

*200 YEARS OF UNFINISHED BUSINESS

*Pat Swan

The Aboriginal Medical Service, Redfern, is a community-controlled organisation committed to the primary health care of the local Aboriginal community. Since its beginnings in 1971, the AMS has been absorbed in meeting the community's most immediate physical health needs. Unfortunately, we have never had the resources to begin to address a major area of concern - the mental health problems that we know take a big toll on the health and lives of our people. We hope this will change.

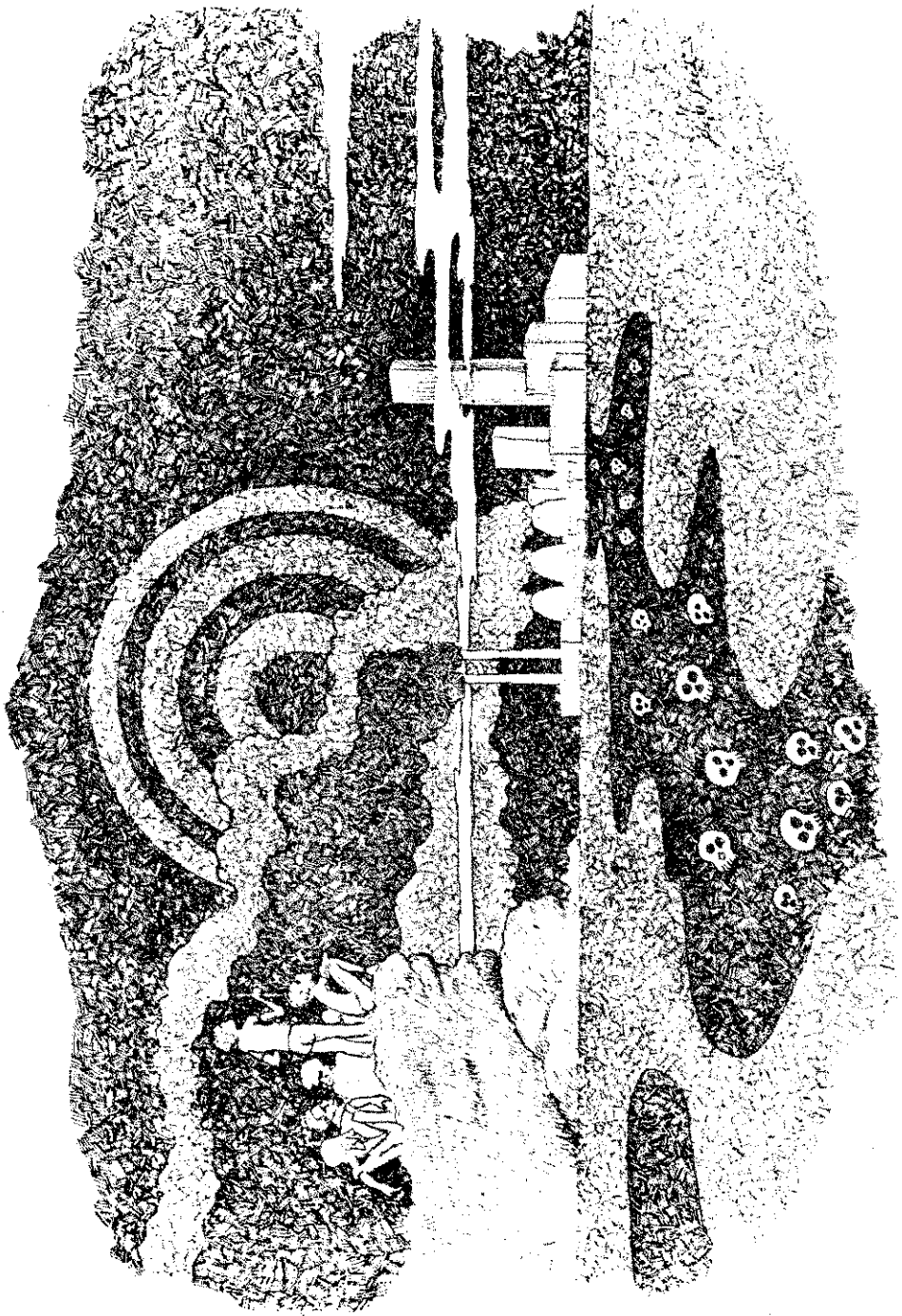
A survey conducted by the Victorian Aboriginal Health Service in 1987 demonstrated high psychiatric morbidity and poor utilisation of available mental health services by the local Aboriginal community. The survey highlighted one aspect of the legacy of the last 200 years:

