##### **[00:00:06.620] - Bernard Namok**

Hi, and Welcome to Yarning Disability, the FPDN podcast. I'm your host, Bernard Namok Jr. I'm a proud St. Paul, Badu and Erubian man from the Torres Strait. I'm also the son of the designer of the Torres Strait Islander flag, Bernard Namok Senior and an advocate for the First People's Disability Network. Join me now on Yarning Disability as we show you is First Nations' people living with a disability as well as their families and carers and other industry professionals.

##### **[00:00:44.620] - Carly Wallace**

Aboriginal and Torres Strait Islander people are warned that the following podcast may contain the voices and names of people who are deceased. The First People's Disability Network and the producers of this podcast recognise the traditional custodians of the land on which this podcast is recorded. They pay respect to the Aboriginal and Torres Strait Islander elders past, present, and the future leaders of tomorrow. FPDN would like to acknowledge our founding elders and their lasting legacy, Uncle Lester Bustock and Auntie Gayle Rankin, and acknowledge all First Peoples living with a disability.

##### **[00:01:28.900] - Joe Williams**

Because that's what we do, right? Like everyone just says, What's wrong with that fellow? Or, What's wrong with that girl? Without saying, What happened to that person?

##### **[00:01:38.960] - Carly Wallace**

Welcome to another episode of Yarning Disability. I'm Carly Wallace. In today's episode, we explore the complex and sensitive topic of psychosocial disabilities in our First Nations communities. According to the Mental Health Australia website, psychosocial disability is explained as the following, an internationally recognized term under the United Nations Convention on the Rights of Persons with Disabilities used to describe the experience of people with impairments and participation restrictions related to mental health conditions. These impairments can include a loss of ability to function, think clearly, experience full physical health, and manage the social and emotional aspects of their lives. Psychosocial disability relates to the social consequences of disability, the effects on someone's ability to participate fully in life as a result of mental ill health. To our mob, though, conversations around psychosocial disabilities in our communities looks and sounds a bit different. It's not easy to define or explain. I had a conversation about these types of mental health disabilities in our communities with Wiradjuri and Walgalu man, Joe Williams. Joey is a former professional athlete of 15 years, previously playing professional rugby league for the Sydney Rabbitos, the Bulldogs and the Penrith Panthers. Joey was also a boxer, but these days he's a renowned mental health, suicide prevention and trauma advocate with his company, the enemy within.

##### **[00:03:14.730] - Carly Wallace**

Joey also has a psychosocial disability himself as someone living with bipolar disorder. It's important to understand as you listen to this episode today that everyone's mental health journey is individual and different, and you should always reach out if you feel you need help. We'll have help line numbers at the end of this episode and links to them as well in our show notes if you feel you need them. This episode is about Joey's own mental health journey as a First Nations man living with bipolar disorder. He also shares his perspective on psychosocial disabilities in our Aboriginal and Torres Strait Islander communities.

##### **[00:03:52.380] - Joe Williams**

I'm Joe Williams. I'm a Wiradjuri and Walgalu man grew up as a kid on Wiradjuri country, a little place called Cowra, and I always thought that we were only Wiradjuri because the other little one that I speak about and I speak fondly about it is Walgalu, which when we talk about that beautiful big, pretty map, AIATSIS map that everyone's got in their office now, it's not even on that map. That can be really beautiful as far as storytelling goes with that, because obviously the bigger ones are the bigger ones. Then you got the little ones that aren't there, but you've actually got mob who are so staunch that they're on those little places. It actually talks to you that our people want a warring nation. If you've got something so big like Bradbury Country, and then even Walgalu, which is not even on the map, but it's next to, for an indication of where it is, I guess it's in between Ngunawal and Waradjuri, so in the snowy mountains. So it talks to the fact that we weren't a conquering people. Because if we were a conquering or warring people, without doubt, we would have had disagreement, and those things would have been fixed up.

##### **[00:05:10.080] - Joe Williams**

But without doubt, we weren't a conquering people because it shows just by the man mass that there were big nations and there were small nations. If we were a conquering people, then we'd be just full to gather the numbers and overrode people. One of the beautiful men that I've learned so much of is a guy called Paul Gordon. Uncle Paul Gordon down from Brewarrina this way. And he talks through a really simple fact that there were no castles, there were no forts, and there were no fences. And people can look at that and go, Well, that's because you weren't smart enough to build them. To me, it tells a story, and how he explains it so beautifully is that fences keep people out. So it tells you that we're people who build relationships. And if you look at the documentation from, just say, the Brewarrina fish traps, the earlier records of Brewarrina fish traps had people and mobs from everywhere. So it tells you that we didn't come together and flog the guts out of each other. We come together and we shared resource and we shared relationships. Putting it really, really simply, if there's no castles, castles are to keep people out and places of war and things like that.

