Impact of Drought on Indigenous Communities Project (DMHAP 08-09)

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Introduction:
The effects of droughts on all communities can be wearing, destructive and dire, particularly long-term or sustained drought. A searing literature describing this erosive process in Australia is emerging: “For farmers and pastoralists, talk about the weather these days goes beyond comparisons of the latest rain gauge readings; it includes anguished discussion about ominous predictions of climate change and land viability.

Sadly, for no small number of people on the land, years of hard earned gains, dreams of family succession and an easier life in retirement, are being mercilessly eroded and swept away like topsoil by a hot summer wind.

There is an almost palpable grief and sense of powerlessness out there. A generation of children are moving away to seek a future no longer available on the land. With a trend for more sustainable larger landholdings, populations and services are diminishing; corporate buyers are merging properties with little regard for the family histories they represent, with dwellings often abandoned and left to ruin because they are surplus to requirements.” (Ashcroft J, 2008)

These impacts of Drought overlap inevitably with the enduring effects of Climate Change (Berry H, 2009) secondary largely to man-made factors associated with civilisation, human population growth, and associated economic development, demand for food, energy and consumerism.

The flow-on effects for Aboriginal individuals, families and communities of all these sequelae of drought have been severe and prolonged, and have been explored extensively in this component of the DMHAP project.

*Author statement:
As the project consultant psychiatrist appointed to this project, these are some relevant aspects of my background: I have been a community psychiatrist for the last 30 years, and have conducted or participated in related studies of effective interventions and service systems throughout this period. I have been providing a visiting psychiatrist service to far western New South Wales for nearly 27 years, helped to set up a psychiatric service throughout East Timor, and have a special interest in implementing ways of improving the mental health of indigenous Australians and mental health services to their communities.

The DMHAP Indigenous Communities Project
The aim of DMHAP 08 was to raise awareness of, and help address, the short and long term mental health needs of people in rural and remote NSW resulting from drought, recovery from drought, rural crises and climate change.

This was to be achieved through the continued development of health promotion, prevention and early intervention strategies designed to enhance sustainability and build community and clinical capacity.

Partnership with key agencies including mental health services, Divisions of General Practice and non-government organisations were also to play a central role.

DMHAP 08 included the following key objectives:
Identify the emerging mental health needs of rural families including young people, women and older farmers due to drought and environmental events. Develop, and where possible, implement and evaluate programs to address these needs.

Identify drought related mental health needs of Indigenous communities and any potential pilot programs to address these.

In early November, 2009, a presentation of the interim outcomes of Phase I of this project was presented at the Australian National Rural and Remote Mental Health Symposium, in Canberra. It was entitled:

“IF THE LAND IS SICK WE ARE SICK”*: ABORIGINAL COMMUNITIES RESPONSES TO DROUGHT, THEIR ADAPTATION STRATEGIES AND LESSONS FOR ALL AUSTRALIANS.

By Alan Rosen, Wayne Rigby, Helen Berry, Craig Hart, Paul Fanning, Brian Kelly

*Account of Ms Bonnie Johnston
Summary of Outcome of Phase I of DMHAP Project on the Impact of Drought on Aboriginal Communities:

A qualitative study of the impact of drought on rural Aboriginal Communities was conducted by a series of consultative workshops in all regions of NSW, followed by a clustering and listing of issues and adaptive strategies on the basis of frequency of being raised or priorities set by these groups.

Our findings tend to confirm, that as with other community-wide calamities, Aboriginal people are vulnerable to suffer worse economic and social effects from drought than other affected rural populations, including loss of accustomed occupation, geographic dislocation and dispersion, and loss of income without the compensation provided for pastoralists and farmers. The cultural impact on Aboriginal communities has been even more dire, with spiritual distress and loss of morale as the land deteriorates, and loss of traditional meeting places as the rivers dry up.

Aboriginal people are well used to withstanding adverse conditions and disappointments, and meet these circumstances with a seemingly contradictory but culturally congenial combination of sadness, grieving, anger, ascribing spiritual meaning, stoicism, equanimity, resignation, pragmatism, and sardonic humour. Some also faced this adversity with considerable resilience, aided by traditional factors, including extended family kinship network support, transition rituals, spirituality, and valuing the guidance of storytellers and elders. Others seem to be alienated from these cultural resources, and under pressure, some have given way to vulnerabilities, including: mental health, emotional wellbeing, substance use and alcohol problems, interpersonal conflict and violence.

An elaborate repertoire of reported pragmatic and transformative skills, contributing to communal survival and adaptive strategies, will be reported.

