Mental health and indigenous university students[1]

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Abstract

In essence, the concept of mental health for Aboriginal and Torres Strait Islander people is very broad. The capacity to achieve good mental wellbeing rests largely with the individual's relationship with family and community and connection to land, as well as spiritual and physical wellness (Australia. Department of Health and Ageing 2004). Recent research into the social and emotional wellbeing of Aboriginal students from eight universities, revealed a large number of them had a diagnosed mental health issue. This paper with explore the students' mental health issues and their relationship to the university experience.

Background Information

Over the past 30 years a growing concern for the mental health of Aboriginal and Torres Strait Islander people has become apparent. Researchers like Moodie (1973) (as cited in Brown 2001), Eastwell (1977) (as cited in Brown 2001a), Gracey (1987) (as cited in Brown 2001a), Cawte (1988) (as cited in Brown 2001a) and Hunter (1993) (as cited in Brown 2001a) have contributed to the understanding of Aboriginal and Torres Strait Islander peoples and their mental health issues (Australian Government; Department of Health and Ageing 2007).

Alarmingly, but perhaps not surprisingly, mental health issues featured strongly in interviews with Aboriginal university students during a recent study. Initially the incidence of mental health issues seemed disturbing, but the literature suggests that many Aboriginal and Torres Strait Islander peoples of this country have been affected in some way.

According to the Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples report data about mental illness in Aboriginal and Torres Strait Islander peoples is limited. The report noted that:

> 'Caution must be exercised in examining information and data on patterns of

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mental illness due to the unavailability of accurate statistics and population estimates. Data on hospitalisation and mortality due to serious mental health disorders and illnesses are currently the main sources of information about mental disorders in Aboriginal populations'(Pink & Allbon 2008, p. 18).

Pink and Allbon asserted that the death rate associated with mental disorders among Aboriginal and Torres Strait Islander males was over three times the rate for other Australian males, but for females the rates were the same. Further, the majority of these deaths in the Aboriginal and Torres Strait Islander population (74%) were attributed to mental disorders due to psychoactive substance use (Australian Institute of Health and Welfare 2006). In addition, hospitalisation rates for Aboriginal and Torres Strait Islander peoples with mental health disorders are 1.4 times higher than the general population (Department of Employment Education and Workplace Relations 2008).

Aboriginal and Torres Strait Islander peoples are more likely to engage with mental health services for crisis and acute care, meaning that their mental health disorders may have progressed to more severe or chronic levels. This may be due to living in rural and remote areas where there is a lack of services (Vicary & Westerman 2004).

The Participants Voices in regards to living with a mental illness and studying at university

The authors are very grateful to the Participants who felt comfortable enough to discuss their mental health issues. Participants wanted their voices heard so that they may inspire others to study. The information gained has highlighted that there are services available at university to support Aboriginal students with mental health issues; however students said that they felt uncomfortable accessing them. In some instances it appeared that participants needed to discuss this part of themselves with someone to give an overall picture of the daily struggles of attending university. Other participants felt that without university they would be in a worse state of mind. By this, participants noted that university gave them something to look forward to and a diversion from the daily struggles of their illness. University for these students meant getting out of the house and busying their minds. This is what some of the participants (identified by code to maintain confidentiality) said:

(A8) 'I suffer depression, major depression and anxiety attacks and I'm constantly medicated. The medication screws with me. Like balance, coordination and it affects my thinking. Just inhibits my study'.

(A7) 'I'm on drugs just to slow down my mind a little bit. Just Zoloft and Zyprexa which is a bipolar sort of a thing'. When asked about the bipolar disorder the participant said, 'The doctor thinks I have bipolar. I just think that I'm over thinking all the time but I do have moments that I've got to be by myself'.

(A12) 'I'm just worried about this going mad business. I had an uncle who was in a mental institution and that uncle ended up committing suicide'.