##### **[00:06:29.560] - Joe Williams**

But look at the history right throughout Europe and the stories of that. And the really simple one is fences. We look at it from a modern context of fences keep things in, but fences also keep things out. It shows that we built relationships over many thousands of years.

##### **[00:06:48.640] - Carly Wallace**

That plays into, I guess, disability and the way that FPDN works. We work alongside that social model of disability in our world, that it's society that has barriers for mob with disability. It's not the mob with disability having barriers. So we placed those and it came with colonization around what you talk about there, that sharing that inclusion. We're very inclusive mob. We don't see disability. We don't have words for disability. We have words to describe, I guess, different types of disability, but not disability in itself. When colonization happened, they brought jails, they brought segregation, they brought that fence that you're talking about of, We're going to put you over there because you're different, because you may have a disability or you can't fit in. Whereas our mob, you were just included in the tribe, and that's just the way it is. You got to keep up like everybody else, which is the way that our mob have survived for so long. It's survival. That fence that you're talking about, that is still existing now with disability and our mob, especially. What I wanted to chat to you today was that psychosocial disability, as I guess in our mental health.

##### **[00:08:10.730] - Carly Wallace**

Not every mental health condition is a psychosocial disability according to things like the NDIS and others. But if we see it, and what we see in our community around mental health, you're a strong spokesperson for that, and you've created the enemy within. Can you tell us about what that is?

##### **[00:08:28.840] - Joe Williams**

I guess it's evolved, hasn't it? Over many years, almost 10 years now, I've been doing this work in the mental health space. What started was conversations with people who didn't feel that they had the language to talk about what they were going through. When I come out and spoke about it back in 2014, now, nearly 10 years. Back in 2014, the amount of people that come up to me and said, Joe, everything that you're saying, I feel the exact same thing. I experience the same thing. I have this narrative that goes on between my ears, and it's constantly a barrage of negative voice and negative influence on us mentally and emotionally that impacts us physically. So in the beginning, it was just about normalizing something. And I said to many people that I felt that I was like a conduit between the people and the professional because I got a hell of a lot of stick in the early days. You can't be talking about that. You're not a professional. You don't know what you're talking about when it comes to this. And out of all of the therapists that I went to throughout the years, and I went to therapy, trying to understand what was going on, but also didn't tell a lot of the truth about what was going on.

##### **[00:09:59.540] - Joe Williams**

Well, it wasn't that I didn't tell the truth. I didn't tell the full story about what was going on because of the challenges around community and how it was viewed. And this was back, I guess, just before you and I connected. I was planning the NRL at the time. So they'd always see this kid who could play, this kid who had some ability, but this kid who just there was something missing. So there was sports psych after sports psych trying to tap into what was going on with me. Some of the best sports psychs and therapists in the country, but I just didn't have the words for what was going on. I was trying to hold down a spot as it was as a young bloke, and I felt on the outer as it is, I ain't going to jump up and down with the loudest voice and say, Hey, I've got voices in my head trying to tell me not to be here anymore. It was a time thing. It just wasn't part of the landscape, that conversation. Thankfully, it is now. And for a number of years, I spoke openly about what it looked like for me and how it impacted me and encouraged people.

##### **[00:11:17.820] - Joe Williams**

So literally within that first week, Carly, the first week of a short film came out in Wagga, which I'm really thankful for now. And I honestly didn't see or think that it would have the impact that it did. And it was a lady who was a local coffee shop owner, and she talked... I was at it. I was training her sons in the gym that I was running, a boxing gym that I was running back in Wagga. And we were having conversations around different things. And she'd come to me and was talking about the challenges that she sees around conversation conversations in the coffee shop. People come in there and they have conversations that are vulnerable and challenging. I just started talking about my story and what it was. And at the time, I was a boxer at that time. So in a community where I was a fairly profiled name coming off the back of the NRL career, then into a professional boxing career. And when that film was launched, it just blew up. It was almost like, and this isn't word for baiting, but it was almost like, Wow, this guy. It was literally the week of me fighting for the WBF World Title.

##### **[00:12:39.840] - Joe Williams**

So literally that week, this film came out. When you look back at it, it's a brilliant sales strategy. Got people coming to the fight. But it was like, Wow, this guy's successful in a sporting career. He played in the NRL now his boxer, two really tough sports, but he's showing this open vulnerability around what he goes through and the experiences that he had. In the beginning, it was just talking about depression. I wasn't talking about suicide. It was just talking about depression. Then the conversation of that progressively got into the deeper and the darker stuff. Once I learned a little bit more about it, but also once I learned to have the safe language around what it is that I was speaking about.

