

## Mental health and racism

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Dr Pat Dudgeon is from Bardi people of the Kimberley in Western Australia. She is a psychologist and is known for her role in Indigenous higher education, particularly as Head of the Centre for Aboriginal Studies at Curtin University, having worked there for some 19 years, leading the organisation through significant growth and change.

As well as leadership in Indigenous higher education, Pat Dudgeon has also had significant involvement in psychology and Indigenous issues for many years. She was the first convener of the Australian Psychological Society Interest Group: Aboriginal Issues, Aboriginal People and Psychology and has been instrumental in convening many conferences and discussion groups at national levels to ensure that Indigenous issues are part of the agenda in the discipline. She is considered one of the 'founding' people in Indigenous people and psychology. Currently she is the Chair of the Indigenous Australian Psychologists Association and in 2008 was the first Aboriginal psychologist to be awarded the grade of Fellow in the Australian Psychological Society.

Pat Dudgeon is actively involved with the Aboriginal community and has a commitment to social justice for Indigenous people. Pat has participated in numerous community service activities, of significance, she was a member of the Parole Board of Western Australia for several years, and was a psychologist in the defence forces. Pat has many publications in the areas of psychology, education and women's issues.

Currently, she is a research fellow and an associate professor at the University of Western Australia, undertaking post-doctoral research examining contemporary Aboriginal women's roles and leadership.

I was the Head of the Centre for Aboriginal Studies, at Curtin University for some 19 years. I left in 2007. Originally I thought I was only going to stay there for a little while, maybe for a couple of years, and ended up staying there for 19 years. We did some fabulous initiatives there in terms of Indigenous higher education. Currently, I'm a Research Fellow at the School of Indigenous Studies at the University of Western Australia. I am also the chair of the Australian Indigenous Psychologists Association.

Before I speak I'd like to thank Barry McGuire for undertaking the Welcome to Country yesterday, and it is important that we are properly welcomed to the conference and to Noongar Country. I personally acknowledge Noongar Country history, culture and people. This is Noongar land that we stand upon and speak from.

My name is Pat Dudgeon and I'm from the Bardi people in the Kimberley north of Broome. My family are the Gregory family and our clan group is the Mungits. Actually, my cousin from our country is here today, and so I would like to acknowledge my cousin, Kathleen Cox, who has an ecotourism business, Goombaragin, in our country. She's my special guest here today.

I would also like to acknowledge and pay respects to the Honourable Brendon Grylls, Minister for Regional Development, and to Christine Jeffries-Stokes and Annette Stokes who are presenting in this plenary with us all. Finally, I'd like to commend the National Rural Health Alliance for convening this conference and inviting us all to speak. It's very important that we do come together to share ideas, to discuss and debate issues particularly to do with regional health.

When I was asked to present this conference, I thought, "What can I talk about that would be really useful (in my view)?" So, I thought that the most useful and important issue that should be talked about was racism. It is a huge issue for us, and it has only been recently that we've put it on the table again to own and to start looking at ways that we can bring about a positive change in society, and for us all here, a profession that is sensitive and culturally competent. For me, efforts to become culturally competent are one of the strategies against racism and, for me, we must assume that our professions of health and mental health are not culturally competent and are in fact, racist. It is important that we to start with that ownership first.

In my very brief session I will be sharing some thoughts about racism and the impacts of this on the health and mental health of indigenous people. As I said, racism is still with us, it is alive and well, and it has not gone

away. Racism towards indigenous Australian people is particularly powerful and it actually causes poor health and mental health. Like most colonised countries, Australia has a long legacy of racism. Everyone is affected, both black and white people, although obviously in very different ways.

Racism is not a simple concept. Everyone thinks it is, but it isn't. It's very complicated and historical. Popular understandings of racism portray it as an overt rejection of other groups and their members, as hostile, and underpinned by a belief in the superiority of one's own group over others, and as a feature of individuals. These aspects do indeed characterise racism, but there's actually much more to racism. There is a good, simple definition by the Human Rights and Equal Opportunity Commission that says, "There are no universally-accepted definitions of racism, but it does exist in different forms. Generally, it's a set of beliefs, often complex, that asserts the natural superiority of one group over another and which is used often to justify differential treatment and social positions, and this may occur at the individual level, but often"—and for us in this conference, importantly—"often occurs at a broader systemic or institutional level."

