

Te Hikuwai Rangahau Hauora
Te Kura Kāwanatanga
Te Whare Wānanga o te Ūpoko o
te Ika a Māui
Pouaka Poutāpeta 600
Te Ūpoko o te Ika 6140, AOTEAROA
Mēra hiko: lynne.russell@vuw.ac.nz

Health Services Research Centre
School of Government
Victoria University of Wellington
PO Box 600
Wellington 6140, NEW ZEALAND
Email: lynne.russell@vuw.ac.nz

Standing on the shoulders of our ancestors: Servicing the health of Indigenous peoples

Dr. Lynne Russell (Pere) RCpN, MA(Appl)SocScRes, PGDipPubHlth, PhD
Kāi Tahu, Ngāti Kahungunu, Kāti Māmoe, Rangitāne, Ngāti Porou
Māori Health Postdoctoral Research Fellow

Melody (Cheryl) Naera-Barnett
Ngāi Tuhoe, Ngāti Kahungunu, Ngāti Porou
Research Assistant



Health
Services
Research
Centre

Te Hikuwai Rangahau Hauora



Objective

For Indigenous peoples, the purpose of health services research is to improve the services we receive; providing us with better quality, effective, timely, appropriate, accessible and safe care. It is underpinned by a belief that systematic investigation of health services, *and the systems in which they are provided*, will help improve our health outcomes. This 7th Health Services and Policy Research Conference of the Health Services Research Association of Australia and New Zealand aspires to inspire belief in Indigenous health researchers like us, that our health care systems can provide health care in an equitable and efficient manner to our peoples. **In an environment which largely disregards Indigenous systems of health care, however, how can we as Indigenous health researchers improve services for our peoples?**

Methods

In 2009/2010 we visited many Indigenous peoples, organisations and communities throughout Australia through postdoctoral Indigenous health research, to learn about their understandings of mental health. Through the sharing of stories a much broader wisdom was gained; of what effectiveness, appropriateness, accessibility, equitability and efficiency mean to Indigenous peoples and the implications of these for Indigenous health. These Indigenous understandings are presented below in the spoken and captured words of those who provide health services to their peoples using Indigenous systems of health care. (Photos do not identify the speakers)



Effectiveness

"Traditional Healers... are very happy to work alongside Western doctors, provided... their opinions are valued and respected, and you work in collaboration... We have to incorporate... the beliefs and values and have some sort of way of negotiating that... There is no reason why a doctor, for example, can't accept that the patient's belief system may be spiritual, and that they believe there was a transgression that

caused them into illness. They don't have to convince the patient that's a chemical imbalance in the brain. That serves no purpose. So long as you can understand the belief system and work within it... You know, we incorporate other people's beliefs systems, but there's more resistance between incorporating Aboriginal beliefs system. I think that's part of the left-overs from colonisation."

"An old white man who used to be the Governor of this State... a lot of the white fellas in this city and in WA have given him this task to try and help them overcome the poverty of the Aboriginal people... He won't be able to achieve it. It's not about an old white man going in and fixing it all up for us."

"The tree is an organic system. [If] the whole system is diseased, you can't treat one of the roots and expect the rest of the tree to be healthy. You must treat the whole tree, as well as the ground in which it grows."

Appropriateness

"How would I represent things from an Indigenous perspective? How would my grandmother represent this? What would she be saying about this?"

"You have to start with the whole, and then you break it down into the parts, and then you know how it fits... if you start with the parts, and you build up to the whole, you miss things out..."



the Aboriginal side of it, you start with an image or a story or whatever it is that's the whole, and then you understand it. Then you can add the Western science to it if you want to. You don't always have to, but you can do. Then you can sort of take it apart, if you know what I mean... So, my approach... is to approach everything from... "What does it look like? What's the image first?" So, I wait 'til I get the picture, then I paint it, then I get the story. I think about it. Then I break it down... The way the painting is done is that you come from your spirituality, **you stand on your community**, they hold you up, you reflect everything back through culture, hold your head up high and reach forward to the experiences that life has waiting for you. And it's by understanding that multi-dimensional approach and that very layered approach that you then get a very complex model that you can then work with. So, within that model we have to understand history, the traditional perspective, the contemporary perspective, where our gaps in knowledge are, where the solutions lie both through that grassroots level right through that social political. So, you get A very complex matrix that comes out of the model. But it's only by starting with the whole that you then get to understand the complexity of it."

"From an Aboriginal society perspective, they want to know you as a real person before they trust that your therapies are going to work, not the other way around."



Accessibility

"Aboriginal society is based on relationships. It's all about the relationship. It's about obligation, reciprocity, kinship, who's looking after who and all that sort of thing... The problem with the Western medical model is that we don't appreciate the profound nature of relationships with patients. So, relationships. Full-stop."



Equitability

"Governments have fought us; governments have literally under-funded us for programmes. We work on a shoestring budget in regards to the amount of money we get, and the programmes we get... We do not have a say in health programming and funding. We have a chronically sick population. We have substance misuse, petrol-sniffing, glue-sniffing, alcohol abuse, domestic violence, you name it. And we are made to work within the limits of what little money we do have in order to overcome some of those problems. We could do it a lot better with a lot more money, but at the end of the day because we are black and we don't subscribe to their belief that 'they know what's best for us', they will only give you a pittance, you know. They don't give you the amount that mainstream will get for delivery of the same services. In fact, they now expect us to access mainstream services with all its barriers and bias that created the very conditions that we were in prior to our stance to ensure our right to self-determination and equality... How can you feel good about your health when you are totally disempowered at every corner you turn? How can you feel worthy and proud of yourself when everything you work for is taking away from you? I mean, mental health is, it's hard... This is what governments are doing... [Both] the Territory Government and... the Commonwealth Government... have the ideological views that they know what is best for us."



Efficiency

"The Australian society has failed to understand the whole post-genocide dilemma, with the levels of trauma, the transgenerational grief and trauma that's there, the levels of loss, all the dispossession, all the stuff that's there. That's not 200 years ago. It is right up to the present day in terms of real experience... You know, some people think we should just move on, and get on with it, when there is this massive history which we have to deal with everyday. I'm sure with Māori it's probably very similar."

"Aboriginal people always want to come from a strengths perspective. We want to know that we're gonna be well, not that we gonna be ill. And most of the medical system comes from an illness perspective. That immediately puts us at logger heads. The Aboriginal aim is always about balance and harmony, whereas the Western aim is about functionality, reduction of symptoms. So again, we're sort of at odds. If we are able to marry it a bit better, I reckon we'd have a bloody fantastic system."

Lessons Learned

The resilience of Indigenous peoples is built upon generations of traditional knowledge of balance and harmony with the universe which contemporary health services have overwhelmingly failed to grasp. **Standing on the shoulders of our ancestors, we have much to offer the world of health services research.**