##### **[00:13:34.940] - Carly Wallace**

You were learning at the same time, right?

##### **[00:13:37.490] - Joe Williams**

100%

##### **[00:13:38.790] - Carly Wallace**

Lot what our mob do. We untap whatever's happening for us, and then we start to learn about either that condition or a disability or whatever it may be, we start to learn about it as we're actually experiencing. Like myself, I've got anxiety, which I got diagnosis back in 2016. But now as it's evolving and I'm getting older and I'm learning, and I often think, Oh, there may be other things that their anxiety is masking me, but because I'm learning at the same time. So you were learning in that journey of speaking about mental health and then becoming a suicide awareness advocate around what you're dealing with and coping with, and no doubt seeing other mob dealing and coping with because they're now learning from you. So it just starts opening up more and more, right? I know.

##### **[00:14:30.600] - Joe Williams**

The biggest gift in all of it is that I've also learned a stack load about everyone, but also why I learned in the work that I do. And I work more in the trauma space now. So why I work as somebody who understands trauma now and essentially understands behavior is because I want to learn about myself. And because of the different challenges that I've experienced, and I'm not talking about challenges to me, I'm talking about challenges around family separation and separation of kids and stuff like that. So whilst I go in the country and I help people understand this, and I help people to give people tools and methods to be able to go through, get through, first, they understand, become aware of the challenges that I have around some of their behavior patterns. But why I love what I did and continue to is for my kids. Because of family separations and the lasting imprint of separation, what it has with the way we treat each other through separations and how it impacts the little people in our lives. So I see it play out in my kids every day of the week. And we can look at it as we can look at it as these different conditions that are marked on the DSM 5 manuals around these clinical diagnosis.

##### **[00:16:12.360] - Joe Williams**

But when you look and you understand early adverse idea and early trauma and the patterns that it brings and the patterns that people develop as coping strategies through that, they are often formed as behavior patterns that look like an illness. Your anxieties and your depression and things that we're triggered by, we're not particularly triggered by things that happen directly in front of us. Whilst that's what it feels like, it's our nervous system is triggered by something as a reminder that happened to us way back when.

##### **[00:16:49.080] - Carly Wallace**

You're somebody, if you remind me, saying with bipolar, which is a psychosocial disability, a form of psychosocial disability. This is that new terminology that's coming in. It's all medical model of language where I think in communities, even like you said back in 2014, these conditions have been around. They've been labeled. They've been here. But our mob haven't seen them because we're so inclusive. Again, we're so inclusive. We'll say that kid there, instead of he or she or they have ADHD, they're hard headed. That kid womba or brother boy there, he's a bit off tap. Or he's a bit naragah. We've used this wording to describe our mob. When you were going through your journey, especially probably in rugby league. I know you've talked about that in the past, but while you were in rugby league and you started to have these thoughts and feelings and not knowing how to describe that, at what point was it where the bipolar whole diagnosis came up?

##### **[00:18:04.100] - Joe Williams**

Yeah, it was actually on the back of my first separation. And it's something I'm thankful for around that because obviously, my ex wife must have been talking to someone or reading up a little bit about it because I had no idea what she was talking about. But she was the one who actually planted the seed in my head to think that there was a challenge there. And then once you go and... Again, timing, we're so scared of what these labels are because that's what they are labels, right? We're so scared of what these labels are. I didn't want this label because of the sport that I was in, because of the profile that I had. I didn't want this label that put me as different. And I was actually thankful that I started to read up on it and look at it and I was like, Holy smokes, this is me to a T. With the manic highs and the depressive lows. And what it does is that it impacts everyone else around us. We're so caught in it as an individual that we don't actually understand what it is or what we're going through.

##### **[00:19:26.000] - Joe Williams**

But it impacts everyone else around us. That's why I'm so thankful for my ex wife in that moment for doing that, because obviously she'd been with me for a number of years, and all of these patterns were playing out in our relationships at home. And then I got the diagnosis with that and then went through the journey of what that looks like. And I still very much say that I've got bipolar disorder today. It's just that I manage it very differently to what I did back then. And that's through education and learning and understanding. So for a number of years, I was medicated. And now for a number of years, I haven't been medicated because I learn to manage a lot differently. Now, it doesn't mean that I don't have it because I'm not medicated anymore. It very much impacts me. It's just that I'm aware of... Because bipolar, if you don't understand, or for the listeners, extreme highs that are bouts of mania. There's challenges of all sorts of things with this around spending, around the feeling of risky behaviors, getting caught doing something. A lot of this stuff happens when you're on this manic high and you don't know that you're in it.

