



## Editorial

### On social and emotional wellbeing and Indigenous Australians

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For the last year, I have had the privilege to work with an Aboriginal Australian academic Dr. Norm Sheehan, who joined us to complete a post-doctoral thesis on social and emotional wellbeing (SEWB) and Indigenous Australians. The work was funded by Health Promotion Queensland, through the Centre for Rural and Remote Mental Health Queensland, and we have been assisted by an eminent expert advisory group drawn from national interests. The primary output is a framework for action and possible funding, and there are two parts. The main document is about SEWB as a construct with implications for the future of Indigenous Australians and their communities (Sheehan & Martin, unpublished). A second linked document is about SEWB and its implications for suicide prevention in Indigenous Australians (Krynska, Martin & Sheehan, unpublished); this eventually will be handed over to the Queensland Government Suicide Prevention Strategy Expert Advisory Group, and may have some influence on funding approaches over the next few years.

As might be expected, with both frameworks, the task has been primarily an academic one. We have scoured the available national and international published literature as well as reading every other relevant policy and strategy document we could access. We have emailed and teleconferenced with a large number of national and international experts in Indigenous matters, and followed both their advice and leads to others with strong opinions. But behind all of

this has been (at least for me) a steep learning curve in Indigenous history and culture. Norm (who won a Dean's commendation in 2004 for his PhD; Sheehan, 2004) has strong views on the last 200 years of Australia's history, and has confronted us repeatedly with the reality of genocide in this country. Genocide is such a strong word, implying as it does a purposeful strategy of destruction of Indigenous culture and peoples; it has been hard to accept. But there is sufficient historical documentation providing evidence of not just neglect, not just attempts at assimilation, not just a stealing of children to save them, not just an accidental mass infection with a myriad of diseases, but an intent to actively wipe out thousands of years of what we have seen as primitive cultures, cultures which in fact have been able to live in comparative harmony with the harsh realities of Australia rather than trying to fight it and change it as we all have done. In general terms, what has emerged is the need for us to reverse this trend, and develop a respect for Indigenous cultures, and assist them to rebuild their own families, their own communities, and their own culture in their own way.

Of course we are not the first to have said this, and within our searches we found any number of policy and strategy documents saying somewhat similar things, many of them not publicly well known, and many of them apparently ignored as far as funding and further action are concerned. So it will be interesting to see how our

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framework for social and emotional wellbeing is received, and just how many of our recommendations see the light of day and/or receive funding.

The framework on suicide prevention has had some additional challenges. There is a considerable amount written about Australian Indigenous suicide, but so much of it has been more in the way of rhetoric rather than researched fact. This is nothing to do with the goodwill and expertise of those who have worked in the area over many years; rather it emerges out of the constraints that seem to exist in any approach to research or evaluation in Indigenous Australian communities. So, one issue is that we have had to rely on basic research work from abroad (for instance Boothroyd, Kirmayer, Spreng et al., 2001; Chandler, Lalonde, Sokol & Hallett, 2003; Chandler & Proulx, 2006; Kirmayer, Brass & Tait, 2000), which may not translate well to Australian conditions. Nevertheless, there does seem to be international evidence that suicide prevention in Indigenous communities may not be about diagnosis of mental health problems and suitable pathways to care, but rather is about connectedness to family and community, a strong sense of cultural identity, and self-governance. These do make sense, and much has been translated to the program level for Indigenous Australian communities. As yet, on the whole, we need stronger evidence from these programs before they can be accepted as successful. Further we need to understand how successful programs can be translated successfully to other clan or mixed origin communities. One of our recommendations concerns funding of training programs for Indigenous workers given that it appears important both for the development of SEWB programs in communities, as well as crisis intervention and maintenance of pathways to care in communities, that there is a critical mass of trained and highly trained workers who are committed to working within their own community of origin. Another major recommendation has been that we need to fund a number of open meetings at which there is universal and high level representation from communities, at which we can share what is known about SEWB, and what is known about what might work well for Indigenous

communities. It is unlikely that much headway can be made unless there is general acceptance of the recommendations, the framework, and the steps for a way forward.