(A14) 'I do have a mental illness. I have psychotherapy once a week on a Friday. My therapist says to me, "Whatever you do, make your therapy session because that's your

one hour when you're by yourself for yourself." As much as I can I try to honour that'. The participant appeared to have acceptance of the situation and managed the illness. Like many other participants, A14 said that university was motivating to get out of bed in the morning. The participant articulated that mental health disorder was a family illness but did not have a lot of background knowledge of the family being part of the Stolen Generations and had only recently finding the biological family. 'Yes, as much as we can gather it seems to be [A family illness] because I know that, not that I know my family well, but I do know that in my generation there's been a lot of mental illness'.

(A18) 'I see a lot of mental health issues happening and a lot of it has to do with how we handle our stress and that can be stress from anything really'. (A19) 'When the depression comes, I take up going to the gym. I started horse riding again, also exercising and swimming. Just getting out, university is a good distraction'.

(A21) 'I suffer from, it's classified as post natal depression. I suppose as well because I'm currently homeless and things like that, I wouldn't say that I'm close to good mental health, but I do come to uni every day'.

(A23) had a long history of drug abuse and anorexia and found it hard to decipher which impacted on which illness or whether the addiction and anorexia were separate problems. 'I started using heroin when I was about 21. I gave that up about 32. I was also chopping speed from about eighteen. I stopped using speed about six years ago, and coke [cocaine], well that was just a party drug. If it was there, it was there, if it wasn't there, stiff shit. But we did go looking out for heroin. We did go out looking for speed and I don't do that but every now and again I still drop into the Army sometimes [Salvation Army]. I also suffer from mild bouts of anorexia, but yeah I came to university cause I wanted to show my kids a better way. They look at me and probably see a washed up old junkie, but I want to try and show them another way yeah and uni has helped me. It keeps my mind busy'.

(A34) suffered from bouts of a mental health disorder, although was not comfortable defining the illness. However, the participant did say that he was medicated and as long as he remained stress free he was okay. This particular student had relocated to a different state and remains isolated from his family to keep his stress level down. 'I just go about my own business, keep my stress down, come to uni every day and if I can, maintain my stress level. I have made uni my life and am on my third degree'.

A23 had an insightful perspective on mental health issues and also suffered from depression. 'There have been several times I've gone through some really bad impacts that have affected me. I've felt too teary and sad and they've *the doctors] recommended medication all the time. I have taken medication, like anti-depressants here and there, but the thing is, it's the environment that has created it and has led my mental health into feeling really negative thoughts, just as examples of what has happened in my life. Medication is not necessarily always the answer. I think it's fantastic for some people on a short and long term basis, but you have to look at the environment and you have to really look at the way our thoughts are. When you're depressed, it simply means that you're having so many negative thoughts'. This participant has been able to manage depression better knowing that it is due to environmental issues and when the environment is settled the depression passes. This participant added that university is one example of a positive environment and features in maintaining good wellbeing.

A4 referred to two siblings who had mental health issues and the effect that had. This participant was not alone in referring to the impacts that a family member's mental health disorder had. This participant is studying to be a mental health nurse. He said, 'Mental health really interested me and I work in a ward that has a Koori element to it'.

Discussion

In July 2009 La Trobe University announced that it would undertake a $77,000 investigation, funded by the National Centre for Vocational Education Research, into 'Why students with a disclosed mental health disorder are the
group "least likely" to complete the vocational education and training course in which they are enrolled' (Street & Venville 2009, p. 1). Although this research is currently being undertaken, the data should provide an invaluable insight into the way in which universities can support those students suffering from mental health disorders.

Participants in the study being reported in this article were accepting of their illness and appeared to have an ability to recognise triggers and identify strategies that they could put in place to deal with low times. Such strategies as exercising, horse riding, meditating and counselling, as well as taking medication, were cited as ways of coping with illness. The incidence of mental health disorders in higher education students has been identified and concerns both students and university staff. The University of Melbourne recognises the need to support students with mental health disorders; sighting that one-in- five members of the general population will suffer mental health problems. The University of Melbourne is leading the way in developing a response by increasing awareness of mental health issues in their university. As a result the university is currently developing a mental health strategy that will be endorsed over the next 5 years.