##### **[00:20:59.810] - Joe Williams**

And And when I talk about spending, I can go out and just buy a wardrobe full of clothes that I don't need and then come home with all these bags and go, What is that, Joe? Why have you got that? And I'm like, I actually don't know, and I actually can't remember doing.

##### **[00:21:18.900] - Joe Williams**

It because your in this manic high. The depressive one is dangerous in itself because you're in this really depressive low. I get that. I understand that. So it's a little bit easier to identify. It was only recently, I'll give you an example, and I still experience it. It was only recently that I hopped out of the shower and I looked at my watch. I looked just at the bedside table clock, and then there was music on jumping out of the shower, music on how you do. I got in this moment, I don't even remember doing it. I don't even remember how it got me there. But I was dancing in front of the mirror for 19 minutes. I was there and I didn't even know what I was doing. I had no idea. And I just stopped and looked at the clock here and I was like, What just happened? Where did that nine, eight minutes go? And what am I doing? What am I doing here? I've got stuff to do. What am I doing? And so that confusion of what it is. And it actually can be a really dangerous dangerous place. Not physically dangerous as a depressive moment can be, but it's more or less because you aren't aware of your behavior patterns.

##### **[00:22:43.000] - Joe Williams**

You can do things, make calls, go and spend every dollar that you have in your bank and actually not be aware of it. I looked at myself when I stopped dancing and I went, I don't even know what the song was. I don't even know. And it was just like this reality. I was like, What am I doing here? And then I realized I was like, Joe, that's what's going on. I can be dancing around the kitchen now. And Courtney would just look at me. And for the people who are listening, she'd just look at me with her hands and then just go and say, almost notion with her hands, Joe, settle down. That's her terminology for it. Her terminology for it isn't, Oh, my God, you're manic. Go and and bring yourself back down. Her terminology for it is just settle down.

##### **[00:23:35.260] - Carly Wallace**

Our mob are very visual as well. And with our sign language and the way we express ourselves and communicate with each other, it doesn't have to be that, What's going on with you? You're a womba. Sit down. Stop carrying on. That's sometimes the reaction that people have. But isn't it interesting that she's known you now? And like you said, it is that it affects the people around us that she's she now knows just a signal with her hands is enough for you, which is very... It's not as I would imagine in.

##### **[00:24:08.480] - Joe Williams**

Your face. Not as confronting. Yeah, not as confronting.

##### **[00:24:10.930] - Carly Wallace**

Yeah, right.

##### **[00:24:11.490] - Joe Williams**

And that come about because when... It was back when I was doing the work in the US. Remember I was doing the work back in the US a few years ago, right? I was medicated. I saw a spike over there and I was medicated with the medication I was already on here in Australia. So they put me on a similar version over there, which is the American version, but they also put me on a mood stabilizer as well, which the extreme highs and the extreme lows, what this mood stabilizer did was just bring everything back to the middle to a more of a smooth mood. But I realized at that point when I was home at one point is that I was at a funeral and I couldn't cry. And I was like, This isn't right. We're people who we need to mourn when we need to mourn. I haven't said this story, and I've got to be careful in how I say it because I want to portray it right. I haven't actually told a lot of people, but how I actually got off medication. I was due to go back to America, and I'd run out of medication.

##### **[00:25:24.980] - Joe Williams**

And then I remember I was mowing the lawn in my backyard, and I said to myself, I'm going to have a go. Because I was actually seeing a psych out here as well who was trying to change me, train me to the medication piece. But he had to take me down off the medication that I was on. That wasn't the mood stabilizer, the other one. Take me down off the medication and then slowly start on another one. So you got to reduce the dosage slowly. I was down with that. And then I said to myself, Maybe I can have a crack without it. And I also advocate for people that it can be dangerous.

##### **[00:26:06.660] - Joe Williams**

When you do a lot of that. And if you don't have the right help and supports around you when you're doing it, thankfully, I have some good support. And it was when the mood stabilized up. When it came time for that, I actually said to Courtney, I've got no medication left and I'm okay, firstly. But because I've been slowly coming down, slowly coming down, it didn't have a massive impact on me. It wasn't as if I went cold turkey straight off it. And I said, Court, I'm going to have a crack at staying off it and see how it goes. But I need you to advocate for me that if I'm not well, I need you to get the help and support that I need. And I'll give you permission to do that. If it means take me to hospital, if it means call a gun, whatever it means, I need you to do what's right for me, because my brain won't let me see that. My brain won't let me see it. Because I'll push you away and be the most horrible person in the world because I don't think anything's wrong with me. My brain won't let me tell me that.

##### **[00:27:20.200] - Joe Williams**

What I'm in now, 23, it's probably... What do we have now? 23. It's probably close to eight years that I haven't been medicated.

##### **[00:27:29.130] - Carly Wallace**

Yeah, wow.

