal family, as my grandmother, mother and father we were all separated from their family at young ages by unfortunate circumstances; beliefs such as "for there own good"; bureaucracy such as the "white Australia policy"; and government agencies are what separated my great grandmother from my grandmother and my father from my grandmother. My father grew up at a time when denying your Aboriginality was a survival mechanism, indeed, he was unsure of his ancestry for a number of years (as were many others). This created confusion and fear about his own people and fractured my father's family, affecting them in various ways, such as loss of kinship structures and the roles and responsibilities associated with them. More traumatically it stole from him his connection to his spiritual self, his purpose in life and the meaning of infinite

existence through ancestors and descendents. With this trauma how could he at such a young age be a father to his eldest son? He couldn't, and it wasn't until 30 years later that he had the chance to do so.

As a medical student and doctor I have come across different concepts of health and healing. Initially training in the dark arts of surgery, I changed to psychiatry, an interesting switch that is met with surprise when the topic arises. Nonetheless, the experiences of various specialties has given me a greater ability to understand western medicine and the health system in Australia and this I felt would best allow me to help my people. I was, however, like many of my medical colleagues only seeing part of the picture of wellbeing. My clinical training taught me about the body's mechanics and disease; my community has shown me the extent of the burden that is carried; and my own discovery of self and family has revealed the strength of our people that comes from a sophisticated understanding of the interconnectedness of all things in the cosmos. We need to acknowledge and understand the different concepts of health and healing between Aboriginal and non-Aboriginal peoples and to address the current inequity we need to have a multidimensional approach to health care that includes physical, psychological, social, cultural and spiritual aspects.

There is strong evidence for these fundamental aspects of wellbeing. Being physically well means normal blood pressure, not being overweight, low cholesterol, good nutrition, adequate exercise and so on. This aspect of Aboriginal people's health and wellbeing has been analysed ad nauseum from a biomedical perspective. We know many of us suffer from physical ailments – so I would ask all of you here today to please stop documenting our frailties and start allowing us to get on with the real business of healing.

Psychological wellbeing has also been explored in relation to Aboriginal people's wellbeing. Broadly speaking, this means being happy or content, being able to achieve goals (that is, have control over one's own destiny) and being able to deal with stressors such as trauma, grief and loss. It is within this dimension that issues such as substance use come to the fore as coping mechanisms. There remains more to be done in his field, however, as we search for a more holistic

understanding of the mind and in particular the effects of colonisation not just on the individual psyche but on the collective consciousness of families and communities and the intergenerational impact of these. It is the latter that many health professionals struggle with – how is it possible to carry the distress of a great grandparent? One way of looking at it is to consider the components of the human genome that we don't know about (it's actually quite a bit). Is it so difficult to take into account a gene or protein not only damaged by cigarette smoking but also by the violence and suffering of oppression? We appreciate that childhood trauma can interfere with normal brain development, if the child is a girl, we must think about not only what is happening to her neurones but also what is happening to her ovaries which contain her full complement of ova, the gift of life.

Social wellness means being able to function well and participate fully in a social context. In more recent times the term social determinants of health has been used to describe the health effects of education, employment, income, housing and family functioning. I am worried, however, that we may focus on these very necessary factors at the expense of the entire social mileau in which Aboriginal people live. Factors such as racism (both overt and covert), involvement in governance and policy making, self-management, the realisation of justice and land rights all contribute to Aboriginal wellbeing. One may have a solid sense of self psychologically but be stymied by the assumptions and false beliefs of society and its institutions.

Cultural wellbeing as a buffer against poor health has been demonstrated by "chandler and lalonde" (slide), showing that those first nations Canadian youth with greater markers of cultural continuity had lower rates of suicide. In Australia we have seen the effects of cultural dislocation as well as the effects of cultural reclaimation and maintenance for Aboriginal people but our current health research system has been unable to adequately explore and translate this concept. We are in need of an urgent and significant input by all parties – Aboriginal people, governments, organisations and philanthropy – to properly address the nature of culture and health in the local setting.

Spiritual wellbeing can take on many forms and is well illustrated within our communities and the expression of our cultures through song, dance, art and story. Importantly we continue to experience healing with our own healers who may be considered in a traditional manner but clearly have a contemporary role. Our spirit is our strength, our resilience, our connection to Country and enduring understanding of life and the Universe. Our spiritual connections are invisible and therefore have not been able to be broken, they may be hidden but they are still binding us together and this is why we are still here.

Given this multidimensional view - in particular culture and spirituality - competency in Aboriginal and Torres Strait Islander health is by necessity both clinical and cultural. More importantly this competency is not just about individuals abilities but also about the abilities of health care teams to work in real collaboration; the abilities of organisations to develop and implement policies and procedures which value Aboriginal people's perspectives; and the abilities of systems to ensure continuity of care across the health service spectrum.

Unfortunately, there is overwhelming evidence of the lack of such competency within health systems, organisations and professionals in Australia. We continue to experience reduced life expectancy, high rates of mental illness, increased use of substances; and unacceptable levels of grief and loss. By not addressing culture, we immediately dismiss the worldview of Aboriginal and Torres Strait Islander people. By doing this we alienate people, restrict engagement, prevent the formation of a therapeutic alliance, reduce compliance with therapy and treatment and ultimately people don't get better. This is reflective of the predominance of an exclusive, unilateral approach to address the complexities of Aboriginal health and wellbeing.

