LISTENING TO DIVERSE VOICES:

Multicultural Mental Health Promotion Research Project

Perth Indigenous Community

RESEARCH SUMMARY 2004

East Metropolitan Population Health Unit (EMPHU)
PO Box S1296
Perth WA 6845
Website: http://www.healthyfuture.health.wa.gov.au

Information prepared by:

Farida Tilbury, Lecturer, Sociology and Community Development (Murdoch University)
Sandy Clark, Mental Health Promotion Project Officer (EMPHU)
Robyn Slee, Mental Health Promotion Co-ordinator (EMPHU)
Ilse O'Ferrall, Program Manager (EMPHU)
Tim Kurz, Research Assistant, Psychology Department (Murdoch University)

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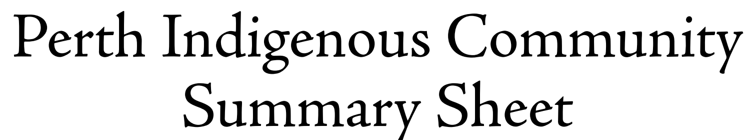


Perth Indigenous Community Summary Sheet

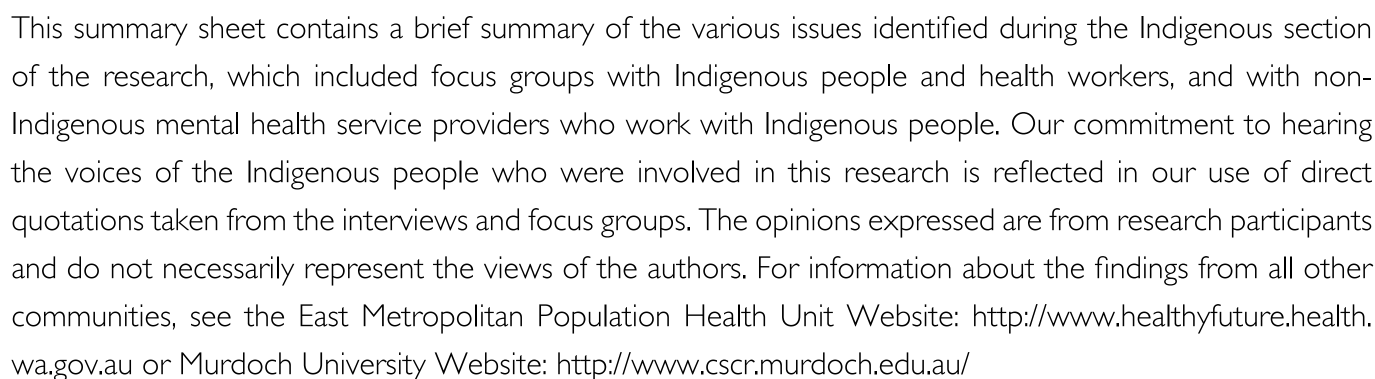
Depression has been identified as a significant global health problem. However, to date, there has been little research into the most appropriate strategies to use in the prevention of depression. There is even less research about the understanding that people of culturally and linguistically diverse (CALD) backgrounds and Australian Indigenous communities have of the conditions encompassed by the term depression, (or more culturally and linguistically specific representations of unhappiness) and of the ways in which these conditions may be prevented.

The *Listening to Diverse Voices: multicultural mental health promotion research project*, a collaboration between Murdoch University and the East Metropolitan Population Health Unit, funded by Healthway, investigated these issues within a variety of minority communities and in consultation with service providers, in Perth, Western Australia, during the period 2001-2004. The objective of the research was to identify cultural differences in understandings and experiences of 'depression' and appropriate ways of dealing with such issues.

All interviews and focus groups were undertaken using a semi-structured, standardised schedule. Interview and focus group questions were designed to elicit participants' understandings of mental health, social and emotional well-being, depression, causes of depression and recommendations for appropriate treatments and/or interventions. Interviews and focus groups were taped and transcribed and the transcripts studied for common themes. These themes were then taken back to the communities for comment, and the summaries adapted according to this further feedback. While it is not claimed that the participants are 'representative' of the communities of which they are members, the research team feels confident that the issues identified are among the most common concerns of these communities. It is also important to note that there is a great deal of diversity within the Indigenous communities, and this project does not intend to imply internal homogeneity of individuals, experiences, perspectives or concerns.