##### **[00:27:29.740] - Joe Williams**

And there has been some close times, some close times where Courtney said to me, Joe, I think it's time to go back to the doctor. Or, Joe, I think it's time we go to the hospital. Some dangerous times. But I'm just so fortunate that I've had someone in my corner that doesn't judge me on my behaviors, that just goes, This isn't him. This is his brain, and understands it, and understands it. We've known each other many years now, Carly, and I'm hard to deal with at the best of times, but behind closed doors, people can be hard to deal with.

##### **[00:28:13.360] - Carly Wallace**

I think mental health and psychosocial disabilities is probably one of the most prominent disabilities that our mob face. And a lot of it is undiagnosed, right? If you're talking that medical and social model, a lot of our mob, like you said, don't want to get diagnosed because they don't know how to verbalize what's going on.

##### **[00:28:33.420] - Joe Williams**

We don't want to get bad news.

##### **[00:28:35.060] - Carly Wallace**

We don't want to get bad news. We don't want a label. We don't want all of these stigmas on top of being Blackfile or being this, being that. It's a lot to handle. Disability in our community when we talk about disability, it's not spoken about. It's because it's just like another label we don't want. But it's okay to have differences and it's okay to seek help. And you know that. How prevalent do you see think these psychosocial disabilities are in our community? And how do they affect our families in the wider First Nations communities that we're a part of?

##### **[00:29:11.100] - Joe Williams**

If you know what you're looking for, they're everywhere. And you know we spoke a little bit about it earlier, and I know that this podcast is a podcast around disability. I think that there's a hell of a lot of, and this is not just my opinion, but there's some great specialists throughout the world as well that are very similar. I think that it's also overdiagnosed with how we just see behavior, and we need a label to determine what it is. And we always look at... There's a brilliant book, right? And this is where I'll lead to it with. There's a brilliant book by a guy called Dr. Bruce Perry and Oprah. And the book is called What Happened to You? And the book changes the conversation... Have you heard that? You've heard that one? Yeah? Yeah. Have you read that one? I have, yeah. So the book changes the conversation from what's wrong with people to what happened to people. And this was throughout the journey that I've been on around trauma and understanding and learning that, is that everything what they talk about within that book is that everything is a product of the early years of our life.

##### **[00:30:29.680] - Joe Williams**

And what happens throughout that is that we build coping strategies by those earlier interactions. Coping strategies then form normalized behaviors that those coping strategies once that were a protection mechanism, then comes something that as a built in behavioral strategy around getting away from discomfort of the feelings that we have throughout these different times of adversity. So the book changes the conversation from not what's wrong with people, because that's what we do. Everyone just says, What's wrong with that fellow? Or, What's wrong with that girl? Without saying what happened to that person. When we understand what happened to people, we understand that everyone's in these different types of experiences that are just trying to build coping strategies to help them get through pain. What Dr. Perry talks about as well in that book is around a lot of things that are diagnosed as psychosocial disabilities are actually just the end products of adversity and behavior.

##### **[00:31:58.690] - Carly Wallace**

That leads us into that conversation around trauma. We know our people want to diagnose, they want to label, they want to find out what's wrong with us because these conditions, these end products that you're talking about, they lead us to systems, right? Like the justice system or getting us out of education because we're not fitting into that environment. All these other housing, we can't keep that down or whatever the big systems are. That's where these psychosocial disabilities, I guess, are coming to the forefront. But what happened to us to get there, like you said? So how does the conversation around trauma and disability, and how does that intersect in your mind?

##### **[00:32:44.040] - Joe Williams**

It was a conversation with Auntie Judy Atkinson. Auntie Judy Atkinson has been in this field for a long time. And she said to me, right back in the beginning, she said, Joe, every challenging behavior that we have in community is a product of trauma. And I didn't quite get that because I only understood trauma. This is years ago. I only understood trauma as the big things, the big things that happen to us, the big events that we go through, the big events that we experience that change us. But when you understand trauma to the depth of what it is, only Judy's statement makes complete sense. Because when we look at different experiences as young people... And you got to understand that I understand as well, and there's absolutely no judgment here of anyone, but parents and carers do the absolute best that they can with the tools that they have. When you go right back and people say, We're impacted by colonization. We're impacted by trauma from colonization. And people go, But that was 200 years ago. Oh, yeah, but it's transgenerational. They're as well just labels that people don't understand. But what it comes down to is the behaviors that we have and what we show.

