

A Charge to Mental Health Practitioners



Rob Riley

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In September 1995, Rob Riley, renowned Aboriginal leader and activist for social justice and self-determination presented a seminal paper at the Australian Psychological Society Annual Conference held in Perth, Western Australia in which he challenged the practice of psychology to facilitate Aboriginal self-determination in the treatment of Aboriginal and Torres Strait Islander mental health. The following is an extract from that paper.

In his opening comments, Rob revealed his drive and compassion in pursuing improved outcomes in the mental wellbeing of Aboriginal people. In doing so, he encouraged the discipline of psychology and other professions to find ways to better deliver outcomes for Aboriginal people.

I believe there are profound obligations for those who commit themselves to helping their fellow human beings in the pursuit of a better quality of life. This is especially true where what we do impacts on the mental wellbeing of individuals in these dramatically changing times.

There are of course daunting and at times seemingly insurmountable obstacles, yet the challenges can be stimulating and enticing. This is my personal philosophy and it is also what I perceive to be the reality that confronts the discipline of psychology. I make the assumption that you, like professionals from all health and social science disciplines, have the motives and 'open-mindedness' to incorporate different perspectives within the discipline that you have chosen.

In my address I make reference to a number of reports that have been published over the years to provide an historical background to the current mental health status of Aboriginal peoples in this country, and the problems that have hindered provision of appropriate psychological services to them. My intention is not to lay blame or promote feelings of guilt—these are negative emotions that achieve little—but to invite you to share the challenge of finding better ways that have better outcomes for all of us.

I outline the initiatives already taken by the profession in its attempts to improve its service to Aboriginal Australians. And suggest ways in which I feel psychology can further enhance its response to the needs of the contemporary Aboriginal community. I truly hope that what I have to say has both meaning and relevance and that it will give you a better insight into the issues which confront Aboriginal people on a daily basis. I share this knowledge on the assumption that information freely given will be openly received and that this knowledge may challenge you, as individuals, to contemplate your functional role and responsibilities to all Australians, especially in this context to Aboriginal Australians.

Rob was strong on the issue of social justice and how it related to the mental health of Aboriginal people.

The current problematic mental health status of Aboriginal people can be traced directly to denial of social justice. The history of this denial is best told in the underlying issues report to the Royal Commission into Aboriginal Deaths in Custody. This report is the most comprehensive analysis of the

myriad of social welfare variables, identified by the Aboriginal community as being fundamental issues that have perpetrated welfarism and that have maintained the co-dependency between the community and the bureaucracy, which I sum up as 'administrative genocide'. Aboriginal people have not been empowered to make decisions about their lives and the lives and futures of their children.

He described the gradual change from the long process of Aboriginal disempowerment and destabilisation that came with colonisation to one of increased empowerment through legislative change that gradually removed the onerous and punitive measures of earlier legislation and through 'affirmative action programs aimed at encouraging Aboriginal participation in decision making'. But as Rob noted:

The process of empowerment, in one sense, has come far—but in many others, as illustrated, it has proved to be an illusion, and the cost to the community in achieving even these modest gains over a period of some 150 years has been enormous.

An issue personally experienced by Rob was the removal of Aboriginal children from their parents, families and communities. He described the profound impact on the children and members of their families who were directly affected by the assimilation policies and indicated the duty of care that psychologists and other health professionals have in the reparation process.

The anguish of their grief-stricken parents, families, kinship groups and communities, and the children themselves was brusquely discounted as inconsequential and at any event of a temporary nature. Today the legacy of those policies (should) haunt the conscience of white Australia, as it has haunted the memories of generations of Aboriginal families. The residue of unresolved anger and grief that blankets the Aboriginal community has had a devastating effect on the physical, emotional and mental well-being of so many.

The removal of children report cannot be allowed to suffer the fate of previous reports . . . The recommendations made in this report can and must go some way toward easing the anguish that plagues the Aboriginal community. These recommendations provide a blueprint for direct and unequivocal intervention, on behalf of the state government, to repatriate families and to care for the broken spirit of thousands of our people.

Psychologists, other health and social science professionals have an absolute obligation and a duty of care to share in this reparation process. More importantly the paramount obligation on the profession is to guarantee the participation of control by Indigenous people in any area of psychological study, counselling, and preparation of reports that pertain to the Indigenous community.

Rob's conclusion and charge to mental health practitioners is profound as has been its powerful impact on progressing improved mental and physical health outcomes for Aboriginal and Torres Strait Islander people.

