

## **WAMS (Our Direction)**

### *Health Is Life Is Health*

**The National Aboriginal Health Strategy Working Party, (1989), defined health as:**

"Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life."

- 1. Preamble.**
- 2. Historical and Socio-Political Context of Aboriginal Mental Health.**
- 3. Until the Chains Are Broken.**
- 4. Comparisons with Indigenous Cultures Elsewhere.**
- 5. Ways Forward.**
- 6. Social and Emotional Well Being.**
- 7. Towards Healing and Reconciliation.**
- 8. Towards the future.**
- 9. References.**

***The stories of our ancestors, the collective grief, as well as healing, begin***

*from knowing where we come from and where we are heading.....carrying the past with you into the future is, as it should be. We are nothing if not for those who have been before, and the children of the future will look back and reflect on us today. (Social and Emotional Wellbeing Framework, 2004)*

## 1. Preamble

Just forty years ago, Aborigines were not classed as citizens of Australia, unable to vote, own property or manage their own financial affairs. The history taught in schools identified Aborigines as a primitive and doomed race who owed their ongoing existence to the benevolence and pain-staking care of white missionaries, adoptive or foster parents, government agencies and the owners and managers of pastoral properties who provided work opportunities, food and shelter. Our schoolbooks failed to tell us of the injustices meted out to Aboriginal people or the violence that they encountered as colonization spread. We were not aware of the important role that Aboriginal people played in the wealth of the nation through their poorly paid work in the pastoral industry.

In 1966, after a period of hospitalization in Darwin, where he met the union organizer Dexter, Vincent Lingiari returned to Lord Vestey's pastoral property at Wave Hill and went to his people, the Gurindji people, saying:

*We got to get rid of it. We not work for him now like dog....You mob my people and you mob my stockmen...we mob got to walk off tomorrow.*

The following day Vincent led his people to Wattie Creek, a place of spiritual meaning to the Gurindji, and named it Daguraga. Whilst the initial reason for the walkout was over wages and conditions Vincent came to realize that this was 'Blackfella land, Gurindji country' and, despite numerous efforts by the pastoralists to end the strike, the Gurindji held out for eight long years. In 1975, in a small but significant step on the road to recognition of Aboriginal people as the traditional owners of this land, Gough Whitlam met Vincent Lingiari on what was to become Gurindji land:

*....Gough pulls the old man's hand up because he can't see too well. The old man ....he doesn't smile when Gough lifts his hand up. As soon as that sand his hand you can see he grinned, "Got 'em! I got it."*

Malcolm Fraser, in the Fifth Vincent Lingiari Memorial Lecture, August 2000, has used the title, "The Past we need to Understand". Without recognition of past injustices and the impact of colonization and its continuing aftermath on the lives and experiences of Aboriginal and Torres Strait Islanders we cannot begin to "go forward together as mates", as Vincent in his chat with Gough had wished.

Without an acknowledgement of the past and recognition of the need to address and right past wrongs many of the current issues affecting Aboriginal people cannot be fully understood. 'Ways Forward', the national inquiry into Aboriginal mental health, (Swan & Raphael, 1995) expressed the view that Aboriginal mental health inevitably related to the socio-political, economic and cultural components associated with colonization, dispossession, racism, marginalization and alienation.

## 2. Historical and Socio-Political Context of Aboriginal Mental Health

On the basis of Captain James Cook and Joseph Banks observations that there were few occupants on the east coast of Australia the land was declared *terra nullus*, or wasteland. This provided the impetus for white settlement without the need to consider the rights of the indigenous people or to enter into any form of treaty that recognized prior rights. Following settlement and the extension of frontiers Aboriginal people of different cultural and linguistic groups were forced from their tribal lands, often into missions and government reserves. The interaction of different cultures often led to disharmony, fragmentation of kinship groups and further cultural disintegration as Aborigines were forced to abandon spiritual and traditional practices.

