Participatory action research in Aboriginal contexts: 'Doing with' to promote mental health

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The resilience and creativity of Indigenous populations in the face of tremendous adversity serves as a great inspiration for Aboriginal community psychologists like myself to offer the best tools to communities in order to assist them to enhance the wellbeing of all their members. This paper brings in personal and professional elements of my journey as a Canadian First Nation's researcher in community psychology working with First Nations of Canada and Aboriginal people of Australia. It aims to highlights the contributions of the Collaborative Research on Empowerment and Wellbeing (CREW) team to support Aboriginal-based mental health promotion. The CREW aimed to address the power-dynamics of research with Aboriginal people of Australia by systematically adopting a Participatory Action Research (PAR) process in which Indigenous partners are leading the research process from conception (identification of priority needs) to dissemination. It also presents the theoretical underpinnings and empowerment principles guiding our work as well as an example of a PAR project. In conclusion, I argue that this respectful way of applying rigorous methodologies to research issues affecting Indigenous people and communities could represent the 'best of both worlds.'

> As Indigenous researchers, we can't leave our Aboriginality at the door. It is an integral part of who we are and what we bring to our research.
> Quote from an Indigenous research workshop participant

Community psychology allows Indigenous practitioners to marry their cultural wisdom, respect, values and knowledge to mainstream psychology in order to creatively support their communities. Indigenous Peoples and cultures around the globe have survived despite many past and ongoing assaults to their integrity. This is a testimony to the resilience and creativity of their members. Although many differences distinguish Indigenous cultures, communities and individual experiences, the shared and similar histories of colonisation, assimilation and subjugation of Indigenous people all over the world unites us (Kirmayer, Brass, & Tait, 2000) and allows for Indigenous psychologists to contribute to the expansion and adaptation of disciplines such as community psychology to better respond to Indigenous realities.

Jackson and Kim (2009) highlight the important contributions of community psychology to better understand the diversity and the valuing of Indigenous knowledge. However, these authors also draw attention to the lack of incorporation of cultural theories and research in community work. Williams and Mumtaz (2008) point to the resounding lack of Aboriginal-based mental health promotion initiatives in the published literature to highlight the Western epistemological hegemony in the area of Indigenous mental health promotion practices and approaches to evaluation. Indeed, this rejection of Aboriginal ways of understanding the world, perceived as myth, from mainstream Western knowledge perceived as scientific (Williams & Mumtaz, 2008) is evidence that colonisation continues to be present in modern forms (Wexler, 2009). Hence, the need for Indigenous psychologists is clear, as we walk in two

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worlds: we possess a deep understanding and respect for Indigenous ways of knowing, being and doing and are able to use the tools provided by our scientific training to enhance the health and wellbeing of our Peoples.

According to King, Smith and Gracey (2009), the colonisation of Indigenous people is a fundamental determinant of health. There is no lack of evidence of Indigenous disadvantage across most all of the monitored indicators of health and social status, ranging from education, health, employment and economic status. Statistics highlight this disparity; for example, there is a life expectancy gap of an estimated 12 to 17 years for Indigenous compared to non-Indigenous Australians (Australian Institute of Health and Welfare, 2008; Vos, Barker, Stanley, & Lopez, 2008). Recent data suggest that Indigenous people are over-represented tenfold among Australia's imprisoned population (Willis & Moore, 2008). The high rates of suicide and self-harm experienced in Aboriginal and Torres Strait Islander communities is also a significant issue with suicide rates up to 72% higher than that of the whole of the Queensland population (DeLeo, Klieve, & Milner, 2006).