During my own studies about racism I found a good definition by James Jones. Just a note of caution: They are all definitions and not realities in themselves, but we can use these concepts to make sense of what happens in our society. James Jones, an African-American social psychologist, proposed that contemporary racism should be considered at three different levels: the individual, the institutional, and the cultural. These all occur simultaneously and interactively, and they might manifest differently as society changes.

However, before we go on to that, racism itself or race, is not a reality. It is not a biological reality. Although race has been largely discredited as a scientific concept, because there is no scientific biological evidence to show that there's differences between cultural groups, the term "race" continues to be used in a way of organising our thinking about people and the groups they belong to. The general population still uses pseudo-scientific explanations for cultural differences. The use of the idea of race persists because, as Jones says, it has meaning for us in everyday life and it provides a good way to value our own group over others and a good way to encapsulate social conflicts and rationalise our way of handling it, and to talk about group differences, values and social hierarchy. And I say personally—it also gives the impression that you can't do anything about it. So race, as a social and cultural construct, has been used to separate groups that have been defined by physical and cultural difference and by the supposed superiority and inferiority of members of those groups.

Individual racism is the form of racism most easily recognised. Often people think that individual racism must be overt and blatant—that if it's not obvious, well it's not racism—but that's not the case. Individual racism is often subtle and covert. It's often dressed in the veneer of tolerance and acceptance, but it is as damaging. In the last 50 years or so, racism has progressively become less blatant and overt, because it is illegal, and has become much more subtle and covert. Subtle racism is just as damaging for people who are the victims. In fact, probably more damaging because it is harder to recognise by the victims and their perpetrators. And it is harder to change because people deny it. How many times have you heard that saying, "I'm not a racist but"—and then they'll plunge into a racist comment.

Moving on, institutionalised racism. So while individual people are seen as the agents of racism and direct targets, it's important to appreciate how racism operates at a cultural and an institutional level. Institutional racism refers more specifically to the practices and structures of society's institutions. An institution, whether it's an education institution, a health institution, and so on, a justice system, can engage in racist practices without any of its members being personally individually racist. This is an important point in understanding the damaging health and educational outcomes affecting indigenous people.

Institutionalised racism is different from the repressive laws of the past that severely overtly oppressed us or marginalised indigenous people. There's ample evidence of those active oppressive rules and policies in past government legislation, and these were policies of displacement and child removal and so on. In contemporary times it still is there in institutions and systems that exclude and discriminate against indigenous people.

Our statistics about Aboriginal and Torres Strait Islander health and disadvantage are appalling. There are high rates of unemployment, low average income, high rates of arrest and imprisonment, of incredibly poor health, low education, and low life expectancy—these are all the indicators of the consequences of entrenched institutionalised racism.

Cultural racism—and these are all operating together, remember, and it is a model of viewing racism—cultural racism is a part of the atmosphere of a society. It is a part of the tacit assumed way of doing things. Culture is made up of the ideas, values and beliefs and shared understandings that allow members of a culture to share together. It's referred to as 'what is taken for granted'. Accordingly, cultural racism results in a particular world view, often one that assumes that things you value and the way you do things is the best and only way to do it and others should be exactly like you. This could be called 'ethnocentrism' as well. These three levels of racism work in with each other at all times.

The effects of racism on oppressed groups have led to many health and mental health problems. Jones proposed that if one is conscious of racism or not, many black people—and I translate it to be indigenous people—particularly those working in a mixed group or white settings have to cope with everyday racism. He cited some propositions about living with racism that I believe are relevant to indigenous Australians. Firstly, modern racism is a lived experience. It is real and it happens in many ways. And for indigenous people or people of oppressed minorities, to name up racism is a struggle in itself. People think that you've got a big chip on your shoulder or you're making it up, but it is real.

Secondly, racism not only hurts at the time that it happens but it has a cumulative effect. These become part of the narrative of the community in an "us and them" perspective. Racism at different levels is seen as a natural part of life, and we should be really worried about that. No one should grow up in a society thinking that it is okay and it is natural to be treated poorly and as a second-class citizen.