Any attempt to withstand forced movement or to practice traditional methods of hunting and gathering was often met with violence and encouraged the view that Aborigines were savages from whom the settlers needed protection. Thus, the Aboriginal perception of the settlers' system of law and order as punitive and unjust was established early. Indeed, the Royal Commission into Aboriginal Deaths in Custody (1991) states that 'police have acted as the most consistent point of Aboriginal contact with the colonizing power.' Police were, and in many cases have continued to be, responsible for the implementation of various policies that colonies, states and territories have imposed on Aboriginal people for the purpose of protection and control.

The loss, trauma and grief associated with dispossession, social and cultural disintegration was exacerbated by diseases, to which the Aboriginal people succumbed in large numbers, and privation. The loss of traditional hunting grounds was replaced with rations of flour, sugar, tea and jam and, sometimes, poor quality meat scraps barely fit for a dog. In an oral history from the Wave Hill strike, Ida Bernard (1996) stated:

*That station had a killer. That for him [manager]. Nothing for we, black Bela, we only got bones. That's all. Cook him in the charcoal.*

The policy of assimilation demanded that Aboriginal people adopt and accept the values and mores of the European culture but they were to do so from within the confines of Aboriginal missions and reserves. Special exemptions were only on offer to those who were prepared to relinquish their Aboriginal heritage. The worst feature of the assimilation policy was the forced removal of children from their families, a practice that continued until the 1960's. It is not possible to read any report relating to Aboriginal Mental health and other aspects of their lives without being reminded of the devastating effect this has had on Aboriginal and Torres Strait Islanders. The Royal Commission into Aboriginal Deaths in Custody, (1995) found that almost half of those who died had been removed from their families. A study by Hunter, Reser, Baird & Reser (1999) revealed that a number of young women on Palm Island

immolated themselves in the 1960's and early 70's following the removal of their children.

Malcolm Fraser, (2000) spoke of past governments involvement in the formulation of policies and their justifications for the forced removal of children. Too often, the voices of dissent were seldom heeded. He spoke of a Northern Territory patrol officer by the name of Evans who reported to the Government Secretary of the time, R.S.Leydin, 'distressing scenes which he hoped never to experience again' after his involvement in the forced removal of children from Wattie Creek in 1949. Leydin, in his report to the Administrator, wrote:

*I cannot imagine any practice which is more likely to involve the Government in criticism for violation of the present day conception of "human rights".  
Apart from that matter...it is difficult to imagine any practice which is more likely to outrage the feelings of the average observer.*

Leydin also reported concern over the apprehension and dispatch of Aboriginal 'delinquents':

*It is to be noted that Aboriginals are held in what is in effect "in custody" ... without any investigation by a properly constituted court. An Aboriginal maybe sent....to Snake Bay on the report of a patrol Officer who may or may not be a properly informed, impartial person.*

Leydin requested that both practices cease until they could be shown to be just and considerate. His pleas were ignored and the practices continued. Interestingly, Australia ratified the Genocide Convention on July 8<sup>th</sup>, 1949. (Markovich). Clearly, little attention was paid to Article II which described the following as acts of genocide:

*...acts committed against a national, "ethnic", racial or religious group as such and committed with intent to destroy the group, in whole or in part.*  
*(b) causing serious bodily or mental harm*  
*(c) forcibly transferring children of the group to another group*

### 3. Until the Chains Are Broken

*He would know, but would not be able to talk...He would know the pain but nurse it in his heart. His silence would be true ...Only those that have seen their traditional lands stolen, seen the desecration of their sacred sites, seen the theft of their fairer-skinned children, been forced to work in virtual slavery for cattle companies and been mocked and demeaned by missionaries as spiritless heathens - only they understand. (Dodson, 1999)*

On every indicator depicting socio-economic and emotional well being, including health and mental health, housing, education and rates of incarceration, Aboriginal and Torres Strait Islanders either lag considerably behind or far exceed non-Indigenous Australians. (Australian human rights and equal rights commission, 2006).

The fertility rate of Indigenous women exceeds that of non-Indigenous women and Indigenous babies are twice as likely to die before their first birthday.