- * 65% of respondents had been separated from a parent during childhood,
- * 47% had been separated from both; (the corresponding rates for non-Aboriginal people are estimated at 29% and 7%),
- * 21% of the respondents had lived in an institution during childhood.

The reasons for these high figures lie largely in the Aboriginal experience since Europeans arrived in our country in the late 1700s.

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Today I will talk about recent Aboriginal history. I will focus on just one aspect of this history of 'terrorism' that Aboriginal people have experienced - the systematic removal of Aboriginal children, which continued generation after generation, especially in the 20th century. It still happens in some states of Australia today.

This attempt at cultural genocide, justified by the Government policy of 'assimilation', is a major factor in the mental distress evident in the Aboriginal community today. In addition, I will call for re-orientation in the thinking of mental health professionals. Today, there is no framework by which Aboriginal mental health problems can be usefully understood. Without this framework, appropriate programs cannot be developed. Without this framework services that are accessible and acceptable and are Aboriginal, will never become available, and the mental distress of our people will remain as it is today - largely unrecognised and untreated.

We Aboriginal people must be given the opportunity and the resources to address this area of need in our own community, so that we can, as we have successfully shown in other areas of health care, find the way - through Aboriginal community control and participation.

Many times I have heard non-Aboriginal people say they are sick of hearing about what happened to Aboriginal people 200 years ago. Maybe they find it more comfortable to discount the present situation of Aboriginal people by saying that they are "...Not responsible for what happened in the past". All Aboriginal people know that the past is not 200 years ago. Some people believe Aborigines belong to the one cultural group. This is not so. Even in New South Wales Aboriginal people have different languages and cultural beliefs.

THE STOLEN GENERATIONS

Since the invasion, Aboriginal peoples of different tribes, speaking their own languages and having their own cultural beliefs and practices, were forced from their country. Their rights and laws were totally disregarded. They were treated with contempt and forced into a sub-human existence. They were herded on to missions and Government reserves. The Government and missionaries rationed out nutritionally inadequate foods - refined sugar, white flour and tea. Discriminatory legislation was passed that empowered Government officials, police, welfare workers and mission managers to force Aborigines on to reserves that were staffed and totally controlled by resident white managers.

Reserve managers actively discouraged Aboriginal languages and other cultural practices. These managers had unlimited power over the daily lives of Aboriginal people who lived there; that included power over freedom of movement, power over work, power over money, and power to take their children away. All Aborigines were considered wards of the State and were not permitted to have any citizenship rights. They were treated in much the same way as prisoners of war.

INSTITUTIONALISATION RESULTED IN SOUL-DESTROYING DEPENDENCY
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Under the Protection Act non-Aborigines were paid much higher wages than Aboriginal workers, who received little or no salary; often Aborigines were paid in drugs such as opium, alcohol or tobacco (nigger sticks), and employment could be terminated at the will of the mission managers. With institutionalisation came the forced abandonment of social practices, breakdown in culture and the line of authority and traditional law, resulting in a soul-destroying dependency.

The differences in cultural beliefs and practices between groups caused social disharmony and were recorded as anti-social behaviour. Many Aboriginal people have seen their brothers and sisters labelled as mentally ill (and hospitalised or incarcerated as a result) when they understand and know the problem as a social and political one. These diagnoses are always 'white' non-Aboriginal ones, and the solutions are seen as another form of oppression.

For Aboriginal people, contact with European culture has been characterised by the denial of access to public facilities, to adequate housing, to education (even exclusion from schools), to economic power or resources needed to play a meaningful role in the new culture. Contact has resulted in loss and bereavement:

- * loss of land
- * loss of hunting grounds and hence starvation
- * social fragmentation
- * loss of good health
- * enforced relocations onto missions and reserves
- * loss of freedom
- * loss of cultural and legal norms
- * loss of citizenship
- * loss of control over their lives and the environment
- * forced removal of children.