Depression and anxiety were the most common mental health disorders identified by participants in the data. Bipolar disorder, schizophrenia and anorexia were also identified. All students in the study who identified as having a mental illness indicated that they were, or had been, on medication, and unfortunately there were instances where the participants said that it affected them physically, with balance and lethargy being cited as common side effects of the medication.

In 1989 the first National Health Strategic Plan was developed by the federal government in response to the appalling statistics on mental health and wellbeing of Aboriginal and Torres Strait Islander people. In 2003, a further Health Strategic Plan was developed aimed at improving mental health for Aboriginal and Torres Strait Islander people and included strategies to reach expected goals by 2008. By 2008 a third strategy was developed in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health. All three plans included embedding a 'recovery process' through developing strategies to overcome mental health issues. In response to the 2003 National Health Strategic Plan, Rickwood (2004) asserted that a recovery process seemed ambiguous as the word 'recovery' implied that the individual can make a full recovery. Although Rickwood (2004) explained the broader meaning of the term 'recovery' in the context of the two mental health strategy plans (2003 and 2008); to the novice, recovery does imply wellness. A participant from a large urban university said that she simply had accepted that she suffered from a mental health disorder and felt that

there was not much that she could do about this. Given the large proportion of Aboriginal and Torres Strait Islander participants who indicated that they suffered from a mental health disorder, and that apart from being medicated did not receive any holistic or therapeutic services to support their illness, it could be suggested that the federal government has a long way to go to improve outcomes for Aboriginal and Torres Strait Islander Australians.

Rickwood (2004, p. 2) goes as far as to say, 'The social and emotional wellbeing of Aboriginal peoples and Torres Strait Islanders remains a source of national shame'.

McKendrick and Ryan (2001) and Westen, Burton, Kowalski (2005) point out that Aboriginal and Torres Strait Islander people see mental health disorders differently to western people. The view that a mental health disorder is even a symptom of poor health is often only measured on how it impacts on the family group that the individual is a part of (McKendrick & Ryan 2001). Westen et al (2005, p. 598) challenge the western view of mental health disorders. 'Every society has its concept of 'madness' and what a society considers

normal or abnormal are constantly changing'. Garvey (2008) has similar views and says, 'Mental health reflects the broad experiences of a person over the course of their lifetime and not merely those times when they are experiencing problems or are mentally unwell. Mental health is relative to what mentally healthy (and mentally unwell) is understood to be. To some extent, it is constructed and understood within a cultural context' (Garvey 2008, p. 3).

Carson et al. (2007) note that the Social Determinants of Health for Aboriginal and Torres Strait Islander people link mental health disorders with low socioeconomic status. This was the case for all participants in this study who identified as suffering from a mental health disorder. The data indicated that participants were either living in a low socioeconomic situation, or had been in a low socioeconomic position throughout their life. One participant revealed being homeless with two small children and forced to live in a cramped dwelling with a large number of family members to accommodate the children. Another participant had spent time living on the streets of Sydney struggling with a 'raging drug habit'. Another participant also cited living on the streets and being a victim of drug abuse.

Conclusion
Unfortunately, thirty-seven percent of participants identified that they suffered from a mental This research has identified that given the apparent high incidence of mental health issues amongst students, there is a need to support Aboriginal and Torres Strait Islander students with mental health disorders. To do this comprehensive information should be made available to universities. This should include an appreciation of the intergenerational pain that has plagued many Aboriginal and Torres Strait Islander people and how this links directly to incidences of mental health disorder for Aboriginal people today (Tsey et al. 2007).

health disorder or had a direct family member who had a mental health disorder. Some participants though noted that attending university actually increased their mental health and wellbeing, and in some instances, made managing mental health issues easier as university acted as a distraction and kept the mind busy on other things rather than the illness itself.

In all instances where mental health issues were raised, the participant had been directly impacted upon by the Stolen Generation's legacy. That is, the participant was either removed or was the son or daughter of a mother or father who was forcibly removed.

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