Perhaps the most surprising finding is that issues seen by communities as likely to cause emotional (or mental) distress, are social issues, rather than being biomedical in nature. The result of this is that while some of the issues may be dealt with from within a 'population health' perspective and organisation, most are outside population health parameters. Therefore this information is being provided to a wider audience in the hope that other government departments, non-government organisations and individuals will also take action to address some of these issues.

Many people helped with the Indigenous component of this project. The team wishes to thank Trish Wall, Michael Wright, Dawn Gilchrist, Barry McGuire, Pat Dudgeon and Chlo Bullen. Also the mental health service providers interviewed - John Longhorne and Stuart Reid - and the many participants who gave their precious time and insights, including but not limited to; Charmaine Pell, Maureen Kelly, Corina Abraham, Alison Dimer, Marie Pryor, Diann Peate, Doreen Turvey, Jean Lewis and Dot Henry.



This summary sheet contains a brief summary of the various issues identified during the Indigenous section of the research, which included focus groups with Indigenous people and health workers, and with non-Indigenous mental health service providers who work with Indigenous people. Our commitment to hearing the voices of the Indigenous people who were involved in this research is reflected in our use of direct quotations taken from the interviews and focus groups. The opinions expressed are from research participants and do not necessarily represent the views of the authors. For information about the findings from all other communities, see the East Metropolitan Population Health Unit Website: http://www.healthyfuture.health.wa.gov.au or Murdoch University Website: http://www.cscr.murdoch.edu.au/

The following is a summary of the issues raised by Indigenous community members and Non-indigenous service providers who participated in the research

Fundamental differences in interpretation of mental health issues

- **Holistic approach to health**
  - Health includes all aspects as opposed to separate referrals/treatment for particular issues eg domestic violence or drug use or mental health.

Health worker focus group

I don't think we're making a suggestion here that we don't believe people aren't in need of some assistance or help, just because they're Aboriginal or Torres Strait Islander and they're suffering from some emotional sort of imbalance … it's just that there's another dimension that needs to be assessed. They have to look at the whole being otherwise you're just looking at half the problem and sort of a medical world view on things isn't always going to assist. It may sort of alleviate some of the symptoms or signs in the short term, but it doesn't work in a long term way.

Male interviewee

In the Indigenous appropriate approach to service provision the person is not viewed as an individual but as a member of a family and an extended family and family members are seen to have an impact.

  - Use of medication may not always be acceptable.

TAFE student focus group

It's [medication] only repressing it anyway isn't it? It's only clearing it up for a while and you've still got it later on.

  - Yarning is an important way to deal with issues.

Health worker focus group

All I wanted him to say was 'You must be spiritually defeated' … and that's what would have made me feel much better and all he said was 'Oh well it must be in your biological makeup, it must be in your genes'.

- **Stigma**
  - People with a mental illness tend to be included as part of the Indigenous community, not locked away and excluded from society.

- **Concept of depression**
  - The feelings that a white person might refer to as depression may be experienced but this terminology or 'label' tends not to be used.

Health worker focus group

Oh you go, 'I'm feeling a bit depressed' and then straight away, 'Oh you mad go away' that type of thing you know. So you don't do that, you don't allow yourself to be stigmatised … deal with it and just say 'Oh I just feel a bit … today' you know, things like that, and you just go with it and understand it all … but no I've never known any Aboriginal person to say they're going to a state of depression.

  - Different symptoms of depression are recognised.

Men's focus group

I used to go to sleep at night, I used to curl up in a foetal position with my face just holding my belly, cause that was the pain of it. And it was like that for about six months and I couldn't eat again and I couldn't sleep and I couldn't do anything, I couldn't work and I was kinda like a zombie…that was probably the most intense part of my life in terms of feeling depressed.

… And I was taken exactly back to where I was ten years ago, it was no different, the feelings were the same, the sense of hopelessness, helplessness, powerlessness and diving head first into this black hole, which I understand this now to be depression.

  - Recognition of a difference between sadness and depression.

Men's focus group

But actually depression, you know, the symptoms of depression are anger too or being frustrated or feeling powerless, or you know, depression's not just sadness… you can be depressed without being sad necessarily, you know, you just feel angry all the time.