At the community level, these statistics represent struggles, pain and suffering of real people every day. This reality became apparent to me while researching my thesis on suicide in First Nations communities of Canada (Laliberté, 2007). Although this is not an easy subject to research, as an aspiring psychologist, I was determined to gain a better understanding of this experience and contribute to its prevention. I was welcomed in four Canadian First Nations' communities where, for varying lengths of time over a period of eight months, I listened. I sat with 25 suicide survivors who told me about their brothers, sisters, sons or nephews, the hardships they had endured, the ways they tried to cope, how they succeeded, how they failed, and what happened to make them decide they could not cope any longer (Laliberté & Tousignant, 2009). When applied to suicide research, this method to study individual risk factors for suicide is called psychological autopsy. The results were shared back to communities to contribute to the design of their Life Promotion program.

However, during this period as a Canadian First-Nation's student of psychology, I came to realise that the discipline was inadequate to answer the complex psychosocial needs of Indigenous communities and be truly useful. At worst, the mainstream interventions proposed could harm Indigenous individuals, families and communities by its individual focus and often individualising outcomes (Williams & Mumtaz, 2008). Instead, I understood the importance of working upstream to promote health rather than redoubling efforts to treat problems that can often go unnoticed until it is too late. Indeed, working backward from death to look at experiences, missed opportunities for intervention become shockingly apparent. This realisation came from my research into suicide deaths of four young Canadian First Nations' girls who, through a rigidly honoured pact, decided they had enough with life. Going through similar stressful experiences directly related to the state of being an adolescent compounded with disturbing psychosocial realities, these girls found each other and acted on shared feelings of psychological pain, exhaustion and hopelessness (Laliberté, 2007). Had they been supported by empowered women of their community and provided with a safe place to share these feelings, a very different outcome may have been possible.

Not surprisingly, this realisation is shared with numerous Indigenous people. Indeed, Australian Aboriginal community leaders, members, Elders, youths and health workers suggested addressing issues affecting their communities that almost invariably started with the recognition and development of individual, group and

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community strengths to promote positive collaborative actions and foster a sense of belonging, self-worth and achievement. Intuitively and almost unanimously, they were referring to empowerment.

Empowerment can be described as an active, participatory process through which the individuals themselves gain greater control, efficacy and social justice (Peterson & Zimmerman, 2004; Zimmerman, 2000). It is 'doing with' as opposed to the top-down 'doing for,' a practice synonymous with government interventions. Major global support for empowering initiatives was exerted through the Ottawa Charter (World Health Organization [WHO], 1986) and have proven effective in demonstrating sustainable changes in a wide range of disadvantaged populations (Wallerstein, 2006). A growing body of literature supports innovative, culturally sensitive, empowering methods of research to study and address the social disparities that lead to detrimental health and wellbeing outcomes (Campbell, Pyett, & McCarthy, 2007; Chino & DeBruyn, 2006; Labonte & Laverack, 2001; Quantz & Thurston, 2006; Reilly et al., 2008; Salmon, 2008; Tsey & Every, 2000).

With my doctorate in hand, I wanted to apply my skills to support empowerment and promote the health and wellbeing of Indigenous communities. I also wanted to expand my understanding of indigeneity as well as learn more about the practical applications of empowerment theory to health promotion. The Collaborative Research on Empowerment and Wellbeing team (CREW) had been working with Australian Aboriginal communities to promote health and wellbeing of these groups for over 15 years. I joined them for a three-year postdoctoral fellowship.

The objective of this paper is to highlight the contributions of the CREW to support Aboriginal-based mental health promotion. The first section presents the CREW, the theoretical underpinnings or framework guiding our work, and the Participatory Action Research (PAR) process used as a way of working with community. The second section presents an example of a PAR project entitled Building Bridges: Learning from the Experts, which used an Aboriginal-developed empowerment and leadership program, The Family Wellbeing program, as well as Men's groups and Men's Knowledge Sharing Forums to support empowerment.

CREW: Theoretical Underpinnings, Who we Were and How we Worked

Through long-standing working relationships with several Aboriginal community leaders and service providers in Far North Queensland (FNQ), the CREW aimed to support 'bottom-up' solutions to improve the health and wellbeing of Indigenous people from the 'inside-out.' Situated in Cairns (FNQ) and attached to the University of Queensland's North Queensland Health Equalities Promotion Unit (NQHEPU), this research team included five full time academic researchers – four of whom are Indigenous (three Aboriginal Australians and myself, a First Nations Canadian) – and a varying number of lay 'community researchers' including members, leaders and elders active in the communities participating in the various CREW projects.