There is of course an urgent need to move this work along. Some months ago I had the painful privilege to review some 22 Queensland cases of suicide in young people under age 18. Some of these were young people well known to mental health systems in that they had lengthy histories of contact, often a multitude of diagnoses or at least one serious mental illness, were on medication, and had been hospitalised at some point. The deaths raised issues about how generally we care for young people, how we work with the most difficult acting out young people, how we maintain our contact in a complex system of care, what signs we must look for to avoid an adverse outcome. The stories were all painful to read; such a sad loss of young Australians. However, in many of them there was a sad inevitability to the suicide, as if the young people had suffered way too much in a very short time. On the other hand there were many young people for whom the suicide came as a surprise to everyone, an impulsive act often related to an adverse circumstance, and neither predictable nor inevitable. The most painful ones were several young (11-14 year old) Aboriginal Queenslanders and one young person from the Torres Strait Islands, where the knowledge of circumstances, the story, the attached professional notes of contact, were so limited that no real sense could be made of the death. How do we ever begin to advise on prevention when we have so little to go on? Once again, I was persuaded that suicide prevention in young people is not about mental ill health, and pathways to care; more it is about their personal upbringing, the quality of family life, connection to parents, friends, school and culture, and the overall building of social and emotional wellbeing – more than, but inclusive of, resilience. This is our best chance. But where to begin and, in particular, where to begin for our young Indigenous Australians?

About a month ago I was intrigued by a rapid response to a sequence of five suicides of young people (over a year, but with a gathering crescendo over a few weeks). The community of Mackay was stunned, both professionals and lay

people. As the services began to discuss and address the issue, given the number of Aboriginal young people, elders from local clans took a number of friends and contacts (about 15 or so I understand) away for 5 days of intense discussion in an attempt to avoid further copycat deaths. At the point of writing, I do not know the detail of what transpired, but it does appear to have begun the process of healing for the young people concerned, and would appear to have been an entirely appropriate response. So far, so good. I have been invited to Mackay next week to follow up with medical and community services, and I hope to have some discussion with elders; I want to learn more.

And then last week I visited Mornington Island (traditional home of the Lardil people) with two colleagues to scope how our eCYMHS<sup>1</sup> service might provide some clinical consulting, or mental health promotion service to young people and their families. My psychiatrist colleague, who has three years experience with Aboriginal Australians in the Northern Territory, had spent several preparatory weeks communicating with professionals working on or visiting the island, major services on the island, as well as with elders from the community. Overall we were well received, and well cared for in accommodation inside the hospital compound; we were even allocated a 4-wheel drive to provide easier access around the island. We were able to meet key professionals (psychologists, nurses, Aboriginal health workers, and child safety, community health and Royal Flying Doctor Service workers) working directly with young people and their families. We heard about several innovative programs. One was a program from the local library, which had found a large number of old photos of people from the island in a mainland collection, and copied and enlarged to engage people in reconnecting with historical family; apparently the response was terrific, and enduring. Another was a large group meeting for older women - ongoing, and providing both support and the opportunity to rediscover connectedness, as well as have the odd whinge about grandparenting issues and other things! There was reserve in some quarters, although we did not meet open suspicion; but I guess people are naturally wary about services visiting for the first time, wondering whether they will return, have the capacity to do anything

useful in the longer term, and have the grace to work in collaboration with all of the myriad other services on their island.

There are, of course serious problems. Much of the residential area looked like a war zone, with little evidence of pride in garden or house. Many residents were attending the 'casino' - an ordinary house with a large veranda area - where gaming seemed to be in full swing for most of the day and night. Many others, with several generations in evidence, were sitting on other verandas doing not very much. We had to drive at about 15kms/hr at twilight on each evening to avoid small children, dogs, and adults the worse for wear from 'home brew'. The 'canteen' (which sold limited amounts of beer) was removed from the island a year ago and now, we were told, residents make their own alcohol using yeast garnered from Vegemite or Weetbix! There is a high percentage, then, of Foetal Alcohol Syndrome, marital violence, and all of the results of alcohol driven impulsivity.