There is a higher incidence of teenage births. Teenage births are in turn associated with lower birth weight.

Indigenous people have a higher rate of hospitalization and suffer from higher rates of chronic and communicable diseases.

Indigenous people experience a life expectation inequality gap of 18 years.

Indigenous people report higher rates of violence or threatened violence and are more likely to be hospitalized following acts of violence.

Indigenous people have lower rates of participation in education and higher levels of unemployment

Indigenous people are more likely to live in crowded and sub-standard housing.

The percentage of Indigenous people in prisons has risen 12% to 22% of total prison population since the time of the royal Commission into Deaths in Custody. In NSW 20% of Indigenous males have experienced incarceration.

The percentage of incarcerated Indigenous women has increased by 110% since 1995.

Whilst the percentage of Indigenous people who regularly drink alcohol was lower than that of non-Indigenous people those who did drink used alcohol at levels considered to be at the high risk end of safety. The use of other illicit substances was also significantly higher.

A greater percentage of Indigenous children are either in state care or are living with

People other than their parents. In Western Australia, where Aboriginal people comprise just 2.4% of the population 57% of children in care are Indigenous. 46% of Indigenous people reported the death of a family member or close friend in the previous year.

Given the above facts it is not surprising that many Indigenous people continue to experience ongoing stress, trauma, loss and grief issues. In the report, 'Ways Forward' (1995) the authors stated that mental health problems significantly affect 30% of Indigenous people. They identified urban studies that suggested that 54% of those attending health care facilities had a mental health disorder. Whilst women were likely to present earlier the first presentation of men was most likely to occur involuntarily to a psychiatric facility.

#### 4. Comparisons with Indigenous Cultures Elsewhere

Kanat Wano, project officer with NSW Mind Matters, considers violence to be symptomatic of dispossession and disconnection from cultural continuity:

*...wherever you find people disconnected from cultural continuity you will witness symptoms such as excessive violence, homelessness, poor health, high rates of unemployment and low educational achievements.*

Whilst many positive changes have occurred in New Zealand and Canada, with policies from both countries focusing on self-determination, Maori and the Indigenous peoples of Canada still experience higher rates of unemployment, poverty, homelessness, incarceration and substance abuse. *Te Rau Hinengaro*, the New Zealand Mental Health Survey, released in 2006, found that 29.5% of Maori had experienced a mental disorder in the previous 12 months with a higher incidence of severity of illness. The survey also found that fewer Maori sought professional help. There was also a higher incidence of suicidal thinking, behaviour and planning.

A study by Edmonds, Williams and Walsh (2000) into first admissions to a psychiatric facility in Otago found an over-representation of Maori people, most of whom had been brought in by the police. This group were more likely to be reliant on social welfare, have lower educational achievements and other chronic health problems. They were also more likely to engage in suicidal behaviours.

Whilst significant improvements have occurred in Canada, with most notably a closing of the gap in life expectancy, problems similar to those in Australia still exist. Social illnesses related to drugs and alcohol, injury, violence and suicide accompanied by low levels of education, low self-esteem and high rates of poverty still pervade many communities. (Postl, 1997) Importantly, however, following the 1996 Report of the Royal Commission on Aboriginal Peoples Canada has committed itself to a program of 'community based healing' with a core focus of paying 'attention to whole persons in their total environment'. This program has been matched with a significant increase in government expenditure. (Fraser, 2000)

A report from the Surgeon General of the US Department of Health and Human Services (1999) pointed to the lack of studies into the status of Indian American Natives, a glaring example of neglect in itself. Small studies, however, indicate similar problems to those faced by Indigenous Australians and Maori. Notably, the Great Smoky Mountain Study, revealed that 75% of mortality in people aged 20 – 25 was as the result of violent deaths. Suicide figures were included in these figures. Furthermore, 22% of American natives reported experiencing symptoms of Post Traumatic Stress Disorder. The report indicated that little was known about the use of mental health services amongst those with identifiable needs.