The CREW adhered to the principles of the widely recognised Ottawa Charter (WHO, 1986) which urged nations to improve health by reducing disparities. It established the goal of health and wellbeing in an ecological as well as a strength-based perspective, recognising the impact of social determinants on the wellbeing of individuals who have the capacity to think and do for themselves, despite the difficult conditions that they endure. Health promotion then, is not the sole responsibility of the health sector, but goes beyond healthy life-styles to wellbeing. It advocated for health to be seen as a positive and holistic concept and emphasises social and personal resources, as well as physical capacities. This definition of health is

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consistent with the holistic worldview of Indigenous people who describe health as the social, emotional and cultural wellbeing of the whole community (National Health and Medical Research Council, 2003).

Our team espoused the cultural holistic worldview of the populations it worked with by adopting an ecological theoretical framework. According to Bronfenbrenner (2005), the ecology of human development is the scientific study of the mutual and progressive adjustment of a human being and of the milieus that he/she inhabits, considering that this process is also modified by the interactions between these different environments and by the larger context in which they take place. In other words, this ecological perspective proposes to consider the contexts in which the individual evolves and with which he/she interacts as having an impact on his/her development. Not unlike the holistic view of health and wellbeing of a majority of Indigenous groups, the ecological perspective considers the individual as an integral part of his/her surrounding contexts. At the same time, the environments are inextricably linked to and shape the development of the individual. Hence, like the biological and the cognitive development (growth, intellectual ability) impact on the individual through the passing of time, the dynamics, values, beliefs, attitudes and so on of the family, the school, the community, the culture, will have a necessary impact on the personal values, attitudes and beliefs of the individual which will shape their choices, behaviours, life-style and ultimately their wellbeing. Being a two way relationship, positive actions from groups of empowered individuals can serve to change the larger environment by shaping attitudes, beliefs and influencing behaviours of those who surround them and can, eventually become embedded in the mentality of the larger community.

To achieve its goals, the CREW employed a Participatory Action Research (PAR) approach in which the university-based researchers worked side by side with the community-based researchers throughout the implementation of all the PAR activities. The PAR process is an empowerment research technique aimed at raising critical consciousness through ordinary people generating relevant knowledge in order to address the issues that are of priority concern to them. It involves researchers assuming roles of peer facilitators to generate broader systemic frameworks for understanding given situations. These frameworks are then used to question the situation and identify alternate courses of action. From here, the process itself is spiralling as knowledge and understanding informs strategy development, followed by action, reflection and new understanding with ongoing change and improvement being the goal (Tsey, Patterson, Whiteside, Baird, & Baird, 2002; Tsey et al., 2007). The PAR process thus compels the incorporation of cultural and local theories of wellbeing and research in community work.

The PAR activities of the CREW aimed to inform and explore ways to make the services and community resources more responsive to the needs of the Aboriginal communities. It recognised the value and leadership of community organisations, thus supported the empowerment of these groups and strengthened collaborative relationships. The PAR projects also aimed to contribute to build personal capacity and support community wellbeing. One way of achieving this was to systematically employ Aboriginal community-based researchers.

The community-based team members represented a significant gain to the PAR studies. Indeed, in addition to their practical positioning to identify, engage and support participants, they brought essential cultural, experiential and local knowledge to inform the projects thus insuring appropriateness and relevance. The community-based researcher also ensured empowerment activities of participating groups and informed community

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service providers and stakeholders in meaningful and timely ways, with the support of the university-based researcher. The specific engagement activities remained flexible to be relevant to each community. Word of mouth, social gatherings and classroom visits were techniques that were employed.