We have, however, continued to resist the forces of colonisation and have exerted our sovereign rights wherever and whenever we have been able. The National Aboriginal Health Strategy from 1989 is a wonderful example of our contest with the health system at large. Our Aboriginal Community Controlled Health Services too, have developed not just out of a desperate need for

culturally appropriate health services but also a need to be self-determining. Here in WA, we have had key players in mental health who have done their utmost to create an appropriate model of mental health practice with the Statewide Indigenous Mental Health Service which emphasises and formalises the role of Aboriginal leaders, cultural consultants, community liaison and local and regional service networks. We are yet to see the full fruits of their labour but we can continue to learn from the processes necessary to work in partnership and generate reform.

Aboriginal and Torres Strait Islander health professional organisations such as the Council of Aboriginal and Torres Strait Islander Nurses, the Australian Indigenous Doctors Association, the Association of Aboriginal Health Workers, Australian Indigenous Psychologists Association and the newly established Indigenous Allied Health Workers Association have been able to carve out a space within the dominant health sector. Each of these organisations places equal importance on both clinical practice and cultural understanding and have endeavoured to create change through better education of their colleagues within universities, specialty colleges, accreditation and continuing professional development. They have also proven to be a valuable source of collegiate support and peer mentoring. Part of this is the opportunity to debrief and seek advice from those who truly understand.

Sustaining our Aboriginal and Torres Strait Islander health professionals is vital, although not with out its challenges. Some workers need to train away from their family and Country, some are on a journey of identity and reconnection, and some may struggle with the logisitics of life trying to make ends meet. Our workforce has to balance cultural obligations, community expectations and their own wellbeing. We need to re-set our points of equilibrium in regard to the latter, we need to keep ourselves well in order to work towards the wellness of others. Too often, our own centres within our selves and our families, has been out of kilter. The urgency and hurt that fills each and everyone of us when we lose someone, can take hold in unhelpful and stressful ways, leaving workers exhausted and burnt out.

This on the background of a stretched and torn social fabric makes the expansion of the Aboriginal health workforce, particularly the mental health workforce, a significant and timely test. We need to strive for a critical mass of workers in order to create the level of change and transformation required to really make a difference.

Aboriginal workers need to be valued for the particular skills set that they bring to the workplace. Not only do they possess clinical skills in various fields of health but they have the ability to move between two worlds with very different concepts of health and healing. This enables them to translate and demystify these concepts to both worlds – they contribute to bridging the space between paradigms and opening up the way to a more reconciled health system. Perhaps most importantly they are able to act as advocates.

The problem is that this is arduous and places pressures on families, so fighting the cause to make our families and communities stronger, can actually fracture them. Again families are being separated, whilst trying to protect them. The demands placed on our workforce extend beyond clinical duties. How we perform is not only monitored by our colleges and councils but also by our communities and the stress is borne by our families. We are under the watchful eye of our Elders and answerable to non-Aboriginal people who do not always understand our approaches to health.

Once again the issue is balance and, given the criticality of the Aboriginal mental health workforce, this balance needs to be facilitated by organisations and governments. Unfortunately our workers face the effects racism, discrimination and a lack of personal and professional support in their day-to-day work. Services need to appreciate the difficulties faced by Aboriginal people working as single entities and that suitable peer support, clinical supervision and capable mentoring are paramount. Smart services are networking their Aboriginal workers across sites and fields and are proactive in their support for people to undertake cultural obligations, family business, further training, appropriate counselling and necessary treatments (including access to Ngangkari) in order to sustain both the current and the next generation of health professionals. Smart

services involve Aboriginal people at the decision-making level to demonstrate not just talk about leadership.

Its time for a shift in thinking, we need to have non-Aboriginal to prove to us that they are competent enough to look after our people, culturally not just clinically. The workforce is changing and Aboriginal workers are gaining more confidence in working collaboratively. We know the problems, have seen our people remain unwell with mainstream services and we have approaches and ideas that are based on our old ways of looking after people. It is time to work with us, listen to our ways and if that doesn't sit well with you step aside and let the rest of us get on with the job.

There is reform in the system regarding models of care, but the reforming actions are disjointed. There are pockets of change occurring, but acting individually the message is not being heard or even worse, ignored. These pockets of change need to be united. We need to build our services as we did our communities and society – to respect the oneness of all things and look after one another with love and understanding. We need to allow our countrymen and women to be fed, clothed, housed, reconnected and healed on country. We need to work better together to buffer the disadvantage we face as a workforce and our people face in illness.

WA is very fortunate to have the strong blackfella's that it does who have fought and continue to the fight the fight in the national and international arenas. We need to acknowledge our non-Aboriginal champions who have also fought alongside us in the spirit of human rights and dignity - with out them I'm sure I would not be in the fortunate position that I'm in today.

Our challenge is to support each other to be like water on rocks, air on loose soil, fault lines in the earth - wearing down, constantly eroding and occasionally exploding apart harmful ideologies and false assumptions about who we are as Aboriginal people. We need to continue to hope and believe with certainty that the fight is worth the cost, and the reward is a future where our children dream with strength and spirit.

I thank you.