INTRODUCTION

It is impossible to know any culture except from the inside (Powell & Spencer, 2000). It can be very difficult and often confronting for non-Indigenous health providers working with Aboriginal and Torres Strait Islander peoples, to ever fully understand the complexities and diversity that form a local culture. This can be further exacerbated when faced with treatable diseases that have manifested into chronic illness. Recognising that Aboriginal and Torres Strait Islander peoples come from a diversity of different experiences, geographical locations and a cultural framework that is very different to that of a Western model, can help build some understanding.

This text has been designed to assist the reader to appreciate and understand the importance of ‘Getting it right’, when working with Aboriginal and Torres Strait Islander Australians. This book has been intentionally designed to show case examples of best practice from people at the coalface of Indigenous health. You will find simple strategies, delivery design and a bit of commonsense articulated within the pages of this book.

Key themes emerging from this text have consistently outlined the fundamental and underlying component that continues to affect good health for Aboriginal and Torres Strait Islander peoples. What we have referred to as the ‘Wombat in the Room’, is the state of Indigenous health, and the wide-reaching impacts which colonisation had on Aboriginal and Torres Strait Islander peoples. These impacts cannot be underestimated and in my opinion, they are the very foundation of the large disparities (The Gap) in health outcomes for Aboriginal and Torres Strait Islander citizens of this country.

The experience of colonisation has been catastrophic. The impact on the individual, family and community are all affected and this, in turn, has caused intergenerational pain. Napolean (1991) asserts that when trauma is suppressed, denied or ignored it is driven ‘further into our souls and it colours all aspects of our life. Without healing, it will destroy the human soul as any illness will in time cripple and kill the body’ (Napolean, 1991, p. 14).

Access to health services is limited for many Aboriginal and Torres Strait Islanders due to geographical location. Moreover, mistrust of Western health systems can also cause problems as some Aboriginal and Torres Strait Islander people simply do not want to access these health services. Feeney (2008) highlights the difficulties many Aboriginal and Torres Strait Islander people experience due to the social and emotional upheaval of colonisation. To gain some appreciation of these difficulties, particular attention must be paid to how individuals, families and communities continue to be affected by European colonisation in terms of loss of traditional lands, forced separation of families
and loss of cultural identity. Any consideration of the social and emotional well-being of Aboriginal and Torres Strait Islander Australians must be set within this context of Australian history and social change. Social change is a major contributor to poor physical health and many individuals’ social and emotional problems. Moreover, whole communities have been directly impacted by government policies. These impositions, particularly the forced removal of Aboriginal and Torres Strait Islander people from their families and land have caused catastrophic damage. It is important to note that most Aboriginal and Torres Strait Islander people have been impacted upon directly through these government policies and therefore are at high risk of poor social and emotional well-being (Social Health Reference Group, 2004).

British colonisation has introduced a number of social determinants that have led to treatable communicable diseases such as otitis media, diabetes and skin infections going untreated. Behavioural and environmental risk factors also perpetuate the problem. The text discusses the impact of drug and alcohol consumption on communities and the associated risk of suicide. These problems are exacerbated by low socio-economic status, poor education opportunities, unemployment, poor housing conditions and in some communities, lack of fundamental resources such as running water and electricity.

‘Closing the Gap’ in health outcomes and disparities for Aboriginal and Torres Strait Islander peoples is a national priority. As potential health providers, the responsibility to provide quality health care is crucial. What will be your contribution?

Dr Maree Toombs

This book arose from the development of material to be included among compulsory courses about Aboriginal and Torres Strait Islander health for first year medical students. Health practitioners need to have some practical knowledge of Indigenous community health. As many practitioners and most students have little or no experience of living or working in (or even visiting) Indigenous communities, we looked to find anecdotes and practitioners’ experiences. If we are to ‘Close the Gap’ on Indigenous life expectancy, we need to ensure all medical, nursing and allied health students have an understanding of the factors behind the inexcusably poor Indigenous Australian health outcomes. For Maree and me, this is the ‘Wombat in the Room’.

It became evident that there was little available in the way of practical advice or stories of people’s experiences. We have tried to make ‘the Wombat’ fill this void, and provide some understanding of the difference in health delivery in varied settings. In part we have succeeded, but there are many more untold stories out there waiting. While it is as broad-reaching as possible, we know there are aspects which need more examination. We hope to fill these gaps some time
in the future. We have tried to provide insights which will assist nursing, dental, and other allied health students and practitioners to understand and cope with working in what, for some, is another world within the broader community of Australia.

Aboriginal and Torres Strait Islander people have been the carers and custodians of this country for thousands of years. Access to the land and its wealth together with the many cultures, languages and histories have been eroded by colonisation. The actions of the new settlers, who many still see as invaders, have generated inequality in health, education, employment, housing and, especially, in life expectancy. It is only in relatively recent times that Aboriginal and Torres Strait Islander people have been able to participate at all levels of our society. From 1788 until the 1970s we have been subjected to segregation and exclusion from mainstream Australia. As full citizens of this nation, we have had only a few decades of experience and access. Over this period since British occupation, we have lost many of our lands, languages and cultures; our life expectancy has deteriorated severely, and our capacity to live a full and healthy life has been eroded. As a nation, we need to find avenues to address the whole range of disparities. Maree and I have worked together in Indigenous education for a number of years, and we would like to think that this small contribution will go some way to addressing these needs.

Ron Hampton

References


