

Mental Health Problems in the Indigenous Population

Introduction

The problem of increased prevalence of mental health disorders in indigenous communities all over the world is well-documented. As a result of cultural oppression, marginalization, racism, and land dispossession, indigenous communities have faced a lot of hardship and suffering due to which they have become impoverished, forced to live a destitute life, and inflicted with several physical and mental health problems (Kirmayer et al., 2000). This paper aims to reflect on the historical and current factors that have led to widespread prevalence of mental health problems in indigenous communities around the world. It starts with poverty, moving on to spatial disadvantage and cultural oppression, and finally dwelling on racial discrimination and violence. Finally, it proposes the use of sensitive, specific, and respectful cross-cultural communication strategies by a nurse in a healthcare setting when treating indigenous patients with mental health problems in order to increase their trust and access to quality healthcare services.

Poverty

The indigenous population of any country is much more likely to live in poverty as compared to the majority communities (Hall and Patrinos, 2012). The indigenous population of Latin America makes up about 8% of the total population, and 14% of the people living below the poverty line (ECLAC, 2016). A survey conducted by Anderson et al. (2016) found that in 14 out of 16 countries globally, the number of people living below the poverty line is greater in the indigenous communities as compared to the non-indigenous communities. Additionally, the extent of poverty is quite high in indigenous population when compared to the non-indigenous population. For instance, the indigenous population of China has been estimated to be twice as much poor as compared to the non-indigenous poor communities (Hall and Patrinos, 2012). The indigenous communities are considered to experience chronic poverty that is passed on from generation to generation.

One reason for this is that the indigenous communities all over the world experience disadvantages and discrimination in the labour market. This is especially true for indigenous women where the unemployment rate is 8.3% as compared to 5.8% for non-indigenous women. When considering the type of work, people from the indigenous communities are mostly employed in the agricultural sector rather than skilled or managerial positions like their non-indigenous counterparts having the same educational qualifications (Patrinos and Skoufias, 2007). Due to their low financial status, they end up quitting school at a young age, which, in turn, affects their employment prospects. It is also a source of poor health outcomes due to inaccessibility

to good healthcare centres (Barber et al., 2007). All these are sources of mental stress, depression, and anxiety for the indigenous communities worldwide.

Spatial Disadvantage

Spatial disadvantage has occurred over centuries due to dispossession of property, establishment of reservations, housing policies, zoning rules, and legislations regarding use of land and property. It is not only a consequence of colonization or marginalization, but also perpetuated by government actions in the form of policies and legislations. This has led to loss of life and identity, and inaccessibility to traditional lands, natural resources, and territories. In 1788, when the British colonized Australia, there were about 300,000 indigenous people divided into 500 clans leading a semi-nomadic or nomadic lifestyle (Broome, 2001). This type of lifestyle was interpreted by the British in a way that denied ownership of the indigenous people to their traditional lands. Initially, the indigenous inhabitants confronted the British; however, as the British colonizers were more powerful, they were able to uproot the indigenous people from their lands and marginalize them as fringe dwellers. These confrontations and clashes, combined with the indigenous people's lack of appropriate knowledge and resources, led to their forced settlements in remote and rural areas. After more than 200 years, the marks of this event are still visible in the indigenous people's lives and they are represented by their low socio-economic status in the country (Atkinson et al., 2008).

Most indigenous communities are concentrated in remote and rural areas that lack infrastructure and suitable employment opportunities. Consequently, people who live in these areas have lower education status, poor health outcomes, employment as unskilled labourers, and lower returns on their activities (van de Walle and Gunewardena, 2001). In contrast, urban areas offer better infrastructure and accessibility to essential services. However, as the indigenous communities experience residential segregation, they also experience higher rates of mortality and morbidity, and negative birth outcomes as compared to their counterparts residing in urban areas (Mehra et al., 2019).

Cultural Oppression

The culture and traditional knowledge of the indigenous people refer to practices, know-hows, and representations of these communities based on their experiences and interactions with the natural environment acquired through inhabitation of a particular land through several generations. This knowledge is demonstrated through their songs, artwork, stories, and beliefs, which contributes to their sustainability and collective development (United Nations, 2009). British colonization of Australia has resulted in the suppression and undermining of the culture and languages of ethnic minority communities in Australia. They brought about what is known as cultural imperialism

wherein the culture of the dominating communities is forcefully imposed upon all the minority communities. Consequently, the indigenous people were forced to give up their traditional ways of life and adapt to the cultural practices introduced by the British (Branscome, 2013).