##### **[00:34:13.140] - Joe Williams**

The behaviors that we normalize in front of our young people. And the nuances to how we treat people, and how we get treated, and how we are allowed to be treated, the nuances in all of that is what normalizes how we see and view the world. So every single kid is either wired for connection or wired for protection because of the early experiences that they have. And these can confronting statement here, these forms of protection are just the way our nervous system responds to experiences that we have. And the way our nervous system responds are things like anxiety. When we're not actually in danger, the things we're anxious about, when we look at it practically, we're not actually in any danger. It's just the thought of danger, or we're being triggered by something that's in our past. When we talk about triggers, triggers are actually a good thing, because triggers are a reminder that there's something there to work on. But also, what's happening directly in front of us is a response that our body physically feels, that our nervous system on a cellular level physically feels as a response to something that happened in our past.

##### **[00:35:42.450] - Carly Wallace**

When we look at that and we talk about transgenerational trauma of colonization, it happens when we teach our kids to go and get a beer out of the fridge for us. It's normalized behavior. What do you think that kid then is going to do to his kids or her kids when they're of age to drink? Go get me a beer out of the fridge. And I don't know if you've seen that ad on TV that it's like a cycle. You get kids go and getting beers out of the fridge, and then all of a sudden that kid is now sitting on the lounge telling his kids to go get beers out of the fridge. And then what happens is that father, about of rage, that's triggered by something else in a moment that then that kid sees and normalizes, but it didn't hurt me when I grew up, so it's not going to hurt my kids when they grow up. It's this horrible pattern that we have. We normalize behaviors in our lives, in our family homes, in our communities. This is the important thing, Carly, that weren't naturally our behaviors as Aboriginal people. All of these different behaviors that we have that abort the negative challenges in our communities aren't our behaviors.

##### **[00:37:04.460] - Joe Williams**

We haven't had those behaviors for thousands of years. The other thing I want to make mention of is a book called Lost Connections by a guy called Yohan Harry. He talks about how the reason people are so sick with anxiety and depression throughout the world is because we're so disconnected as a people. Right now, we're the most disconnected we've ever been in the history of the human race because we don't have our village anymore. All of these top experts actually, right around the world, that talk about the challenges in communities that we're having now with trauma and the challenges we're having in community now with anxiety and depression, actually revert back to the way Indigenous Peoples from around the world lived. Because they more or less said, This is paraphrasing, but they say they had it sorted.

##### **[00:37:52.030] - Carly Wallace**

Yeah. And it's hard because these left over effects that we're feeling and we feel it every day. I know in my family, I can only speak for myself when I'm yarning, and I know you've got your own story and everyone's story is very unique and different. I think we can acknowledge that. That trauma and unresolved trauma, which is learned right because we've all witnessed mob who just tucked that trauma away. But trauma stored there somewhere.

##### **[00:38:26.100] - Joe Williams**

We pass it on.

##### **[00:38:26.770] - Carly Wallace**

And it comes out at some point with either have that person or the next generation or the next generation. It's got to come out. It's one of those things.

##### **[00:38:34.710] - Joe Williams**

That comes out. If you aren't aware of it, it's going to come out in your relationships.

##### **[00:38:39.100] - Carly Wallace**

Your relationships, your job, everything in it will come out in different ways. I know in my family in particular, I've got family members because of trauma can't function. We can't work anymore. We can't have good, proper relationships. We can't do certain things, holding down jobs and things like that. So that is disabling people right from living their best life. Is that not a conversation that should happen more?

##### **[00:39:07.830] - Joe Williams**

We definitely should be having that because then what happens is that we're placed into this, let's say, we're placed into a corner where we don't have the physical nature to be able to interpret what it is that we're experiencing. And then what we'll do is we'll try and run away from that feeling, run away from that behavior with the alcohol and drugs and other behaviors and relationships. So then the cycle continues. Trauma should be able to be diagnosed as a physical, mental and emotional disability. It's because of the impact. The impact of trauma has a bigger impact than anything. If there's more conversations, awareness and education in mental health than there ever has been, and there's more money and organizations around mental health than there ever has been, then how come we're getting the rates are increasing? How come we're getting sicker? How come we're dying more? So it tells me one of two things. That isn't the answer. Or two, we got money going to the people who don't know what they're doing. You have a look at at it. Again, you understand trauma. You have a look at the depth of where it comes from, and you start to do the work on that.

##### **[00:40:22.580] - Joe Williams**

You actually start to do the therapy and the actually somatic work on what that is. You actually understand that all of these behaviors that we have now are the end product of trauma. So the more we just put alcohol and drugs, they're the bandaid. And then we label with these different diagnoses, they're the label. People, and then we give them more medication, there's the bandaid. It's madness. In a lot of the work that I've done and the travel that I've done, luckily enough and thankful enough to be doing it quite a bit internationally, Australia is so far off the pace with this. And even Indigenous Peoples, we are so far off the pace with the conversation, learning, and understanding of what trauma is. And we always say that we are the oldest continuation of culture in the world, but we can't be the oldest continuation if we don't continue it. And some of the key factors in healing trauma are connection, connection to each other, connection to people. Some of the key factors in the anxiety and depression conversation that Yoan Harri was talking about is connection. Hang on a minute. That's just telling you exactly what we did for thousands of years with every interaction and behavior that we have.