In a summary of 'Aboriginal and Torres Strait Islander mental health' (2006), Hunter

stated that until the mid-1980s Indigenous mental health did not even make it on to the national agenda with the following reports being significant in its development: the National Aboriginal Health Strategy, (NAHS Working Party, 1989), the Human Rights and Equal Opportunity Commission Inquiry into the rights of people with mental illness, (the Burdekin Inquiry, 1993) and the Royal Commission into Aboriginal Deaths in Custody, 1995. All pointed to major failings in the delivery of mental health services to Indigenous people.

The National Aboriginal Health Strategy is considered a landmark policy because of its documentation and presentation of the historical, social and political context of Indigenous mental health. It was the blueprint for all of the documents, frameworks and strategies that were to follow with the most recent being the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being, 2004-2009.



## 5. Ways Forward

In a position paper on Aboriginal Mental Health alongside a “Manifesto on Aboriginal Well-Being the National Aboriginal Community Controlled Health Organisation (NACCHO) (1993) stated that:

*For Aborigines, mental health must be considered in the wider (Aboriginal Concept of well-being) context of health and well-being. This requires that this health issue be approached in the social emotional context and that both social emotional health and psychiatric disorders encompass oppression, racialism, environmental factors, stress, trauma, grief, cultural genocide, psychological processes and ill health.*

The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, ‘Ways Forward’ (1995) was the first national analysis of Aboriginal mental health. The Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (1996-2000) was developed to address the critical issues outlined in Ways Forward.

Ways Forward built upon the Aboriginal concept of health and mental health as not just referring to the physical well-being of individuals but also:

*....the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life.*

Ways Forward identified extensive mental health problems amongst Aboriginal people, such as depression, increased rates of self-harm and suicide and substance abuse. Lifestyle factors such as poor physical health, domestic violence, the breakdown of family and kinship networks and disadvantage contributed to poor mental health. They also identified the need for services that recognized and acknowledged the importance of spiritual and cultural beliefs, holistic aspects of health and the contexts of Aboriginal community lifestyles.

The Social and Emotional Well Being Framework 2004-2009 ‘aims to respond to the high incidence of social and emotional well-being problems and mental ill health, by providing a framework for national action.’ It recognizes that Aboriginal and Torres Strait Islanders have different cultural and historical backgrounds and aims to build on the diversity, strengths and resilience of cultural groups. Thus, a population health model has been adopted whereby care is provided on a needs basis. The role of Aboriginal Community Controlled Health Services are an integral part of this method of delivery of care.

It also aims to complement the National Mental Health Plan 2003-2008 by recognizing the role and importance of mainstream resources and services and the need to improve access to General Practitioners, drug and alcohol services, specialized mental health providers and child and adolescent services amongst others.

## 6. Social and Emotional Well Being

*Mental health is a positive state of well being in which the individual can cope with the normal stress of life and reach his or her potential in work and community life in the context of family, community, culture and broader society.*

Social and emotional well being problems differ from mental health disorders which contribute to significant affective, cognitive or relational impairment and are medically diagnosable. Nonetheless, each can interact with and influence the other. For instance, significant socio-emotional stressors, grief, loss and trauma can precipitate anxiety, depression and substance misuse and abuse. In turn, substance use and abuse exacerbates the socio-emotional stressors thereby contributing to further breakdown within families and communities.

The National Aboriginal and Torres Strait Islander survey revealed that 59% of Indigenous people regarded alcohol as a major health problem with 30% viewing drugs as the next major problem. (Australian Drug and Alcohol Council, 2000). The proportion of alcohol related deaths was three times higher and the proportion who drank at harmful levels was five times higher than national levels. Illicit drug use, including the use of inhalants and petrol sniffing, was also alarmingly higher.