Health promoters need three levels of knowledge, namely instrumental, interactively derived and critical knowledge (Keleher MacDougal, & Murphey, 2007). As researchers with different Indigenous backgrounds, we, the members of the CREW, used our heritages as much as our academic experience and knowledge to inform our health and wellbeing promotion efforts. We worked sensitively and respectfully. We considered that Indigenous ways of knowing, being and doing represent considerable strengths to the promotion of Indigenous health and wellbeing and we systematically employed empowering approaches to research, implement and evaluate health promotion initiatives.

Building Bridges: Learning from the Experts project

An example of a project in which these principles were applied is Building Bridges: Learning from the Experts, which was funded by the Australian Government's Department of Health and Ageing through the National Suicide Prevention Strategy. Stemming from the CREW's earlier work (Haswell-Elkins et al., 2009), the project brought together members from the University of Queensland, James Cook University, University of Southern Queensland, Griffith University and the Centre for Rural and Remote Mental Health Queensland. The participating communities included two remote communities which were closed off during the wet season, a rural community easily-accessed and close to a large town, and a mixed Aboriginal and non-Aboriginal community close to a large urban centre. In addition to the academic researchers of the CREW, the project employed four community-based researchers. I was responsible for the formative implementation evaluation of this project. I thus was able to work side-by-side with all the community researchers throughout the entire project in both support and research roles.

The main tools used in this project are the Family Well-Being program, to foster empowerment and positive relationships and the community Men's groups and Men's Knowledge Sharing Forums to support networking and working together toward positive solutions to community issues. The Family Well-Being Program (FWB) was initiated in 1993 by Aboriginal people who were part of the Stolen Generations – children who were forcibly removed from their Aboriginal families and raised in non-Indigenous Australian institutions and foster families. The understandings of what this group needed to survive traumatic experiences and chronic stressors, as well as come to terms with their own shortcomings and gain enough strength to become leaders in their communities formed the basis of what would become the FWB program (Tsey & Every, 2000). It aims to empower participants, their families and community to take greater control and ownership of circumstances that influence their lives, including meeting their basic physical, emotional, mental and spiritual needs. The program is divided into five stages of approximately 30 hours. Each stage comprises 10 sessions. Stage 5 is facilitator training and is an accredited undergraduate program. As described in the systematic review of the underlying components of the program (Laliberté, Haswell, & Tsey, in press), FWB is delivered to small groups and each session starts with a brainstorming activity, making it an action learning and empowering process.

The first stage of the program aims to bring people together and establish that change starting with oneself. It is based on

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the premise that individuals are responsible for their own wellbeing and have the capacity to take charge of their lives and make positive changes to enhance their environment. It aims to support psychological empowerment and to enhance interpersonal skills to build healthier interactions and relationships. The second stage examines the process of change, and imparts skills to cope with different types of losses (e.g., through death, alienation, estrangement, divorce, separation, etc.) and the resulting grief. In stage three, participants are invited to explore the issue of family violence, during which information is provided on the cycle of abuse and strategies for dealing with family violence and creating emotional health are shared. Stage four invites participants to revisit the important learnings of each stage and reflect on the changes that have already occurred in their lives since the beginning of the program.

During the duration of the project, 11 participants became program facilitators. Of these, four, including myself, were academic CREW researchers and four were community researchers. The skills and insights gained were applied to engage community members, advocate for more equity within Aboriginal communities and social justice for these groups.

The other main tool used to support empowerment was Men's Groups. The purpose of Men’s Groups is to bring local men together to discuss priority issues and is about men supporting each other to find ways to manage conflict and crisis, develop strategies to deal with loss and grief, deal with family violence and anger issues, among others. Men’s Groups is also about creating emotional health and fostering positive relationships and interactions. The men usually met once a week to discuss these issues, but they also went on camping and fishing trips, often to teach traditional ways to the younger men of the community. In essence, the Men’s Groups message was about being role models in their communities and supporting each other to providing alternatives to alcohol and drug abuse. As university-based researchers working side-by -side with the community-based researcher, I had the great privilege to be invited to several Men’s Groups activities and was able to see first-hand how an active Men’s group can initiate community changes such as better school attendance, a larger number of social and family activities and a greater transmission of cultural and historical knowledge.