Today, although cultural suppression is not openly practiced, the fact that cultural differences of the indigenous people are not stressed upon gives a signal that marginalization still exists despite all well-intentioned measures. As per a report by UNESCO (2016), around 40% of the population does not have access to schooling education in a language that they understand. Another report suggests that schools that do teach in ethnic minority languages do not match the quality standard of schools that teach in majority languages (UNESCO, 2015). This means that the indigenous people miss out on the opportunity to educate themselves well and acquire profitable skills just because their language is not recognized and considered for instructional languages. In the same way, most healthcare providers do not speak or understand the language and culture of the indigenous people, thereby bringing forth a major gap in the provision of quality healthcare services to these communities. This makes the indigenous people mistrust healthcare services and fear discrimination. It also results in the indigenous communities shying away from accessing healthcare services thereby increasing the prevalence of physical and mental health conditions in this population (United Nations, 2015).

Racial Discrimination

The long history of violence, subjugation, dispossession of land, and cultural oppression has resulted in a considerable decline in the Indigenous population, both in numbers as well as quality of life. Historically, the expression of racism has been in the form of large-scale massacres, wars, death by starvation, and forced-march relocations. The starting point of this racial discrimination was land dispossession and forcing the indigenous communities out from their traditional lands so that they could be used for the selfish reasons of the colonizers (Markwick et al., 2019).

Currently, the indigenous communities face a tremendous level of institutional and interpersonal racism as a result of which they are restricted from land ownership and employment opportunities, and forced to have a lower socioeconomic status in the society. Their life expectancy is lower, which is again a consequence of health inequalities due to racial discrimination (Larson et al., 2007). Indigenous children were forcefully removed from their families and placed in boarding schools in faraway locations. Some of them were also given to adoptive families and forced to live a life away from their own families. This took away these children's opportunity of growing up learning their cultural beliefs and language, and thereby carrying on their family traditions. Forced to go to school with children from majority communities, their cultural

traditions were ridiculed and they were made fun of by other children leading to a sense of dejection in them. They were neither allowed to talk about their culture and traditions, nor allowed to keep any form of contact with their families. This extreme discrimination based on race scarred them for life and manifested in different forms in different aspects of their lives (Shepherd et al., 2017).

Violence

As a consequence of both past and present cultural and ethnic factors, there is a high level of violence documented in the indigenous population. This violence is mostly reported in women and children and it is known to result in negative effects on social development and mental health. Apart from this, structural violence also occurs in these communities due to racial discrimination and poor economic status (Browne et al., 2016). The roots of violence in this population can be traced back to colonization and historical oppression to which these people have been subjected. Over time, they have normalized and internalized this violence which has led to sub-oppression - a state in which the oppressed inflict oppression on their victims, in this case, mostly women and children. The types of violence may be physical, psychological, and sexual, and may be inflicted upon children of any age and any setting such as homes, educational institutions, and healthcare institutions. As homes have become the most important place where violence and abuse takes place, women and children have lost a place where they feel safe and protected. Due to cultural barriers, they cannot access services that can help them overcome their situation and break free of their abuser. This leads to intense stress, depression, and fear in the indigenous victims (Juan-Martinez et al., 2018).

Nursing Intervention for Mentally Ill Indigenous Patients

In order to improve the accessibility of indigenous people to mental health services, communication and care need to be culturally sensitive and specific. According to the Aboriginal code of ethics, respect is the cornerstone of any communication and it is defined as showing esteem and honour for a person, caring for the well-being of a person, and treating a person with courtesy. Overall, racism and prejudice indicate disrespect for a particular group of people, and nurses need to be culturally respectful towards their indigenous patients. One concept that has been proposed in this regard is 'non-interference', which indicates respect for a person's independence. Therefore, in indigenous clinical encounters, forcefulness of any kind is discouraged that may be physical, psychological, or verbal in order to maintain positive interpersonal relationships (CIHR, 2001).

Nurses need to understand the barriers that exist between indigenous people and their accessibility to healthcare services while providing care. Once again, cross-

cultural communication plays a very important role here. Indigenous people hold very different beliefs about childbirth, reproductive health, and mental health and these beliefs need to be respected when offering treatment choices to them. This ensures that their culture is respected and their health decisions do not force them to go against their cultural beliefs. Whenever possible, healthcare services should be given to indigenous people in their own language or a skilled interpreter should be used for seamless communication. This will again help indigenous patients become comfortable and open to receiving treatment for their mental health issues. For major diagnostic tests, informed consent should be taken from the patients so that they understand the procedure and its necessity for their diagnosis and treatment. All these actions will put across the message that they, as individuals, are important and providing quality healthcare services to them is an important duty of the state (CIHR, 2001).

Conclusion

This paper has highlighted some of the important causes of the prevalence of mental health issues in the indigenous population. Historical colonization, forceful land dispossession, forceful eviction of the indigenous people to remote areas, cultural oppression, removal of children from families, inaccessibility to quality services, lack of suitable employment opportunities, and limited education opportunities have all contributed to an increase in stress, depression, anxiety, violence, and abuse in the indigenous population. Although these factors cannot be changed now, there are several steps that can be taken to ensure that the future of these communities is better than their past suffering. One of them is being respectful towards their cultural beliefs and providing healthcare that does not force them to go against their traditions. This will cultivate a sense of trust in the healthcare system making it more likely for them to avail essential services for their health.

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