If Australian society could learn from and acknowledge the impressive range of adaptive strategies employed by indigenous communities faced with such adversity, indigenous communities could find greater value in these strategies for themselves as reflected back by the Western population surrounding them.

And then, if indigenous communities could take greater pride in contributing proxies for traditional healing and pragmatic approaches to mental health to the wider community, they might value their uses in restoring social and emotional wellbeing to their own people and communities.

Aims:
1. To ascertain ways in which continuing drought is impacting on the social and emotional wellbeing of Aboriginal Communities in NSW.
2. To report on the range of solutions or possible adaptive strategies proposed or tried by these communities.
3. To consider some key directions for further study that may improve knowledge about and effectiveness of these communal responses to the challenges identified.
Method:

1. State-wide Forum, Orange

2. Forums in four regional centres: Lismore, Dubbo, Albury, and Tamworth, of key Aboriginal Elders, Community members and Aboriginal representatives of community organisations and services

3. Each forum built on the summarized ideas of preceding ones, particularly re:
   - wellbeing issues confronting Aboriginal communities due to drought
   - adaptive strategies which help address issues being raised
   - communities in this region which may need extra assistance

4. Meeting with state-wide Aboriginal mental health coordinators in Sydney for their responses to the issues and strategies raised. These responses were added to the record with their permission.

Table I: Forum locations, participants, identified communities in need.

<table>
<thead>
<tr>
<th>LOCATIONS (6)</th>
<th>N PARTICIPANTS (166)</th>
<th>N COMMUNITIES IDENTIFIED AS IN NEED OF EXTRA ASSISTANCE (28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>39</td>
<td>6</td>
</tr>
<tr>
<td>Lismore</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Dubbo</td>
<td>46</td>
<td>8</td>
</tr>
<tr>
<td>Albury</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Tamworth</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Sydney</td>
<td>12</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Results:

Numbers of forum locations, participants, and communities in need of extra help identified at each forum are summarized in Table I.
Content Analysis resulted in five thematic clusters:

1. **Damage to traditional family structure, culture and place**
   - threats to men’s roles, especially through impact on hunting
   - less bush food for women to gather
   - damaging social ties between clans as cooperative hunting arrangements broke down with less availability of wildlife
   - newer pastoralists fencing off access to traditional meeting places
   - dried up river beds: nowhere to meet
   - dislocation and fragmentation of families

*Expressions of Spiritual Effects on Indigenous Communities:*

- We belong to the land, so if the land is sick, so are we.
- If the river dries up, so will we. (Where will we meet?)
- **Solastalgia** = the distress or loss of solace, caused by degradation of the environment, home and sense of belonging (after Higginbotham et al, 2007)

2. **Skewing Population Profile**

- Working aged people moving to regional centres or cities
- Grandparents left behind to undertake care giving for young
- Concentration of the very young, relatively old, the sick and disabled and less resourceful in rural/remote communities.

3. **Communal Loss, Grief, Violence and Mistrust**

- Loss and degradation of country deepens trans-generational loss of identity, loss of respect, sense of loss, grief and guilt
- Increase in self harm, intentional injury, suicide, drug and alcohol abuse, domestic violence
- Damage to relationships and connectedness to mob
- Increase in criminal and other antisocial behaviour, including assaults and stealing
- Poison cousins: mistrusting, malicious gossip, turning against each other.

4. **Loss of livelihood and participation**

- Decreased paid full-time and seasonal work
- Increased reliance on government income support
- No entitlement to pastoralist compensation schemes
• Decrease in ability to purchase basic items like food and fuel, and gifts for special occasions

• Decreased ability to contribute to and participate in community and cultural activities, eg sporting events, “sorry” business (lack of fuel)

• Decreased sense of self-respect, purpose, identity, security

5 Aggravation of Existing Social Disadvantage

• Damage to the agricultural economic base of communities was closing and reducing local services: eg shops, banks, post offices, schools, health services, especially those provided by Aboriginal Health Workers

• Lack of culturally appropriate housing, overcrowding and decreased attention to home maintenance eg drainage, plumbing.