##### **[00:41:48.560] - Joe Williams**

So the more we connect with our kids, we say that our kids are born with trauma. The more that we connect with our kids, their brains will start to rewire for connection with the loved ones that we're supposed to have that we've had for thousands of years. When we're on country and we're listening and learning to different kin and building those relationships of what that looks like, our brain is rewiring in a positive way. Yet when our brain rewires in a negative way is when we're in challenges like alcohol and drug rages, when all we're trying to do is escape one, but all we're trying to do is survive when we're having these violent outbursts that it comes from.

##### **[00:42:33.530] - Carly Wallace**

Those things that you talked about, those labels, those band aids, medication, diagnoses, all these things, which are important. I think people need to also understand, I don't have to go to the.

##### **[00:42:45.610] - Joe Williams**

Doctor now. No, that's not what I'm saying at all. Definitely not.

##### **[00:42:48.870] - Carly Wallace**

It's that Western view of medications and diagnoses and health. There's a lot of science around these things. But then the culture that cultural inclusion that you're talking about and how we heal on top of working side by side with Western science, how does culture play a role in our healing and our disabilities?

##### **[00:43:13.070] - Joe Williams**

It talks to everything that I just spoke about around connection, connection to people, connection to country, and connection to a purpose. One of the biggest things as well, which is documented, it's the notion of purpose. When we have something to do and we look at the old ways of doing and being, when we were born into this world as young people, we were on a journey of purpose. We had milestones that we would reach throughout our lifetime, not particularly when it comes to age. There were certain times of our lifetimes that we went through different processes and practices which had purpose. And what that purpose was, was to give us tools to be able to interact with the world. But also, not just give us tools, Carly, give us responsibilities. And when we have responsibilities, one of the biggest things is the obligation that comes with. When we look at the way that our old people did things, and learning, and reading, and listening, it's not as if we need validation by experts from around the world. But we all say our culture is healing, our culture is the best thing for us, but we don't know why.

##### **[00:44:36.400] - Joe Williams**

We don't know why it is. What it actually does to the brain activity when we're on country, when we're dancing, and when we're in groups of people, and the purpose of going to feed and connect and provide for our families. There was all of that notion of purpose. There is so much in that that we don't have because we take for granted.

##### **[00:45:09.780] - Carly Wallace**

Yeah. We've covered that bigger picture stuff today around trauma and mental health and psychosocial disabilities and your own journey. I think so many of our mob listening to this. I relate it a lot with my own family and past relationships and siblings and other things. But someone who may be in the depth of their mental health or may think, Oh, you know what? It's not just the normalized, I'm not just having a hard day, I'm not just having a stand in front of the mirror for 15 minutes, dance in the night. There might be something that's different about me or that I can feel is different with me. Or family, like you said, will be the ones so often recognize that. On a really practical level, how do mob go about recognizing that and getting the assistance that they need for themselves?

##### **[00:46:01.540] - Joe Williams**

I think awareness is the big one, but we can't have awareness if we have continuous band aids. And the biggest challenge, the biggest drug problem that we have in this country is alcohol. And you've seen, we've been on a journey and had conversations about that over many years. I'm lucky enough to be in my 18th year of sobriety this year.

##### **[00:46:29.370] - Carly Wallace**

Good on you, brother.

##### **[00:46:30.390] - Joe Williams**

And you know what, Carly? The biggest gift in all of that is that I can understand myself better. I'm not continuously running away from myself. And what I say with that is that it. If somebody's going through, back to your question, if somebody's going through the challenging times, what can they do? Don't run away from it. Get a little bit closer to it. I guess my slogan for the work that I've been with the enemy within for a number of years now is, look at what, look at why. Don't look at what's going on with us, look at why it's going on. When you start to address the why, when you start to identify the why, it can start to address what's going on. When we address what's going on with the why, the end product of the behavior will start to disappear. But we can't do that. One, you sit in it and go, Hey, I recognize something's not quite right here, but the minute we try and run away from that is the minute we're getting further from it.

##### **[00:47:32.140] - Carly Wallace**

And it's hard. I'm up and gone through so much. I get that. But I think a lot of we also can use it as an excuse. I've got this guy, but those patterns of behavior that you're talking about, it can change with us. I think addressing our mental health as well is just as important as addressing substance or trauma, whatever we're going through. That mental health and taking responsibility of that and seeking that support is super important, hey.

