

# Closing gaps, maintaining cadence and removing trampolines: a personal reflection on 20 years in health

Darren C Garvey

A number of inquiries have drawn attention to the unacceptable gap between the physical health status of Aborigines and that of the remainder of the community. The House of Representatives Standing Committee on Aboriginal Affairs report, Aboriginal Health, and the National Trachoma and Eye Health Program of the Royal [Australian] College of Ophthalmologists are recent examples. Comparatively little attention, however, has been given to the mental health needs of Aborigines.<sup>1</sup>

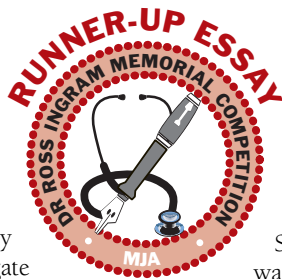
invokes (for a competitive person like me) a sense of energy and purpose. Can I turn the pedals five more times at this rate? What about five more? Five becomes ten, and so on, and before long an intermediate goal is reached — a tree 100 metres up the road, another cyclist, a street sign — something to aim for, and a small success to celebrate ... until the next landmark. I find strategies like these give focus and permit completion, while overcoming the struggle provides a sense of achievement likely to prompt another effort tomorrow. This is good, because removing a trampoline isn't done in a day.

## Health is overrated

I arrive at work, sweaty but satisfied, 50 minutes or so after leaving home. "Closing the gap is going to kill me!", I joke with a colleague as I haul my bicycle up the stairs. My efforts to delay the sprawl of a once moderately shaped midsection mean that I arrive at work at least once but ideally up to three times a week in this manner. As much as my two young boys enjoy using that expanding part of my anatomy as a surrogate trampoline, I felt its recent growth spurt demanded some attention. On reviewing my shape, taunts of my unappreciated high school nickname, "Fat Garvs", began to revisit my consciousness. This, coupled with an awareness of the high hospitalisation and mortality rates associated with cardiovascular disease for Indigenous men aged 35–44, meant that I was unable to sustain the delusions that my clothes had mysteriously shrunk during winter; that it was OK to be breathing a little heavier from a strenuous round trip to the mail box; and that watching sport burns the same number of calories as *doing* sport.

For the most part, it is easy to be distracted during the morning ride from Fremantle to Bentley. Majestic black swans and other waterbirds meander by along the Derbarl Yerrigan, pausing now and then to graze happily on its banks. By comparison, I imagine cars and other vehicles crawling by on congested roads, pausing now and then to wait impatiently at traffic lights. My laboured breathing belies the fact that I am glad of my choice of transport and the environment through which I propel it. The journey home, however, is another story. There is the "Fremantle Doctor" to contend with — an afternoon sea breeze, often blowing between 15 and 20 knots and penetrating as far as 100 kilometres inland. It provides welcome relief from the heat of the day, but little relief for those attempting to travel against it by bicycle. The potential of this force to both help and hinder isn't lost on me, but on some days it's easy to feel ambivalent towards the bloody Doctor! "Yep, closing the gap is going to kill me", I joke to myself through gritted teeth as I press on, searching for a gear that allows me to keep a steady cadence into the headwind.

The ride to and from work oscillates between enjoyment and pain as I negotiate serene distraction and powerful opposition. Maintaining momentum in the face of the latter can be difficult; however, I know that my thoughts about the conditions can mediate their influence on the journey. An unbearable, hopeless, pointless slog is draining, whereas regarding the ride as a challenge



## The changing nature of work

Work is a little different at the moment. It is still at a university — the same one at which I have been employed for close to two decades. In the beginning, I was invited to join the counselling and mental health program being developed at the Centre for Aboriginal Studies (CAS). As a recently graduated psychologist, it was felt that my expertise would be of use to the course and its students — Aboriginal and Torres Strait Islander people from many parts of Australia, diverse yet united in their desire to participate in the restoration and promotion of the social and emotional wellbeing of their families and communities. This meant leaving Cairns and my role in community mental health, but the lure of a new experience and an adventure in the west was too good to miss. "It will only be for two years", I told myself and others when I departed. Eighteen years later, I am still reminded of this promise during visits home.

The program we developed set the benchmark for some time, cresting the wave of an unprecedented focus on Indigenous mental health that was heralded and constructed in such landmark publications and events as the Royal Commission into Aboriginal Deaths in Custody,<sup>2</sup> the National Inquiry into the Human Rights of People with Mental Illness,<sup>3</sup> the first National Aboriginal Mental Health Conference in Sydney in 1993, the "Ways forward" consultancy report on Aboriginal and Torres Strait Islander mental health,<sup>4</sup> and the "Bringing them home" report.<sup>5</sup> However, tremors in the Indigenous mental health arena had been felt earlier, along with an attendant frustration at the lack of meaningful response.<sup>6</sup> The opening quote of this essay is illustrative of the relative neglect of Indigenous mental health. Perhaps surprisingly, it is not sourced from any recent report but is an observation made 31 years ago in the foreword to a special "mental health" issue of the *Aboriginal Health Worker Journal*.<sup>1</sup> More recently, on the eve of National Close the Gap Day 2011, these old concerns are being echoed.<sup>7</sup> While the Close the Gap campaign is commemorating its fifth anniversary of mobilising the current generation's efforts in Indigenous health, discussion of a mental health gap for Indigenous Australian people was occurring at least a generation earlier.