Table II: Summary of Effects of Drought on Indigenous Populations (DMHAP)

<table>
<thead>
<tr>
<th>1. Socio-Economic Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Slow Burn Disaster</td>
</tr>
<tr>
<td>• Loss of jobs and income</td>
</tr>
<tr>
<td>• No recognition or compensation, unlike asset-rich/ income-poor pastoralists</td>
</tr>
<tr>
<td>• Dislocation and splitting of families in search of work</td>
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</tbody>
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<thead>
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<th>2. Cultural Effects:</th>
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</thead>
<tbody>
<tr>
<td>• Spiritual Sickness associated with land and river degradation</td>
</tr>
<tr>
<td>• Extended Kinship System disrupted → isolation from kin and country</td>
</tr>
<tr>
<td>• Loss of Culturally valued occupations, accustomed gender roles, hunting and gathering</td>
</tr>
<tr>
<td>• Loss of access to traditional meeting areas and to custodial duties on land</td>
</tr>
<tr>
<td>• Loss of traditional male role</td>
</tr>
<tr>
<td>• Damage to key relationships and connectedness to mob</td>
</tr>
<tr>
<td>• Loss of ability to travel for sport, funerals and other cultural gatherings</td>
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<table>
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<th>3. Psychological Effects</th>
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<tbody>
<tr>
<td>• Psychological loss, grief, stress, anxiety, depression</td>
</tr>
<tr>
<td>• Increase in self-harm, suicide, substance use, violence to others, stealing</td>
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</table>
Adaptive Strategies

- Projects integrating Aboriginal knowledge and traditions into land, water, fauna and flora management schemes
- Partnerships between Aboriginal, other local community members, and government bodies eg Dept. Primary Industries, “Farm friendly gatherings”
- Preserving Aboriginal heritage projects in partnership with National Parks and Wildlife and museums
- Communal survival strategies: an amalgam of traditional and contemporary methods

This latter finding that Aboriginal communities have little hesitation in resorting to both the best of traditional and contemporary western community-wide strategies to adapt to prolonged drought raises an important issue, which has been under-emphasised since colonial invasion onwards: Are combined traditional and contemporary approaches acceptable to and compatible for both communities?

A recent book by Deakin University historian Dr Tiffany Shellam, Shaking Hands on The Fringe, UWA Press, 2008, provides the evidence behind the vision of early and more widespread hopefully eventual cooperative living between both Aboriginal and colonial worlds. This account of substantial periods of highly collaborative co-existence of Aboriginal and early colonising communities in South Western Australia is warts and all, not romanticising the rough, tough and changeable reality, and not ignoring the intermittent loss of trust. It illustrates and foreshadows the real potential contribution of each world to the other, if all involved allowed and encouraged it to happen.

Drought and climate change aren’t all bad: Strengths and Opportunities

The following potential or residual strengths and opportunities arising from prolonged drought were brought up during these workshops:

Strengths include:

- Strong social cohesion in rural (and Aboriginal) communities is an indelible source of resilience, defined here not just as short-term individual recoil and adaptation following a crisis (eg D Stehl, 2009) but a long-term communal capacity for bouncing back from adversity.
- People on the land, including and perhaps especially Aboriginal people, are mostly stoical and pragmatic, with a sardonic sense of humour, and an irrepressible optimism underlying what may appear on the surface to be a long-suffering air of complaint. Thereby, they can persevere for long periods in hope of better times. “This is not new to us. We know how to get through it”
- Rural (and Aboriginal) people are adept at improvisation, creative solutions and making a little go a long way.
- Dealing with Complexity. Aboriginal people, including clientele and Aboriginal Health and Welfare, Education and Housing workers are used to dealing on a daily basis with complex multi-faceted conditions and disadvantages; for example, the “quintuple whammy” of:
- being indigenous
- living in a remote setting
- living with socio-economic deprivations
- being mentally ill
- having co morbid drug and alcohol and physical disorders, and/or forensic involvement

Opportunities include:

- Return to extended family: Loss of jobs has made housing cheaper and more available in traditional homelands and some regional centres.
- Custodianship of “exhausted” and abandoned lands may well become possible, if absentee and corporate land-owners are enlightened and sensible enough to allow access and encourage Aboriginal land-care, and may even generate jobs in caretaking.

Recommendations:
(Possible Future Adaptive Strategies, with potential for operationalising and generalising :)

I recommend the following:

1.1 That Aboriginal communal hardship be recognised and transformed: regular regional/local forums to ventilate, acknowledge impacts, losses and grief associated with drought, as long as it continues to occur, and to consult their communities re effective, culturally congenial and practical solutions.

1.2 That cultural strengths be valued and employed, and that we all be alert to opportunities:

- Amplify resilience, train, update and sustain resource people (eg Mental Health  First Aid)
- Foster hope and recovery focus to balance stoic pragmatism
- Externalise the problem, though without apportioning blame to others
- Mobilize the support of extended family groups
- Holistic, including spiritual, approach to well-being
- Ensure access to and custodianship of land and river
- Eliminate isolation- eg Women’s Shine and Men’s Pit-stop programs
- Establish and sustain culturally valued jobs and roles eg associated with custodianship of land and rivers.
1.3 That Mental Health Promotion and Prevention strategies be developed, involving a series of community meetings, making these findings accessible for open discussion, to prompt consultation with each Aboriginal Community, Divisions of GPs, RFDS and Aboriginal-owned Medical Services about how to promote wellbeing in these tough circumstances, how to prevent mental illnesses and substance abuse, ideally via earlier detection and intervention, and how to encourage community members to access appropriate mental health services.