##### **[00:48:02.970] - Joe Williams**

Many of us use a depression as a way to bandaid depression. It makes absolutely no sense. So this stuff, it's all well documented now. These are opinions of it. But I also, again, I'm not sitting here from an ivory tower saying, I'm the biggest and I'm the best because I don't drink. That's not what I'm saying. I'm saying that, yeah, I go through those times and experiences, too. It's just I choose different ways. I choose different ways and I sit a little bit closer to what's going on.

##### **[00:48:32.450] - Carly Wallace**

What's your advice to family members who may have somebody in their family with psychosocial disabilities? How do they support them?

##### **[00:48:42.690] - Joe Williams**

Start to understand about what it is. Let's start to understand about what it is. And rather than just look for the bandaid all the time, it's okay to have the bandaid there if it means that we're managing critical behaviors. But long term, if we want to heal as people, that's another buzzword now. We're all on this journey of healing, but we're running away from the problems. That isn't healing. So what we need to do is start to... We need to start to sit a bit closer to it. And again, this isn't coming from a place of an average hour of I'm perfect and all of that. I still go through and have been, of late actually, going through some really challenging things that have really acted up with how I feel and the impacts of my behaviors. So it just makes me get a little bit curious about what it is. Okay, where's that coming from? I haven't felt like this before. Where is that coming from? And when we talk about healing, healing isn't a weekend retreat in the bush. Healing is a lifetime journey of unlearning. And so I just invite people just to start to get a little bit curious about behaviors, and don't just label it, Oh, he's a hearted kid.

##### **[00:49:57.840] - Joe Williams**

He want to move out. That isn't beneficial to anyone. We need to start to teach people. And how we teach people is by modeling things. Again, we're the oldest culture in the world. We didn't learn how to books. We showed each other behaviors. So we need to model our advice the best way we can. And we can't do that by saying, Oh, you want to pull up and start behaving yourself? If when soon as the sun goes down, we're trying to find the next bottle, the next party. These are behaviors that we see. We can't point the finger at our kids. Kids learn through modeling.

##### **[00:50:40.490] - Carly Wallace**

If you could give any message to our mob out there that are in a struggle at the moment, either with their families, communities, disability, supporting somebody with a disability, what would your message be to them mob?

##### **[00:50:55.780] - Joe Williams**

I think what we need to do is start to treat each other with a bit more love and compassion and less judgment, and then start to understand why. Every behavior is language. We just have to understand what the language is that we're speaking when we're having our behaviors because all of our behaviors are an end product of something else. Whether it's these diagnosis, then let's look at what the diagnosis is and where the diagnosis comes from. Let's be curious about things and let's start to learn. A lot of the work that I do, and particularly throughout the pandemic, so many people found the pandemic a really challenging time. I'm not saying that it wasn't for people, but I'm saying for me, I took that as an opportunity to do some work, to do some work on me, and understand a little bit more about me. All of our behaviors that we have and that we show impact people that we interact with every single day. We need to make sure that the behaviors that we're modeling are up to their positive for the younger people that we have in their lives. Biggest love to the mob out there.

##### **[00:52:05.940] - Joe Williams**

I'm always around for a chat by my socials and things like that. I'm someone who I manage all that stuff myself, which can be problematic at times. Because you get some fair bit of trolling and things like that. But I've always been somebody who likes to put himself with the people rather than I'm not someone just because someone sees me as a role model or whatever it is. Whatever that label is, I'm no different than any person. I'm always accessible and always have a conversation with people. Always good to catch up, sis. Thank you for the yarns. Also, thank you for your friendship over many years. We first met as a fresh face North Queensland girl in the streets of Redfern when you're coming in to work at Koori Radio.

##### **[00:52:57.400] - Carly Wallace**

Are you saying my face isn't fresh now? Is that what you're doing? I don't know.

##### **[00:53:01.740] - Joe Williams**

Again, you alluded to that. You alluded to that. I never. Words are important. But you've been a close support over many years, and I'm thankful for that.

##### **[00:53:11.550] - Carly Wallace**

Yeah, and yourself as well for myself. So thank you, brother. Have a good day.

##### **[00:53:15.380] - Joe Williams**

Take it easy.

##### **[00:53:16.620] - Carly Wallace**

That was Wiradjuri and Walgalu man, Joe Williams. If you'd like to connect to Joey, you can visit his website, Joe Williams.com.au Thanks for listening to another episode of Yarning Disability. If there was anything on today's episode that raised concerns for you, there is help available. You can contact 13YARN on 13 92 76 or Beyond Blue on 1300224636 or Lifeline on 1311 14. Don't forget to follow FPDN on our social media accounts to stay up to date with future episodes and information. You can visit our website at www.fpdn.org.au. See you next time.