. . . the pertinent question for the Australian Psychological Society and you as practitioners is 'how can the profession facilitate Aboriginal self-determination'? How can this begin and how can it be sustained?

We as individuals have the obligation and the power to ensure that positive social change occurs. On another level however, organisations and departments need to show leadership and commitment by subscribing formally to the principles and guidelines for achieving social justice.

The world we live in is in a state of intense and unprecedented environmental, political, economic and social change that impacts on every living thing on this planet. We are an active part of this change and we as individuals, as collectives in families or in work organisations can and must direct where our world is going.

Until recently the practice of psychology has largely served to oppress, control and assimilate minority groups, especially Aboriginal people. In the past few years a range of Aboriginal mental health initiatives, some connected with the Australian Psychology Society have been established.ⁱ

There are, of course, a myriad of mental health initiatives happening on the ground in Aboriginal communities at local and regional levels, as Aboriginal people themselves are attempting to identify and seek solutions to the inequitable situations they live in. To the members of the Australian Psychology Society I would say 'join us in this quest'.

i Aboriginal mental health initiatives are outlined in Chapter 3 (Dudgeon and colleagues).

- *What part can the discipline of psychology and you as psychologists play in the pursuit of social justice?*
- *How many psychologists have an understanding of Aboriginal people?*
- *How many of you have an understanding of Aboriginal culture, history and contemporary issues?*

For many of you this knowledge is crucial given the social conditions and your work environments such as prisons and the welfare sector and 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 psychology training and educational programs. To their credit some psychology departments have been actively involved in Reconciliation Study Circles. Some educational institutions have begun introducing more appropriate and relevant contemporary Aboriginal issues into their curriculum and training for psychologists. I applaud the Universities and again, I applaud the leadership in your profession for these real and important initiatives. They represent a most appropriate and empowering process because the initiatives I have just mentioned are developed, designed and delivered by Aboriginal people. Aboriginal participation in their own matters, academic or otherwise, is integral. This is the basis of equity and self-determination.

Another challenge to psychology is to examine the discipline and its theory; training practices; methods employed, and their appropriate application to Aboriginal people (e.g. the use of Western tests on Aboriginal clients. It has been recognised that these tests were not 'culture-fair' but they are still being used.)

The discipline of psychologists needs to be open to change but more-so, it needs to be dynamic and be prepared to change. The signs are positive, as I have acknowledged. But so many obstacles remain and still much needs to be done. We cannot allow ourselves to become complacent nor limit potential simply because we think we have done enough.

I am enthused and I hope you are as well, by the guiding principles contained within the National Aboriginal and Islander Mental Health Policy Report, authorised by Swan and Raphael. These principles intended to guide the development of an Aboriginal and Torres Strait Islander mental health strategy and plan, are principles that your profession should take on board. I commend them to you as the basis for your future proactive involvement in meeting the challenges outlined here. They include the understanding that:

- *The Aboriginal concept of health is holistic.*
- *Self-determination is central to the provision of Aboriginal health services.*
- *Culturally valid understanding must shape provision of Aboriginal health (and mental health) care.*
- *The experience of trauma and loss contribute to the impairment of Aboriginal culture and mental health wellbeing.*
- *The human rights of Aboriginal people must be recognised and enforced.*
- *Racism, stigma, adversity and social disadvantage must be addressed in strategies aimed at improving Aboriginal mental health.*
- *The strength and centrality of Aboriginal family and kinship must be understood and accepted.*
- *The concept of a single homogenous culture and/or groups is erroneous.*

Aboriginal people have great strengths including creativity, endurance, humour, compassion and spirituality. These characteristics of Aboriginal people have enabled their survival through the period of dispossession and oppression that you have had described in some detail to you today. This has helped us (Aboriginal peoples) through the worst of times.

They will go on sustaining us until, with your understanding and support and commitment, we are ready and able to enjoy with all Australians, the best of times.

Finally, I say to you, two thoughts that I keep in the back of my mind when the struggle along the road to social justice and equity gets a bit tough:

- *You can't be wrong if you're right, and*
- *You don't stop fighting for justice simply because those around you don't like it. Just keep on fighting.*

The full transcript of Rob Riley's Conference Paper **From Exclusion to Negotiation** is available from:

Rob Riley. From exclusion to negotiation: the role of psychology in Aboriginal social justice /discussion paper (Curtin Indigenous Research Centre) ; No. 1/1997. Gunada Press, Curtin University, Perth WA