- **Terms used to describe depression**
  - There were contrasting views expressed between the focus groups about the use of the word depression. In the Health workers focus group they felt that Aboriginal people tend not to use the term depression. They may use the word 'stressed' but this is a recent expression. Some will say 'my head is stuffed up'. In the men's focus group however they used the word 'depression' and described symptoms of depression.

Reasons identified by community members as sources of emotional distress

- **Discrimination and racism**
  - Being treated differently from non-indigenous people.

Male interviewee

…it's very hard to overstate just how much that [being treated differently] impacts on people when they are faced with it day in, day out, walking down the street you know it, it's one of those messages that gets reinforced continuously.

TAFE student focus group

…like when you're in a shop…when you're in a certain section they'll send security people out to watch over you.

Like sometimes when you go into a shop and a customer before you, the worker will be like 'oh hello, how are you today'… as soon as it comes to the black person, nothing, silence.

  - When there is trouble at school Aboriginal children are more likely than white children to be blamed.

- **Socio-economic factors - health, unemployment, housing and education**
  - Gross inequity in access to health care and poor physical health of self and relatives. Early death rates mean experiencing loss of close family and relatives often many times at a young age.
  - The HomesWest policies related to noise and party restrictions, together with house inspections and the threat of eviction, add to the stress of housing conditions.
  - In addition, HomesWest housing policies include two housing lists - one for the non-Aboriginal population, one for Aboriginal people.

TAFE student focus group

I don't understand why do we have Aboriginal housing for Aboriginal people and then housing for white people? You know the standards are so different.

We always get the old shit houses.

  - Impoverished / lower standard of living as a result of a number of factors such as lack of education and employment opportunities.
  - Financial stress particularly when there is no work available.

TAFE student focus group

He got laid off after nearly ten years of work and then we started spiralling down down down and all the bills were getting on top of us, everyone was ringing up for their money, all the debt collectors and whatever and that was hard… well you wanted to walk away from it, just up and leave.

- **Alcohol and other drug use**
  - Stress of alcohol and substance abuse within families.
  - Drinking alcohol attracts negative attention as it is often done in a public place. However, this place becomes an opportunity for people to meet and have a yarn.
  - Drinking may be used as a way of escaping reality, dulling the senses or anaesthetising the pain.

Men's focus group

I used to drink from when they opened that door to when they closed it, I used to work … my eight hours, drink through the day, I'd take bottles to work, go to the store grab a couple of bottles of drink, go to the pub, drank until they turned the lights off, go home, flake out on the floor … that was my way of coping with the shit going on inside my head.

- **Cross cultural issues**
  - Conflict between traditional values and Western society and difficulty integrating the two.
  - Dominant culture is unwilling to learn from Indigenous culture - such as local understanding of seasons and bush medicine - and the perception that black people are only accepted if living a white person's lifestyle.
  - Reaction and stereotyping by white people - some white people are scared of black people.
  - Non-indigenous people do not understand and acknowledge the importance of family relationships and the way in which everyone is related.

Male interviewee

You've got this interlocking network and like any family, there's going to be people who have fallen out in the past, who have feuds, who have longstanding issues they haven't resolved with one another and so you've got an intensity of relationships, solidarities and conflicts in those families that it's very hard for outsiders to have an appreciation of.

- **Political and economic history**
  - Historical impact of policy and the legacy of exclusion, splitting families, removing children, adoption and the stolen generation.

Health worker focus group

…and sometimes you have it in one family of brothers and sisters come from three different generational history you know. Not generations but the historical things because one was removed, one living on a community on a reserve and one actually living in town as a white person you know, and they are brothers and sisters, and so the kids grow up angry with each other and that's what happens. So it's a lot of historical stuff that we're dealing with that impacts on us as an adult.

- **Conflict within Indigenous community**
  - Differences between and within groups.

