

MENTAL HEALTH CONDITIONS IN AUSTRALIAN ABORIGINAL AND TORRES STRAIT ISLANDER (ATSI) INDIVIDUALS - SOCIAL, CULTURAL DETERMINANTS AND PREVENTION STRATEGIES

INTRODUCTION

Australian Aboriginal and Torres Strait Islander (ATSI) are the indigenous population of Australia. Improvement in the state of health in indigenous population has been a challenge in the countries like Australia. It has been observed that social determinants play an important role in population health and health inequity. The important social determinants of health inequality in indigenous population are lack of accessibility to primary health care, poor housing and sanitation, lack of healthy food and safe water.

The higher prevalence of mental illness and suicide in the indigenous population of Australia is a reflection of destroyed culture and can be attributed to the social and cultural determinants. Thus, the treatment or management of this mental illness should have a focus on cultural aspects in relation to the family and the society.

SOCIAL AND CULTURAL FACTORS

Psychological stress, depression and suicide are some of the indicators of mental illness. In a report "The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015", the data regarding the mental health of indigenous population was presented for the year 2012-2013. The percentage of indigenous population who reported depression was found to be 12%, which was higher than the overall percentage of Australians i.e. 9.6%. Indigenous population was found to be 2.7 times more prone to psychological stress than the non-indigenous population. Suicides accounted for 4.8% of the total deaths of indigenous population for the period of 2008-2012. The suicide rate of

aboriginal population was twice when compared to remaining Australians. It was 5 times higher in the age group of 15-24 years. (AIHW, 2015)

Between 2001 and 2005, the deaths caused due to 'external causes' which include suicides were the second most cause of mortality in aboriginal people of Australia. Indigenous males were considered to be at higher risks for suicides in Australia. The rate was almost twice than the non-indigenous males. (Pink et al., 2008)

The socio-economic risk factors which are responsible for suicides in younger indigenous males are lack of proper education, poverty, lack of access to health care services, residing in remote areas, violence due to race and socioeconomic status, alcohol and illicit substance abuse, lack of employment, etc. Overcrowding and poor quality of housing among the indigenous population has been associated with poor mental health. (AIHW, 2011)

Suicides in aboriginal population are considered as a result of longer periods of trauma which have been passed on by the previous generations to the current ones. It can be put in simple words as aboriginal disempowerment which has lead to suppressed rage. Racism has been considered as the main factor which affects the mental health of indigenous population. (Paradies et al., 2008) Trauma which is a result of multiple stress factors experienced by the aboriginal population may arise from family or the community people. Incidence of cumulative trauma, which is a result of exposure of the individual to a specific determinant such as racism, has been reported in the indigenous population. (Calma, 2009)

The indigenous people who reported high levels of psychological distress were found to be either alcoholics or daily smokers or drug addicts. These people were found to be involved in binge drinking, smoking and drug abuse due to frequent discrimination based

on race, socio-economic status and poverty. (ABS, 2010) These patterns of social factors in indigenous females not only affect the mental health of current generation, but also their children in case of pregnant women. Exposure to these risk factors in the uterus, results in poorer mental health status in the foetus, which can progress into their adult life. (Calma, 2008)

Considering all the evidences and the literature surveys the social and cultural risk factors can be identified as follows:

- Racism- responsible for cumulative trauma, causing suppressed rage among the indigenous young population, resulting in poorer mental health conditions
- Poor housing facilities and overcrowding- lack of attention to the particular member of the family increases the risk of isolation and suicidal behaviours
- loss of cultural integrity due to colonization effects
- lack of employment- leads to decrease in self-respect and self confidence
- removal from the family at an young age- causes isolation, leading to suicidal thoughts and behaviours
- family issues- death of a family member may pose psychosocial stress on the individual leading to mental illness
- community issues- ‘copycat’ suicides, the individuals are triggered by the suicides of other members of the community
- suicide as a solution- children belonging to these aboriginal population witness suicides early in the childhood throughout their life, consider suicide as the only option to solve or escape from a situation
- lack of access to primary health care facilities
- belief in the traditional concepts of illness and healing- which are attributed to the supernatural powers and the sorcery (Maher, 1999)

- lack of trust in community services or the government
- smoking, drinking and drug abuse- higher rates of smoking and drinking among the reproductive women, which causes poor mental health in their children which continues even in their adulthood
- Constant exposure to the multiple stressors

PREVENTION STRATEGIES

There are many strategies to improve the mental health and reduce the suicides in indigenous population. As the suicidal behaviours and the mental illness are related to the cultural and socioeconomic factors, understanding these factors plays an important role in prevention of these illnesses. Thus, involving the indigenous people in developing the factors that are culturally appropriate and in decision making process is the major goal. One of such strategies is involving the community leader of this population in the knowledge process. This includes delivering the care and knowledge regarding the mental health to the indigenous population through these community persons. They can also be additionally supported by the non-indigenous health professionals to guide the community leader.

Communication plays a key role in identifying the mental health conditions of indigenous population. Communicating in the language of these people may have a significantly effective impact on the identification process, thereby treatment and prevention.

A randomized study conducted on students has shown that early childhood academic enrichment improves mental health in their lifetime. (Schweihart et al., 2005) Hence, education as a social determinant of health plays a vital role in improving the mental health status in indigenous population. Policies which provide supplemental income can also be a reason for improved mental health in children.