The theft of Aboriginal children by non-Aboriginals in authority was a systematic attempt at cultural genocide and to this day has produced the background for many years of horrific memories, distress and mental health problems that still need to be addressed. The devastating experiences of Aboriginal parents and their families brought on by the removal of their children, the loss of control over their own lives, powerlessness, prejudice

and hopelessness have left many problems for us to deal with today.

Very few non-Aboriginals realise that this process continued right into the late 1960s and *still continues in some places*. The families who escaped the theft of their children by Government officials still had their share of "missionaries" who thought that Aboriginal adults were too entrenched in their own culture to convert to the gospel. So, they separated the children, denying the adults access and influence. This was another way of destroying culture. The punishment dealt out to those who dared to express anger or hostility is another mental health story.

TRADITIONAL HEALTH

Prior to the invasion, Aborigines had successfully maintained the physical, social and mental good health of Aboriginal society since the Dreamtime. At the time Captain Cook visited Australia, the health of the Aborigines was far better than his crew, and superior to that of the average person in Britain and Europe.

STATISTICS

By the late 1960s the Aboriginal mortality rate stood at 150 per 1000 live births. A 1982 study reported that the national Aboriginal infant mortality rate was 20 to 30 deaths per 1000 compared with 9 to 10 per 1000 for non-Aboriginal Australians. In the early 1980s an Aboriginal man in New South Wales could expect to live about 48 years compared with 71 years for a non-Aboriginal man. An Aboriginal woman could expect to live about 56 years (compared with 77 years for a non-Aboriginal woman).

Aboriginal people make up 1.5% of the Australian population. Today Aboriginal men, women and children are over represented in custodial care. In 1988 in New South Wales 8% of the male prison

population is Aboriginal. The proportion is higher for women and it is higher in other States, approximately 17%.

Gaols and children's institutions are full of Aborigines who have been branded antisocial, and many who have been diagnosed as having a behaviour disorder. So, since the coming of Cook we have been led to believe that Aborigines are a nation of socio-paths, or *is there something wrong with the system in which we are judged?*

As we all know, physical care is not enough to lead to the development of a physically and psychologically healthy child. The strong and healthy bond that a child develops towards family in early years is the foundation for future relationships with others, and for physical, social and psychological development. When a child has a strong and healthy attachment to family, both trust in others and reliance on self can develop. Most families provide children with stories of their past that help children gain a sense of self, belonging and a sense of history. Attachment helps the child to:

- * achieve full intellectual potential
- * attain cultural identity
- * sort out perceptions
- * know the importance of family
- * think logically
- * develop a conscience
- * become self reliant
- * cope with stress and frustration
- * handle fear and worry
- * develop future relationships.

Children who are torn from family, abused, institutionalised or neglected, often lack attachment and have difficulties relating

to others. I've seen these children's case histories recorded in Departmental files and it was stated that they lacked a conscience and were said to be manipulative and not genuine in expressing their affection. Foster parents have told me, "no matter how much I give, this child still doesn't show any emotion or seem to care about anything".

It is hard for unattached children to grow socially. They have great difficulty trusting others or maintaining relationships of any sort. They have not learned to care for themselves or others, having received little or no love themselves. Many parents who abuse and neglect their children have difficulty asking for help. They don't trust others. Usually they have themselves been victims of similar abuse.

So without positive experiences, children go on to become parents who mirror their parents' behaviour, and the cycle is then set for problems in the next generation. For generation after generation Aboriginal children were removed from their traditional teachers. But, despite all odds, Aboriginal people have managed to survive - but many have problems today that need to be addressed. The staff from AMS Redfern think the following are important principles for maintaining good mental health:

- * high self-esteem and self-confidence
- * the freedom to communicate needs and feelings
- * the ability to love and be loved
- * a sense of belonging to family and community
- * being able to cope with stress
- * being able to relate, create and assert oneself
- * having options for change that helps the development of a problem-solving approach
- * being comfortable with your environment
- * believing in something (family, community, culture, religion).