Health worker focus group

> *We used to live happy yeah, we'll go to the creek, get the ducks and you know, they all lived together, but happy. But nowadays it's all you're either angry or you're fighting or you're not talking.*

- **Cumulative effect of trauma and stressful events**

Men's focus group

> *I came back here and four or five times I probably could have topped myself any time… that's what depression's about. There's different types but it's an accumulative effect of a lot of things that happened to you and you don't deal with them, sometimes because you just don't know how to deal with them…*
>
> *Like right down the bottom of that hole, that's my impression of it, a big black hole you can't climb out of it, you know? And every time you think you're climbing out, something else comes along and pushes you down.*

  - Events noted included:
    - Abuse from white people whilst growing up.
    - Being hard on yourself.
    - Lack of money.
    - Separation from mother and/or family.
    - Family deaths.
    - Drinking and other addictions.
    - Stressful relationships.

- **Unhealthy responses to these stressors may occur**

Men's focus group

> *Because what happens a lot of times it just manifests itself in anger and you get angry with yourself, you get angry at your woman, you get angry at your kids, you get angry at the bloke looking at you across the road, so what do you do, you say 'oh I'll get angry'…and I'll bash this bloke up and find myself in jail, and that's what happens….sit in jail for 3 weeks, they let you out again, you go and do the same thing again and not know why you're doing it…that's the hard part, it's not knowing why you're doing it.*

- **Lack of preparation for managing the many stressful life events that occur**

Men's focus group

> *The very first time I remember when I felt incredibly sad and … cause I had no preparation for it whatsoever, and I think a consequence of that was I wasn't in myself able to very well handle it.*

Lack of culturally appropriate health services

- Inability of health systems to understand and accept traditional understandings and provide culturally appropriate services.
- Western diagnostic tools are culturally inappropriate.
- Service providers may treat the individual in isolation and may not listen to the family or use the family model.
- People may want the opportunity to be involved in their own treatment.

Health worker focus group

> *That's the thing that really upset me was the fact that I actually had no control, it was actually taken completely out of my hands, even when I was trying to suggest ways of being treated and things like that, nobody wanted to have a bar of it.*

- Inadequate training of reception staff which leads to people being turned away.
- Health workers feel stressed and that they receive no support within the job.

- **Concern about how organisations are managed and administered**
  - Observation that Indigenous organisations are closing down one by one.
  - Decisions are made based on mainstream notions of efficiency and effectiveness.

Health worker focus group

> *Most of the organisations are still controlled by white people.*

- People have been given organisations to run and large budgets to manage without receiving adequate support, skills or resources to do so effectively.

Health worker focus group

> *… but they're not actually skilling the people to adequately run them themselves and that's where the problems arise because it's very easy for the white man to then turn around and point the finger and say 'well yeah, we've given you the opportunity, now you've failed'.*

- **Response to consultation**
  - Aboriginal people are asked for their opinion or to prepare briefing papers but there is often no action as a result. They are now skeptical about providing information.

Health worker focus group

> *… you just get very jaded I think being there to provide advice, but it's actually ignored because it doesn't fit with the department vision or whatever.*

Suggestions made to improve the social and emotional wellbeing of the community:

Male interviewee

So when you talk about social wellbeing as opposed to mental health, you're actually implying that you're going to deal with the social environment of the person rather than their internal mental condition.

- **Government support**
  - Departments should work collaboratively and develop partners within the community. The partnerships need to be genuine and not just funder-provider relationships.
  - Change in policy is needed to allow for flexibility as at present when contracted to deliver a specific number and type of service, time is not allowed to build the trust necessary to achieve targets.
  - Economic and social support is required for job creation and improvement in employment opportunities.
  - There is a need to work with families with a focus on the early years of childhood.
  - Governments should support communities to build their capacity to undertake their own planning. Different responses are required for different communities therefore communities should identify their own issues and how they are going to address them.

Male interviewee

…so they can work with people to tackle these sorts of problems and it's not just handing … the problem over to Aboriginal people or organisations and saying 'okay, here you get the budget and you go and do it' because, the capacity has to be built there as well, to cope with these problems.

- **Respect**
  - People want to be treated with respect and dignity, they want to be treated as individuals, not stereotyped as black people.
  - It is important to recognize the contribution of Indigenous people to consultations and to provide initial feedback about what has been understood if a workshop style has been used.

Health worker focus group

…sometimes we want to be recognised because we're tired of just having our information put out and no recognition and nothing happens at the end of the day.

- **Personal strategies**

Men's focus group

…the one thing I've come to realise is that depression doesn't change …but what has changed for me has been that my reaction is different now. I have coping mechanisms in some ways to cope with that …

- Developing a network of supportive friends.
- Meditation to control anger.
- Going for a walk.
- Thinking positively.
- Avoiding powerless situations.