Thirdly, repeated experiences of racism affect a person's behaviour and understanding of life. One's life expectations, perspectives of oneself, one's group and the dominant group, and the many ways of coping with racism all contribute to the psychological reality of marginalised people. Living with racism becomes a central and defining element in the psychology of marginalised people or people of colour. In many ways, life is a struggle for marginalised people. Even for those who have made it and have overcome obstacles, different forms of racism emerge that always need to be confronted. Racism is inescapable.

So despite the changes, the considerable changes, in Australian society, racism is still a reality for members of minority groups, particularly indigenous people. Racism is invasive, pervasive and unrelenting. Racism imposes itself on the daily living for its victims and the facts of racism cannot be underestimated.

The social inequalities that happen are associated with health inequality. The evidence base for these social determinants of health inequality have been accepted by the World Health Organisation—and I note that, in the program, there was a session on the social indicators of health—and there is an increasing recognition, as well as that, that employment, racism, education—all these elements make up the social determinants of health. When you perceive a human being, not only should a person's physical body be considered alone. We need to recognise their cultural background and the environment they operate in.

There is also an increasing recognition in the literature that traditional Western mainstream public health approaches have failed Indigenous people, and this is due to interventions having little or no understanding of Indigenous people's world views and realities. International studies show that social disadvantage and health issues confronting Indigenous people are usually complex, historical, and includes many social determinants. Racism is a significant social determinant. There are many studies showing link between racism and discrimination and poor health.

We have very good statistics about Indigenous people. The National Aboriginal and Torres Strait Islander Health Survey assessed the social and emotional wellbeing of Aboriginal and Torres Strait people for the first time in 2008. Information was collected to measure psychological distress, and one of the key messages from the data was that many Aboriginal and Torres Strait Islander people experienced discrimination—not a surprise. The data said that more than one-quarter of the sample, that's 27 per cent, of Aboriginal and Torres Strait Islander people aged 15 years and old had experienced discrimination in the last 12 months. One in 10 Aboriginal or Islander children reported being bullied at school because of their indigenous origin. This data also found that, consistent with the broader literature, discrimination again was closely correlated with poorer health outcomes.

The main message I would like to give here today is that racism is real and experienced racist treatment is recognised by the victims of this. If we want to improve healthcare and other initiatives, we have to address

racism first. Our professions need to take responsibility and make the first changes. I think there is actually more discrimination than we are aware of, because I believe that those census surveys that were done that people self reported discrimination. However, I would put to you that if we grow up in a society that discriminates against us all the time, how do we know? If we take it for granted that this is normal behaviour, we might not see it clearly. We might think that there is something wrong with us rather than the society and systems that disadvantage and discriminate against us.

This sounds all very grim and bleak—and I would say, “How can we be a part of the solution?” There are some great initiatives happening. Just to speak briefly about the Australian Indigenous Psychologists and their activities is positive. One of the activities that we are involved in and I believe is very important (and that is happening in other sectors as well) is cultural competence training. I think that needs to be a big issue that we need to take up.

It was interesting hearing the Minister for Regional Development speaking and talking about putting out resources into communities but, from much of the work we’ve done, there are two significant principles that really need to be embraced, because our Indigenous communities are very much part of those regional areas,: Firstly, that any services for indigenous people need to be initiated and controlled by Indigenous communities, so they need to be very much a part of the planning, the thinking about it, the development and implementation. We need to enact self-determination. The second principle is that mental health practitioners must be culturally competent. There has been considerable funds spent on indigenous health and mental health and very little has changed. We need to try a new approach and one that includes indigenous people very closely and firmly from the very beginning.

As said, there are significant changes occurring and this augers well for the future. If we don’t change, if we don’t own the racism in our country and professions, we cannot begin the change we need for a just, equal and well society that we can all share in.

I would like to end with this quote, a message of hope, from Dr Joan Winch, Nyoongar Elder:

So the struggle will continue, but we will not be alone, other Australians will be by our side, and together we will make a difference.

The most profound change has to happen in the hearts of those who wish to help. I believe that we can walk into the future together and build a country where cultural diversity is respected and celebrated, where the future for our children can be very different and positive from the past of our parents and grandparents.