The 1990s also saw a change in the way that my profession sought to engage with Indigenous Australian people — a relational gap of sorts — prompted by the aforementioned documents and at the insistence of a small but active Indigenous membership. In

1995 I was able to observe an interested, ambivalent and curious audience watch the first Aboriginal keynote address to the Australian Psychological Society, delivered by Aboriginal leader and activist Robert Riley. I knew Rob as the man who had taken me, sight unseen, into his home during my initial weeks in Perth. He was a supporter of the CAS, and his offer of accommodation was brokered thanks to his friendship with the then Head of the Centre, Pat Dudgeon. I would argue that Rob's challenge to the profession to examine its consideration of Indigenous people retains currency within and beyond psychology.<sup>8</sup> I would also lament his tragic passing not long after, and question what else I should have done with my supposed expertise to assist him to maintain cadence in the significant headwinds he encountered.

Of that period at the CAS, I recall with fondness and frustration the late nights spent preparing student workbooks, the friendships forged and fractured by debates over self-determination and mental health competencies and, of course, how we were meant to assess this stuff in ways demonstrative of student utility, academic rigour and community appropriateness! With our attention well and truly focused on the conceptual and practical requirements of course delivery, I doubt we took the time (or had the time) to consider the symbolic significance of our endeavours — the collaborations, real, messy and imperfect, that arose as we attempted to negotiate and reconcile the kinds of cross-cultural and interpersonal tensions involved in facilitating Indigenous health.

It was in many ways a journey into the unknown; an intense and tumultuous time. I remember feeling part of something special, something important, and that we persevered and problem-solved in uncharted territory. I also remember burning out after about two years, to the point where I was unable to recognise the destructive symptoms and had to be told, in no uncertain terms, to take a break. I had tried to keep up with seemingly inexhaustible mentors and a relentless workload; possible for a time, and made easier by the excitement and novelty of the endeavour. Ironically, though, I would fall foul of the very advice we gave our students — to look after themselves in order to avoid such a state of exhaustion, and to be wary of the expectation placed on them to be “superhuman” health workers. The maxim “if you don't look after yourself, you won't be of any use to others” rang true as a description of my own debilitated state (one from which I would, thankfully, recover). If there was any consolation, at least I could now use personal experience to illustrate the lesson, and pursue a more sustainable tempo.

### New landmarks

While my roles and goals have changed over the years, one constant has remained — an annual ritual of PhD avoidance. A new year's resolution to enrol would be broken as semester-based demands were allowed to take priority. However, the mantra of “there's always next year” becomes less reassuring when considered in the context of the gap. Indigenous people get to use the “there's always next year” excuse some 15–20 fewer times than other Australians, on average, so, statistically at least, now was the time to focus on that next landmark.

It should come as no surprise that the research I am pursuing concerns what has been described as “the tensely contested arena” of Indigenous mental health.<sup>9</sup> This is motivated by my own

questions and experiences of the arena, and by the thousands of conversations over 20 years with people interested in, ambivalent about and curious about the social and emotional wellbeing of Indigenous Australian people. To continue the metaphor, I am not only interested in the tension and conflict apparent on the arena's floor, but what characterises the *hypogeum* (Greek for “underground”). In an arena, this refers to a subsurface network of channels and compartments that house combatants, props and other gladiatorial paraphernalia that would eventually be released into the main stage. In terms of my research, it involves an examination of the discursive resources and deeply held myths and metaphors about wellness, relationships and services that have formed Indigenous mental health, and the attendant tense and conflicting responses to it over time. My research is also concerned with bridging and negotiating gaps between people — addressing those enduring dilemmas<sup>10</sup> involving the providers, consumers and designers of Indigenous mental health services. My sense is that, until and unless we are willing to consider the role of these less apparent yet influential linguistic and ideational precursors, we will continue to experience conflict in the arena, and the gap-centred litany, such as that in the opening quote, will endure.

### Moving forward

My 20 years in health have been characterised by achievements and disappointments, friends made and lost, and lessons often learned the hard way. I maintain a sense of optimism inspired by the Indigenous and non-Indigenous people I've met who, despite the challenges, remain committed to Indigenous health. If my time in health and my more recent forays into healthy activity have taught me anything, it is that it is worthwhile setting goals, adopting attitudes and behaving in ways that support a sustainable rhythm over the long term. This is not to say that bursts of energy and enthusiasm aren't useful or necessary; it is just that shining brightly can often mean shining briefly.

My advice to those who choose to engage with the health concerns of Indigenous Australian people or who are about to graduate to such endeavours? Work to maintain a healthy cadence. Negotiate reasonable goals. Develop ways of enduring those inevitable headwinds, and take the time to acknowledge and celebrate landmarks reached. And do be interested in the momentum of others, especially when their tempo is flagging.

For me, in addition to a renewed work focus, I have recently been given two beautiful reasons to remain personally and professionally invested in health. If I can build bridges for my sons to negotiate their way with their own “bloody Doctors”, and in any way contribute to their life's quality as well as its longevity, then the ride will have been worth it. Unfortunately though, while Ollie and Elliot get immeasurable joy from pounding my midsection with their energetic play, I need to say, “Sorry boys, daddy's trampoline won't be there much longer. But don't worry, he'll be able to get you a real one with the money he saves on new clothes!”

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**Author details**

**Darren C Garvey**, BPsych, PostGradCertEd, MHLthProm,  
PhD Candidate

School of Psychology and Speech Pathology, Curtin University,  
Perth, WA.

**Correspondence:** d.garvey@gunada.curtin.edu.au

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