Improvement in the neighbourhood environment such as construction of a park or play ground, maintaining gardens, etc was proved to improve the social well-being of the population. This strategy helps in the coping process i.e. the recreational activities help in overcoming the loss (death or suicide) of the family member and improves the psychological health. Some established evidences identified that the changes in neighbourhood environment were linked to the improvement in the social and mental health. Levels of anxiety and depression were also dropped significantly. (Schweihart et al., 2005)

The initiative by the Australian government to reduce the mental illness and the suicidal behaviours in indigenous population was supported by National Suicide Prevention Strategy (NSPS). The strategies to overcome the mental illness and suicides have been based on the two risk factors- immediate and long term.

1. Preventive early intervention

This strategy should be implemented for the individuals with recent trauma or exposed to the stressors. This includes identification of level of risk for suicide in these individuals by the community leaders or the mental health physicians, if available. Appropriate interventions need to be done in these individuals such as providing social and family support, involving them in the recreational activities, etc.

Appropriate training programs and requisite knowledge need to be provided to the community leaders for identifying and addressing the risks for suicide in indigenous population. (ORYGEN & beyondblue, 2008) These programs help in improvising the skills to handle the depressed individuals, providing knowledge of different types of mental illness like depression, hallucinations and psychosis which result in suicides and understanding of social and cultural aspects of this population resulting in this behaviour.

2. Long term prevention interventions

These strategies aim at preventing the risk factors responsible for suicidal tendencies in indigenous population. This includes removal of stress factors like racism, childhood abuse, poor nutrition and housing, alcohol and drug abuse and smoking. Healthy pregnancy, good nutrition, family support and care, early enrichment education to the child, providing employment opportunities were found to significantly affect the mental health of the child throughout the life. (Zubrick et al., 2008)

3. Proactive bereavement support

The indigenous people are affected by several deaths in a short period of time. As these people recover from one death, there is another such tragedy again in the community. Thus the waves of distress and bereavement are seen in this population. This may trigger these people for the suicide. Thus, bereavement support and counselling by the community or social workers need to be given to the individuals with the suicidal behaviours.

4. Henry's 3-level model of community healing

The first level of this model includes the community helpers. These people can actively participate in the healing process by following appropriate cultural practices and helping the indigenous individuals in coping up with the trauma. The next layer of this model includes the para professional helpers, who can provide the training to the community workers and act as a bridge between the community workers and the mental health counsellors. (Henry, 2008)

CONCLUSION

The ever increasing rates of mental illness and the suicides in the indigenous population of Australia remains a challenge for the government. The cultural and social disparities between the indigenous and non-indigenous population reflects in the rate of suicides of indigenous

population which is twice than that of non-indigenous Australians. Hence, there is an urgent need to address these cultural and social factors responsible for mental illness and suicidal behaviours in indigenous Australians. Identifying and addressing these mental health problems in this population can be done by the community helpers in coordination with the physicians and the government, which helps in individual as well as community healing.



EssayCorp 5 years

REFERENCES

- Australian Bureau of Statistics. (2010). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples (Discrimination)*. ABS cat. no. 4704.0.
- Australian Institute of Health and Welfare. (2011). *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011*. Cat. No. IHW 42. Canberra, AIHW, pp24-25.
- Australian Institute of Health and Welfare. (2015). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples :2015*. Cat. no. IHW 147. Canberra: AIHW.
- Calma, T. (2008). Aboriginal and Torres Strait Islander Social Justice Commissioner. *Indigenous young people with cognitive disabilities and Australian juvenile justice systems, Human Rights and Equal Opportunity Commission, Sydney, p.15*
- Calma, T. (2009). Aboriginal and Torres Strait Islander Social Justice Commissioner. *Social Justice Report 2008, Australian Human Rights Commission, pp 153-154*.
- Henry, D. (2008). PowerPoint presentation—personal communication. Report from the Curtin University Centre for Aboriginal Studies, Community Healing Practitioners Workshop, November 2007.
- ORYGEN and beyondblue. (2008). Aboriginal Mental Health First Aid Training and Research Program. *Suicidal thoughts & behaviours and deliberate self-injury: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person*. Melbourne: ORYGEN Youth Health Research Centre, University of Melbourne and beyondblue.
- Paradies Y, Harris R & Anderson I. (2008). *The impact of racism on Indigenous health in Australia and Aotearoa: towards a research agenda*. Discussion paper no. 4. Darwin: Cooperative Research Centre for Aboriginal Health.
- Patrick Maher. (1999). A review of 'Traditional' aboriginal health beliefs'. *Aust. J. Rural Health*, vol. 7, pp. 229–236
- Pink B, Allbon P. (2008) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. Australian Bureau of Statistics, Australian Institute of Health and Welfare. 4704.0. Canberra, Australia.
- Schweihart LJ, Montie J, Xiang Z, Barnett WS, Belfield CR, Nores M. (2005). Lifetime effects: The High/Scope Perry Preschool study through age 40. Ypsilanti: High/Scope Press.
- Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Shepherd, C., Mitrou, F. G., DeMaio, J., Dalby, R. et al. (2008). The Western Australian Aboriginal Child Health Survey: Are there any policy implications? In G. Robinson, U. Eickelkamp, J. Goodnow & I. Katz (Eds.), *Contexts of child development: Culture, policy and intervention* (pp. 59–72). Darwin and Sydney: Charles Darwin University Press.