ADCA argues that the 'complex link between substance misuse, mental health and primary health make(s) effective coordination of services even more crucial' for Indigenous people. The Royal Commission into Deaths in Custody (1995) highlighted the link between substance abuse, mental health problems and incarceration and the failure of the forensic system to implement programs that incorporate drug and alcohol education, recovery and rehabilitation. Alcohol and other substance abuse continue to be a major problem for many Aboriginal families and communities and is an area that can be addressed through the holistic approach outlined in the Social and Emotional Well Being Framework.

## 7. Towards Healing and Reconciliation

*Reconciliation involves matters of the spirit as well as matters of a practical nature. (Fraser, 2000)*

Swan and Raphael (1995) identified trauma and grief as being “amongst the most serious, distressing and disabling issues faced by Aboriginal people – both as a cause of mental health problems and as major problems in their own right.” The framework seeks to address these issues through programs that offer specialist interventions in anger management, grief counseling, spiritual healing, reunification of family members and return of deceased family members to traditional lands.

Aboriginal Community controlled Health Services play a major role in contributing towards positive changes in the delivery of health care to Indigenous people. Aboriginal Medical Services not only provide primary health care to the communities they service but also offer culturally appropriate social and emotional support:

*A place to heal*

*A place to go when you feel crook*

*A meeting place, teaching place, learning place – it's our place*

The National Aboriginal Community Controlled Health Organisation which represents the ACCH's has identified a growing demand on services as more and more Indigenous people become aware of and comfortable with the types of services on offer. One of the many achievements of the ACCHS' is that they are now the single largest non-government employer of Aboriginal people with 70% of their employees being Indigenous. The framework recognizes that different communities will have different needs based on historical, socio-economic and locational factors. Because ACCHS' owned and controlled by the local community they are best able to develop programs that are most suitable for their clientele.

*We need to speak in our language, with words that resonates with our spirit and cultures. (Wano)*

Mulholland, Warren and Broom (2006) refer to the difficulties faced by Aboriginal people living in remote areas. Whilst most are still living on traditional lands many communities have been seriously affected by alcohol, petrol sniffing, violence and the paucity of services of any kind. The lack of suitable housing has led to third world conditions such as lack of sanitation and overcrowding.

The Northern Territory program “Working both ways” aims to improve the mental health care provided to remote communities by providing allied health services to the communities. Aboriginal Mental Health Workers are a vital component of this service. As members of the communities they are familiar with the culture, language and dynamics of the community. AMHW's form a bridge between the needs of the

community and the role of non-Indigenous workers, whether they be doctors, social workers or nurses.

Key Strategic Direction 2.1 of the Framework aims to build a 'skilled and confident workforce able to provide mental health and social and emotional well being services within the Aboriginal Community Controlled Health Sector'. (2004, p.29). It aims to achieve this by creating more training opportunities in regional and urban centres for AMHW's and through the fostering of culturally sensitive partnerships with workers in mainstream services.

The Aboriginal Health Worker Forum which was established in NSW in 2000 seeks to improve the working environment, career and training opportunities for Aboriginal Health Workers. *Nunkuwarrin Yunti of SA Inc.* provides an Aboriginal Community Mental Health (Narrative Therapy) Diploma course and also provides workshops for counselors in ACCHS' and substance misuse services throughout South Australia.

A study by Urbis Keys Young (2006) identifies the services offered by ACCHS' in a range of locales. It also highlighted some of the problems that are encountered by staff in their delivery of health care. In Moree, it is not unusual for patients to present with different names and scripts are often not filled until the patient 'feels sick'. AMHW's can play a major role in identifying people and providing education on the importance of medication compliance. The Pius X Aboriginal Medical Corporation sees as many patients on a walk-in basis as it does through appointments. Such a practice suits the needs of its clientele.

As a police Officer in the middle of Western Australia my brother would often check the road outside his home. Aboriginal people would often squat on the road and patiently wait for him to appear. They preferred this practice to presenting at the station some 100 metres down the road where an officer would always be on duty. On one occasion an elder asked to be locked up for a few days despite having committed no crime. On further inquiry, he revealed that he was saving for something special and needed to be away from the community until pension day so he would not have to give away his money to others that had run short. He was caught trying to 'work both ways'.