And, there is a painful history, with loss of the traditional prawn fishing, the death of a market garden recently from too much salt in the water, some available work in the mines on the mainland, but little else to provide role, meaning, and worked-for income. More serious was the loss of a number of elders in a plane crash about 8 years ago, which seems to have ripped the heart out of the community. No work, nothing to do, no-one to manage community life and pass on traditional culture. When we talked with two elders on the last morning, they both had similar messages - there is no respect for traditional culture, no respect for elders, no respect for the old ways, no respect for the land. There is an immense need to return to country, but there are problems here, too. The internationally famed Mornington Island dance troupe is failing for lack of community interest, the one remaining 'Songman' feels unable to pass on the traditional songs because there is no interest from the younger people. These are Australians, and you get the strong feeling we have failed them, and (despite all the different services trying their best) we continue to fail them. So what can we do that might make a difference?

Given our child and adolescent focus, we put some faith in the school, and had a lengthy discussion with three teachers. Two key issues

emerged. First there is a large amount of bullying, which seems to have provided a reason for non-attendance. And this is the second issue; only about 100 of the children of the 230 registered attend school on any sort of regular basis. And when you think about it, why would they given what they see and hear, what they live, and what they must be told of their future with no hope for work or meaningful role? A few young people have succeeded fairly well, and then left the island for further study. The local Police-Citizens Youth Club (PCYC) is running sports programs in a fairly new gym set on a struggling oval. Again some young people have succeeded at sport and left the island to pursue a future. We suggested to the teachers that one strategy might be to offer breakfast to bring the kids in; they are doing that, with only some success. We explained that, elsewhere, successful programs ran a bus, and collected the young people to bring them in for the breakfast; they told us they were doing that. We then talked about a third strategy that I have seen work elsewhere – building of a pool on school grounds, only available in school hours to those who have attended all day. There is no pool on Mornington, and young people swim in the sea, at some risk from sharks and from salt-water crocodiles. Although there have been discussions, I understand, and although many others believe a pool might be a good idea, nothing has happened at this point. A pool might have other spin-offs for the community in bringing people together in a more positive way than the casino; maybe. There might be physical spin-offs for young people – not just in terms of physical exercise and fun, but in terms of reduction in ear and skin infection; maybe.

When I suggested that the death of the elders had ripped the heart out of the community, there is an odd irony. The local art group and gallery have a very successful program of art training and sales. Recently, a beautiful glossy book (Evans, Martin-Chew & Memmott, 2008) was created to show off the art of many people from the present back to the past of the Roughsey brothers and others. The book is called *The Heart of Everything*; ironic in a community with no heart.

Yesterday, I was phoned by one of the island's doctors seeking advice about a 14 year old boy

who had been smoking regular, excessive marijuana. After a fight, he tried to hang himself. We explored the immediate risk, and the possible need for assessment in Mt Isa, 2 hours flying time away. Can we change things for this young man with current resources? Maybe, but he is the tip of a very large iceberg, I suspect. And this is not about classic mental health care. This is about someone helping the community to reclaim country, community, family, identity and role. There is a need for collaboration between services to build on what exists to provide relevant programs. There is a need for productive work; available on the island. There is a need for meaningful pathways to adulthood. We need to assist the school with some collaborative programs. And someone needs to help the 'Songman' pass on his skills before it is too late. And they need a pool; now.

#### Note

1. eCYMHS is a service to rural and remote areas of Queensland we have run from Royal Children's Hospital CYMHS for several years. The mainstay of the service is regular (fortnightly, or in some cases weekly) videoconferencing by a psychologist and a child and adolescent psychiatrist, supplemented by face to face consulting, support and supervision visits every 3-4 months or so.

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