The Knowledge Sharing Forums was to bring the Men’s Groups from the four participating communities and their surroundings together to discuss general issues affecting Aboriginal men, families and communities. In all, there were at least one Forum in each community and approximately 200 men in total from all over Queensland participated.

An external evaluation of the project conducted by the Australian Institute of Suicide Research and Prevention (AISRAP) concluded:

> The FWB training and the opportunities provided by Men’s Groups empower people and communities to understand dysfunctional behaviours and gives them the ability to change coping strategies and other behaviours for the better. These types of activities enhance their ability to see that there was a great deal of potential in people becoming active in addressing these issues. There was energy in people’s descriptions about a better future where people come together, are listened to, take responsibility and make good choices. They could envision their community as a place where there are jobs, good relationships ...[and] well spent resources and where people’s strengths could be

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recognised and built on. (McKay, Kölves, Klieve, & DeLeo, 2009, p. 87)

In essence, these types of activities have the great potential of creating hope for a better future.

Conclusion

The PAR projects were designed to allow the research team to gather the three levels of knowledge needed by health promoters, namely instrumental, interactively derived and critical knowledge (Keleher et al., 2007) while building the capacity of the community leaders to advocate for services and service delivery to meet their needs. In so doing, it enables research done with Aboriginal populations to address the immediate concerns by benefiting participants and community partners directly. Thus being guided by 'what works' with this specific group (Banister & Begoray, 2006; Chansonneuve, 2007; Oliver, Collin, Burns, & Nocholas, 2006) and, to a certain extent, simplifying the knowledge transfer pathway from adopt, adapt, and act (Waters, Armstrong, & Doyle, 2007) to understand, plan and act.

The knowledge and skills gained are readily transferable to other disadvantaged populations in diverse cultures and settings. Indeed, the information provided from this intense sample and the demonstration that empowering initiatives and research methods can have an impact in re-engaging severely disconnected and voiceless groups represents a broad ranging potential for health promotion that is widely applicable among a variety of cross-cultural settings across the globe. Not only do indigenous peoples have analogous histories of colonisation, the remarkable resilience and profound wisdom of these millennia peoples are undeniable strengths that need to be part of the solution.

We cannot undo the history of colonisation responsible for these devastating social and health consequences; however, addressing these issues with problem focused, top-down initiatives represent history repeating itself. The health, incarceration, suicide, education and socio-economic statistics describing the circumstances of Aboriginal communities in Australia translate to everyday struggles of regular people; they do not, however, characterise them.

As a Canadian First Nations' woman, I have an intimate understanding of the pride and responsibility this heritage carries as well as of the everyday struggles indigenous peoples must face not because of this heritage, but due to the socio-economic circumstances in which too many of us evolve. I appreciate the strength and flexibility it takes to walk in two worlds, as the path seems perilous on both sides. What does it mean to be an Aboriginal person/ woman in the twenty-first century? Where do I fit? As those questions impact on one's own quest for identity, the collective answers impact on the future of an entire people. Research with Aboriginal communities must respect their objectives of self-determination as well as address the pressing problems faced by several individuals through rigorous, responsive, strengths focused culturally sensitive and locally relevant participatory studies. As an Indigenous community psychology researcher working with Aboriginal communities, I am guided by the wisdom of those who have walked the path before me and of those who are walking alongside me now, both Indigenous and non-Indigenous.

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Notes

[1] The author was a postdoctoral fellow at the Institut national de santé publique du Québec, Canada when this manuscript was written.

Acknowledgements

The author would like to express her heartfelt thanks to Rachael Wargent, Lyndon Reilly and Melissa Haswell, colleagues and friends

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of the CREW for their much appreciated support and guidance throughout the work leading to this manuscript. Yours in empowerment.

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