Halls Creek provides a drug and alcohol drop-in centre and plans are underway for providing wider family support services. The population of Halls Creek is bolstered during the wet season when many people from the homelands move into town. *Yura Yungi*, the Aboriginal Health Service, employs 2 GP's, a GP registrar, 2 nurses and 6 AHW's. Apart from specialist appointments the service operates on a walk-in basis. Typically, the patients see an AHW first before seeing the doctor, '*doctor use hard English*'. Once again, patients might miss medications for three days and follow-up with a triple dose. A highlighted problem was the lack of co-operation and co-ordination between the hospital and the AHS.

Daruk Aboriginal Medical Services in Western Sydney caters to the largest ATSI population in NSW. It is a highly mobile population as many have moved from country areas or been resettled as part of the state governments public housing program. Daruk has had little difficulty attracting staff with GP's expressing satisfaction in being able to provide holistic care to a high-need population.

Daruk provides a range of primary health services as well as providing specialist services including psychology and psychiatry. It recognizes the needs of the community by bulk-billing, visiting 4 Western Sydney prisons, providing transport including the transport of deceased persons to home towns. The popularity of Daruk has resulted in greater demand on its services and the expanding of its catchment area. Workers at Daruk, however, highlighted the need for preventative and educative programs in areas such as immunization, diabetes management, drug and alcohol, parenting and men's groups.

## 8. Towards the Future

*How you were grown up can affect how you grow up your own baby. Sometimes mothers have sad memories of not feeling happy or safe when they were growing up....Helping yourself to feel safe can help your baby feel safe. (Children, Youth and Women's Health)*

The Aboriginal and Torres Strait Islander population is very young with the median age being 20 as compared to the national figure of 35. In 2001, 39% of the ATSI population were under 15 and just 3% were over 65. (Australian Bureau of Statistics, 2001) For this reason it is imperative that programs focus on the social and emotional well being of young people.

Key Strategic Direction 1.1 aims to strengthen families thereby increasing their ability to raise healthy and resilient children and adolescents. *Ngua Gundi* mother child project in Woorabinda, Queensland besides providing pre and post natal care also offers assistance in the areas of domestic violence, relationship counseling, substance misuse and a range of mental health issues.

MindMatters, a NSW initiative, which has now spread to other states offers mental health promotion and suicide prevention courses in schools. Its program 'Feeling deadly not shame' aims to develop feelings of self-worth, self-esteem and resilience in vulnerable youngsters. By developing positive and affirmative coping strategies MindMatters aims to treat the powerlessness and alienation that too often results in substance abuse, anti-social behaviour and violence.

Circle Sentencing in Nowra is a new approach to juvenile justice. Elders discuss the crimes and appropriate penalties with the young offenders. Usual penalties include community service, drug and alcohol rehabilitation and counseling. Spearing is not allowed. The service has been found to have a greater impact than court appearances and the system has now extended to other regional towns.

Key Strategic Direction 3 of the framework focuses on improved access and responsiveness of mental health care. Too often, Indigenous people and their families delay seeking help until a crisis occurs. Therefore, strategies to increase the mental health literacy of Indigenous people is required. Early identification and intervention decreases the impact that untreated mental illness can have on an individual, family and community.

Improving access and culturally responsive care involves:

- Increasing the numbers of Indigenous workers in the mental health sector.
- The provision of training and education for AMHW's.
- Increasing the skills and knowledge of non-Indigenous people.
- Providing greater access to culturally sensitive specialist services.

There is also a recognition of the inequity in availability of services in rural and

remote areas. Therefore, strategies need to be developed to increase incentives for rural and remote practice and to further increase the skills of remote area practitioners.

Indigenous Psychological Services offers workshops which combine “Working with Suicidal and Depressed Aboriginal Clients” and “Psychological Assessment of Aboriginal Clients”. The Central Australian Remote Mental Health Team *Leave No Footprints* provides treatment and support that is culturally sensitive and responsive to community needs under the supervision of a clinical psychiatrist. Its model incorporates traditional healing.

