

LETTER TO THE EDITOR

Our Hope Also

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Dear Editor

As Directors of a remote psychiatric service in south west Victoria, and like many Australians, we do not know the detail of the current plans to assist remote Aboriginal communities in the Northern Territory. We do however wish to offer our views and concerns about this matter, in the hope that open discussion and a collective responsibility can be developed amongst all Australians on this serious issue.

Although our Aboriginal communities in the south west are not experiencing the extent of the difficulties of those in the north, they share the transgenerational experience of grief and loss, and most of the problems commonly facing Aboriginal people across Australia. We have learnt that earning trust and developing a mutually agreed way of

approaching problems with Aboriginal communities takes time and a long term commitment.

When there's a crisis, the responsible thing to do is to act swiftly, but when we do, we are conscious of the consequences of our actions, and always try to avoid causing more damage to families and our relationships with them. With our eyes on the horizon, we must always fix the day-to-day problems that naturally arise because of our past.

Consideration of basic issues such as communication, when English is not the first language, the differing cultural norms, and general health status of the Aboriginal communities will always affect the outcomes of any plan, no matter how best intentioned the efforts are. In the context of remote Aboriginal communities, these are all of paramount importance.



Our local GPs have been asked by the Commonwealth Government to express their interest in joining health teams in the north. Of course, most are flat out trying to meet the needs of our community, and cannot assist, not through lack of interest or support. If it is intended that screening and examination of all babies and young children for signs of sexual assault is to be conducted, as this is a highly specialised skill, where does this workforce come from? Secondly, but more importantly, how can this be done without causing trauma, either to those not affected, or more trauma for others.

Perhaps an alternative option would be to quickly identify health professionals across Australia with expertise in working with Aboriginal communities, and compile suitably experienced and qualified teams to work with the

communities to manage the crisis, whilst concurrently developing longer term sustainable solutions, with all those whose lives it will affect.

If even one Aboriginal woman feels she has to take her child away from her community to evade the officials, then surely we have learnt nothing from the past.

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