From what I have told you, you will understand why many Aboriginal people might have difficulty meeting this criteria.

THE UNFINISHED BUSINESS

For the past 200 years, in our own country, tens of thousands of Aboriginal children have been forcibly removed from their families and their culture. In New South Wales the Cootamundra Home for Aboriginal Girls and the Kinchela Home for Aboriginal Boys are the best known of several institutions; while the Colbrook Home in South Australia and the 'half-caste' home in Alice Springs were the local equivalents.

Some children were fostered out and repeatedly rejected by an assortment of non-Aboriginal foster-parents. It was Government policy at that time to 'civilize' these children and train them as unpaid domestic servants, and useful non-voting citizens. They were raised in a foreign, regimented environment that was loaded with strong negative messages about their Aboriginality. These children were expected to work long hard hours and were often victims of physical abuse and sexual assault. If they objected, the authorities' response was to punish them. 70% of children removed were female, which could be associated with the higher percentage of Aboriginal women in prisons.

Children were moved around from one State to another. I have a friend who was four years old when she and her sister were stolen from their parents. They were taken from around Alice Springs and placed with different non-Aboriginal families in Queensland. She found her way back home when she was 17, but so far has been unable to locate her siblings. It would be difficult to maintain self-confidence and high self-esteem in these

situations that were the norm for Aboriginal children, and that cycle has yet to be broken!

MENTAL HEALTH SERVICES

Aboriginal people who work in health recognise that mental illness is a major part of ill health. While we have been aware of the needs in this area for over 10 years, our requests for resources have always been met with the "low priority" response from Government agencies. They seem only to respond to the highly visible needs that receive media attention. However, *mental distress is a common and crippling problem for many Aboriginal people, and appropriate mental health services are a pressing need.*

Advances in the understanding and treatment for mental health problems have been impressive since World War II. However, this progress has yet to benefit Aboriginal people. Culturally appropriate services for Aboriginal people in the mental health area are virtually non-existent. Mental health services are designed and controlled by the dominant society for the dominant society. The health system does not recognise or adapt programs to Aboriginal beliefs and law, causing a huge gap between service provider and user. As a result, *mental distress in the Aboriginal community goes unnoticed, undiagnosed and untreated.* Hopefully, this will change.

WHAT IS NEEDED

It is clear that we confront the same major psychiatric disorders as others, though culture will influence presentation and treatment. However, the majority of mental health problems are related to (social and political) reality factors and this must not be overlooked.

A list of ingredients for improvement is as follows:

- * It is important that mental health professionals listen carefully to what Aboriginal people are saying, and seek Aboriginal help when they don't understand.
- * It is important that mental health professionals understand the unfinished business - the real life situations of alienation, poverty and powerlessness.
- * A framework (cultural and historical) needs to be developed by Aboriginal people, within which problems can be defined and understood from an Aboriginal perspective. Without this framework services will only treat the symptoms (with poor results) and tend to blame the victim, without comprehending the problem.
- * Out of this framework, programs need to be developed and resourced. They must be Aboriginal community based and controlled, e.g., assertiveness training, reculturalisation and reparenting programs, support and self-esteem programs, drug rehabilitation programs, etc.
- * The education and support of community based and controlled Aboriginal mental health worker teams that can go into the home in a crisis.
- * Adolescent services specifically designed to address the deep despair, the hopelessness and tendency to depression and self-mutilation of this "at risk" group.
- * Resocialisation and enculturation services along the lines of *LINK-UP*, an organisation established by Aboriginal people to trace and reunite the stolen generations.
- * The adequate resourcing of *LINK-UP*, which currently has only 2 staff to cope with the extensive national workload.

For 200 years non-Aboriginal Australia has made many mistakes on our behalf, and there is no Western model that can address the Aboriginal situation. Aboriginal people must be empowered by education and resources to control decisions affecting our lives, including mental health services. It is clear to Aboriginal people that those with unfinished business have low self-esteem, and those with high self-esteem don't self-mutilate.

If Australia is to show that it is genuinely interested in the mental health status of the nation, with equality and justice for all citizens, the authorities need to deal honestly with the causes underlying Aboriginal mental ill health.