The framework recognizes the need for partnership with mainstream services such as GP's, drug and alcohol services, child and family health services, housing and education, and specialist mental health facilities. It also recognizes the inherent strengths within Indigenous communities and aims to build on the strengths, values and resilience inherent to Aboriginal and Torres Strait Islanders.

Much has already been achieved as the programs and services mentioned have demonstrated and still there is more to be done. Australia cannot claim to be a fair-minded and just society whilst many of its Indigenous people continue to experience the effects of dispossession, oppression and the abuse of human rights. By adopting an holistic approach to mental health and social and emotional well being the complex interaction of past history, loss, grief, trauma, disadvantage and alienation can best be overcome. ‘...we must all work together in our respective roles to achieve more. If we do this, we will go a long way towards creating a healthy future.’

*When we enable a person to restore all of the dimensions of their life then we have achieved a great deal. When all of the dimensions are in balance, within the universe, we can break free of our shackles and truly dance through life.*

## 9. References

A statistical overview of Aboriginal and Torres Strait Islander Peoples in Australia, Australian human rights and equal rights commission: Aboriginal and Torres Strait Islander Social Justice, Canberra, 2006

An oral history from the Wave Hill strike, Green Left on line viewed at <http://www.greenleft.org.au/1996/251/13239>

Australians for Native Title and Reconciliation viewed at [http://www.antar.org.au/index.php?option=com\\_content+task=view&id=269+Itemid=106](http://www.antar.org.au/index.php?option=com_content+task=view&id=269+Itemid=106)

Dodson P. (1999), Lingiari – Until the chains are broken, Fourth Vincent Lingiari Memorial Lecture viewed at <http://www.abc.net.au/specials/lingiari/lecture.htm>

Edmonds L., Williams S., Walsh A., Australian and New Zealand Journal of Psychiatry, Vol.34, Issue 4, August 2000, p. 677

Fraser M. (2000), The Past We need to Understand, Fifth Vincent Lingiari Memorial Lecture viewed at <http://www.abc.net.au/specials/lingiari/lecture.htm>

Human Rights and Equal Opportunity Commission. (1997) Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Human Rights and Equal Opportunity Commission, Sydney

Hunter E., (2006), Aboriginal and Torres Strait Islander mental health, HEALTH Insite, An Australian Government Initiative viewed at [http://www.healthinsite.gov.au/expert/Aboriginal\\_and\\_Torres\\_Strait\\_Islander\\_mental\\_health](http://www.healthinsite.gov.au/expert/Aboriginal_and_Torres_Strait_Islander_mental_health)

Markovich D. E/Law/ Genocide, a Crime of which no Anglo-Saxon Nation Could be Guilty viewed at <http://www.murdoch.edu.au/elaw/issues/v10n03/markovich103.html>

Mental Health: A Report of the Surgeon General 1999, US Department of Health and Human Services, Office Of the Surgeon General viewed at <http://mentalhealth.samhsa.gov/cre/fact4.asp>

Mulholland D., Warren T., Broom R. “working both ways”, Submission 181, Parliament of Australian Senate, Senate Select Committee on Mental Health, 21/04/06

Royal Commission into Aboriginal Deaths in Custody. (1995). Final Report. Canberra: Australian Government Publishing Service



Social and Emotional Well Being framework: a National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Well Being, 2004-2009, Prepared by Social Health Reference Group for National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group (2004)

Status of Maori Mental Health Launched by Ministry of Health, Media Release – 20 September 2006 viewed at <http://www.moh.govt.nz/moh.nsf/bytunid>

Swan P. & Raphael B. (1995). Ways Forward: National consultancy report on Aboriginal and Torres Strait Islander mental health. Canberra: Australian Government Publishing Service

Urbis Keys Young (2006) Aboriginal and Torres Strait Islander Access to Major Health Programs, Commonwealth Department of Health and Aged Care, Government Printing Office, Canberra