



# Research priorities in Aboriginal and Torres Strait Islander health

*beyondblue* Submission  
NHMRC Public Consultation

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## 1. What is the research priority (a significant research knowledge gap or unmet need) you are nominating? How would a Targeted Call for Research in this area greatly advance our understanding of this issue?

A targeted call for research on Aboriginal Social and Emotional Wellbeing should be prioritised.

Social and emotional wellbeing is the holistic term for mental health preferred by Aboriginal and Torres Strait Islander people. It encompasses personal, social, cultural, spiritual and historical dimensions that impact on individuals, families and communities, including the impact of colonisation and disenfranchisement.

Like physical health, a significant gap exists between the social and emotional wellbeing of Indigenous people and non-Indigenous people. Available data demonstrates that, compared to non-Indigenous Australians, Aboriginal and Torres Strait Islander people are around:

- Three times as likely to report high/very high levels of psychological distress
- Two and a half times more likely to be hospitalised for intentional self-harm
- Twice as likely to die by suicide.

A positive sense of social and emotional wellbeing is essential for Aboriginal and Torres Strait Islander people to live healthy, successful, fulfilling and contributing lives. As such, improving social and emotional wellbeing is essential for the achievement of broader health, social and economic outcomes, including employment and education. Despite its importance, Australian research in this area is limited. A targeted call for research would build capability and capacity and fill significant knowledge gaps in this field.

*200 words*

## 2. What are the relevant Australian Government Priorities, and/or Ministerially-agreed State and Territory health research priorities linked to your nominated priority?

Mental health is one of Australia's national health priority areas. This is outlined in the National mental health policy 2008 and associated National Mental Health Plans.

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 explicitly includes mental health and social and emotional wellbeing as part of its remit.

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 recognises social and emotional wellbeing as a key component of the complexity in preventing suicide.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014-2019 is in development.

The Renewed Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing is a priority through COAG.

Most states and territories have a social and emotional wellbeing specific policy or include this focus in their health plans such as the:

- Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-18 (in development)
- South Australian Aboriginal Health Care Plan 2010-2016
- Northern Territory Chronic Conditions Self-Management Framework 2012-2020
- Victorian Aboriginal Health and Wellbeing Strategic Plan (in development)
- New South Wales Aboriginal Health plan 2013-2023

- Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.  
*199 words*

### **3. How would a TCR in this area contribute to Aboriginal and Torres Strait Islander health and improve health outcomes for the individual and/or community?**

At present, much of the information about social and emotional wellbeing relates to the narrow view of mental illness. Though this information is important and serves as a useful proxy for assessing the social and emotional wellbeing it has some inherent limitations and doesn't include broader social determinants such as the impact of colonisation on culture.

It is clear that – as with other health issues – a significant gap exists between the mental health of Aboriginal and Torres Strait Islander people and non-Indigenous people. This discrepancy is particularly stark in relation to levels of psychological distress, hospitalization rates for intentional self-harm and suicide. The prevalence of mental health conditions among Aboriginal and Torres Strait Islander people is less clear, in part due to the difficulties in measuring mental health conditions in culturally distinct populations.

Better quality prevalence data is vital. This can be achieved with participatory research design, increasing the capacity of Aboriginal and Torres Strait Islander researchers, and development of culturally inclusive tools that, for instance, provide meaningful indicators of stress.

Quality data would allow for better planning, funding and implementation of services to achieve good social and emotional wellbeing for Aboriginal and Torres Strait Islander people.

*197 words*

### **4. How will the TCR reduce the burden of disease on the health system and Australian economy?**

Mental health conditions are common, potentially disabling and associated with premature death. They rank third overall in Australian burden of disease estimates. They are associated with considerable direct and indirect costs because of their high prevalence and relatively early age of onset, meaning that many people are living with and managing their condition/s for decades. The AIHW estimates that over \$8 billion per annum is spent on mental health-related services in Australia.<sup>1</sup> Pricewaterhouse Coopers estimates that the absenteeism, presenteeism and compensation claims associated with mental health conditions costs Australian businesses almost \$11 billion a year.

The burden within the Indigenous community is equally significant. Mental health conditions are associated with an increased risk of physical health conditions that contribute to the life expectancy gap. In New South Wales<sup>2</sup>, research estimates that 10 per cent of the life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous people can be attributed to mental illness alone. They also contribute to poorer rates of education attainment and employment. Research to better understand Aboriginal and Torres Strait Islander social and emotional wellbeing, framed in the context of cultural, historical and social determinants, can provide a way to prevent ill health, manage conditions, and reduce the life expectancy gap. *206 words*

(1) <http://mhsa.aihw.gov.au/home/>

(2) <http://nswmentalhealthcommission.com.au/mental-health-and/aboriginal-communities>

## 5. Are there any reports or findings that support your nomination for the suggested topic?

A review of available literature by Reser<sup>3</sup> suggested the body of evidence on Aboriginal social and emotional wellbeing:

- Lacked specific method or procedures
- Relied on perceptions of non-Indigenous researchers
- Relied on non-Indigenous classifications and diagnostic approaches
- Discounted clear discrepancies between Aboriginal and non-Indigenous criteria
- Forced culturally specific diagnoses to fit with the non-Indigenous system, the International Classification of Diseases (ICD).

In light of the available data on psychological distress, self-harm and suicide, urgent action is required to address the dearth of culturally-informed research into the factors that influence the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and the interventions that can be used to improve their wellbeing. The involvement of Aboriginal and Torres Strait Islander people in the research is critical. The Review of Higher Education Access and Outcomes for Aboriginal and Torres Strait Islander People and the Strategic Framework for improving the health of Aboriginal and Torres Strait Islander people through research both highlight the need to build capacity within the Indigenous community to undertake research in areas of importance to the community.

*179 words*

(3) Hunter E (2003) Mental health. In: Thomson N, ed. *The health of Indigenous Australians*. South Melbourne: Oxford University Press: 127-157