1.4 That clinical and welfare services should be coordinated and mediated via local Aboriginal workers who live in and are recognised as being part of the community, wherever possible, rather than by fly-in or drive-in staff from regional centres. Further, all services should be offered, where possible, through one-stop-shops, at convenient locations in the centre of shopping and transport hubs of towns: for example, Indigenous-controlled Primary Medical and Community Health Services, which provide for:

- a communal sense of control
- recognising themselves by having their own people working for them, enhancing the development of ongoing engagement and trust
- being based in the living centre of their communities
- representative communal boards of management
- consulting with the whole community re needs for service

1.5 That health and welfare services for an individual or family, if needed, should be coordinated, whenever possible, by a local worker who has best engaged with these clientele, who has earned their trust, and who is prepared to support and work alongside them on an ongoing basis, regardless of the agency that employs that worker. This is a logical extension of a “no wrong door” policy. The entire community needs to agree to this collaborative arrangement, and must ensure that all agencies involved respect and legitimise this care-coordination arrangement, and involve the care-coordinator with the client in every intervention. Training and updating should be provided regularly to all agencies involved regarding coordination skills, and the balance between privacy considerations and communal responsibility, and ethical boundaries.

1.6 If enhanced Societal Value is placed by the wider society on traditional healing factors, this will not only favour the survival and flourishing of rural/remote communities by synergizing the most effective of traditional and contemporary evidence-based strategies, but will enhance pride in and respect for traditional strategies within indigenous communities themselves. Such traditional strategies are then more likely to be valued and utilized regularly by indigenous communities (Rosen 2001, 2006, 2008). This in turn may restore the pride, curiosity and interest of younger generations in acquiring the associated traditional knowledge and skills, so that they will not be lost.

These traditional strategies have an emerging evidence-base of proxy strategies in the clinical literature (eg the restoring of the respected role of storyteller and elder; multiple family groups as proxies for extended kinship groups; restoring proxies for culturally valued work roles which were always available in the former subsistence economies of
traditional communities, prior to colonial eclipsing and skewing of these economies (Rosen 2003, 2006, 2008). If these strategies are more widely valued, they are more likely to be studied rigorously. If these strategies are subjected to piloting and quantitative and qualitative research projects, to determine their effectiveness, they are then more likely to be resourced together with already recognised “evidence-based” practices.

1.7 That the need for special extra intervention for particular Aboriginal communities, nominated at workshops as requiring extra help, should be diplomatically explored, and offer such help sensitively, if receptive, in close consultation with community leadership. We should be careful that such vulnerable communities should not suffer further loss of face through becoming aware of such nominations and offers. The nominated communities should not be named in publications of the DMHAP project. Set these communities as clear priorities for further interventions.

1.8 That the New South Wales Government and the Commonwealth should fund and convene a rural state-wide forum of representatives from Aboriginal communities, government agencies, and non government organisations to develop a longer term plan to address the current and emerging mental health issues arising from drought and climate change. Impacts on individuals and families need to be better understood and addressed on a cross-agency basis and in close collaboration with Aboriginal communities.

Acknowledgements:
We thank all the participating Aboriginal communities and workers. Colin Wayne Rigby and Ian Long have provided invaluable practical help and guidance as Aboriginal cultural consultants and coresearchers on this project, Craig Hart has been our anchor as project coordinator, who has also provided the wider vision for all facets of the DMHAP project. Helen Berry has been our expert academic social capital and climate change advisor (see Berry, 2009), and Brian Kelly and Paul Fanning as our project leaders providing DMHAP’s overall trajectory.

References:
Berry H L, Social capital and mental health among Aboriginal Australians, New Australians and Other Australians living in a coastal region, Australian e-Journal for the Advancement of Mental Health (AeJAMH), Volume 8, Issue 2, 2009 ISSN: 1446-7984

Rosen A. What developed countries can learn from developing countries in challenging psychiatric stigma. Australasian Psychiatry 2003; 11 (Suppl 1): S89 – S95.

Rosen A. Destigmatizing day-to-day practices: what developed countries can learn from developing countries. World Psychiatry 2006; 5:21–24.