Men's focus group

So whether having control was a coping mechanism I don't know. It was only to avoid getting into powerless situations which cause you to be frustrated and angry and possibly leads to depression.

- Giving up drinking.

Men's focus group

I've given up drink, cause that just brings on the anger really quick.

- Painting / drawing.

Men's focus group

…trying to get over stuff you know, painting's a good way, you don't have to prove anything to anyone when you're painting, it's your own stuff…

- Spending time with family members.
- Listening to the sound of running water at the river.
- Accepting the spiritual world is part of this world / yarning with spiritual world.

Men's focus group

Them things [seeing spirits] happen all the time for me, and I treat them as someone out there looking after me, you know. And that never used to happen before, I could never go there, you know. Things, people would come and I'd think it was bad stuff coming you know and a lot of people, like if I was talking to a psychiatrist you know he'd say like I was off the planet, but it's not off the planet.

- Providing children with alternatives to deal with frustrating situations.
- Talking and crying.
- Counselling.

- **Holistic Aboriginal health services**
  - A holistic approach is important because of the complexity of issues.

Health worker focus group

In the long run we have to look at realistically holistic healing with people, because … you can't treat alcohol and drugs without looking at what other issues are around it.

  - A holistic health team, including a holistic healing centre in the form of a house in the suburbs, would avoid stigma and be culturally appropriate - a place where people like to go and feel welcomed, and are not referred elsewhere. Funding for a bus and driver to provide transport and get people together is also very important.
  - Workers need to be aware of spirituality.

Health worker focus group

He [doctor] could have actually made much more of a difference to me by just acknowledging, even if he didn't believe it, just acknowledging that spiritual connection.

  - Include and recognize the value of yarning.
  - A meeting place provides an opportunity to yarn and mix with everyone.

Health worker focus group

…and the yarning is a great healer …

And it is that Aboriginal way of yarning and allowing it to take its time and its course. It's not sort of the one hour diagnostic thing at the end of it saying this is exactly what you are after one hour.

  - Workers need not have professional qualifications, common sense is also important.

Health worker focus group

Like a lot of Noongars out there, they know more than anything but yeah because they don't have a piece of paper and stuff, they can't get in that door to help people.

  - Provide culturally appropriate services for Aboriginal men as there are no services for men to help deal with pain, anger and frustration.

- **Culturally appropriate mainstream health services**
  - It is important to recognise Aboriginal people as professional health providers and increase pay and give them more autonomy to do the work needed, and to recognise experience as a qualification.
  - More Aboriginal health promotion and health workers should be employed, including Aboriginal health workers in schools who are able to yarn with students.

Suggestions for disseminating mental health promotion material in the community:

- **Target public events including Fun Day/Awareness Days or big Aboriginal festivals**
- **Role modeling**
  - Having Aboriginal people on TV is positive - recognisable people with a clear message and using their own language will get through to people.
- **Posters**
- **Workshop style sessions**
  - Hold separate women's and men's groups.
  - Have group activities and an opportunity for yarning.
  - It is important to provide food.
  - These may be more attractive to the older generation which is important as elders' opinions are respected.
- **Health promotion should be tailored differently for different groups, with appropriate consultation each time**
  - Develop strategies with communities according to identified needs. It is essential to include evaluation in the planning process of any projects.
- **Attach mental health promotion to initiatives already underway because they already have momentum and can be adapted and applied to other similar areas**
- **Work with organisations and existing networks for community engagement / consultation**
  - Work with the community to identify their goals.
  - Develop a strategy with the community, workshop it once it has been developed further, so by the time it is rolled out there will already be a network of knowledge in the community about what is happening and why, as well as having their input to strengthen the process, thereby ensuring a more successful outcome.
- **Use of Community Action Groups (CAGS) to engage the community**
  - Community Action Groups have been set up in some regional areas and include representatives from each family in that particular area. They provide a good forum to talk to the community and an opportunity for interaction with government at a local level.

Listening to Diverse Voices

Department of Health
North Metropolitan Area Health Service

MURDOCH UNIVERSITY
PERTH, WESTERN AUSTRALIA

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