



Improving Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in Queensland Discussion Paper

***beyondblue* Submission**

June 2016

beyondblue

PO Box 6100

HAWTHORN VIC 3122

Tel: (03) 9810 6100

Fax: (03) 9810 6111

www.beyondblue.org.au

Improving Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in Queensland

beyondblue welcomes the opportunity to make this submission to the Queensland Mental Health Commission Discussion Paper on Improving Aboriginal and Torres Strait Islander Social and Emotional Wellbeing in Queensland. As with physical health, a significant gap exists between the mental health of Aboriginal and Torres Strait Islander people and non-Indigenous people. National research, survey and health services data shows that Aboriginal and Torres Strait Islander people are around:

- three times as likely to report high/very high levels of psychological distress as non-Indigenous Australians
- two and a half times more likely to be hospitalised for intentional self-harm than non-Indigenous Australians
- twice as likely to die by suicide as non-Indigenous people in Australia (three times as likely in Queensland).

Increased efforts are required to reduce this gap and to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. While Aboriginal and Torres Strait Islander people are likely to benefit from the initiatives outlined in the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019, the Queensland Suicide Prevention Action Plan 2015-17, the Queensland Mental Health Promotion Queensland Prevention and Early Intervention Action Plan 2015-17, and the Queensland Alcohol and Other Drugs Action Plan 2015–17, a targeted Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Plan is vitally important since it is not possible to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people through mainstream approaches alone.

beyondblue believes that the proposed Plan needs to take a holistic approach that recognises the interconnectedness of individuals, families and communities in achieving and maintaining wellbeing. Action is needed on five fronts:

- Strong people: support individuals to build and protect their mental health across the lifespan with an emphasis on efforts to build cultural identity and self-belief as well as mental health literacy and resilience.
- Strong families: build on the strengths of Aboriginal and Torres Strait Islander family and kinship groups to promote safe, nurturing and protective home and family environments that are free of violence.
- Strong communities: address racism and discrimination, ensure equitable access to cultural, social and economic opportunities that overcome exclusion and disadvantage and promote the importance of connection to land, sea, language, family, community and culture.
- Strong organisations: increase the Aboriginal and Torres Strait Islander workforce, support the capacity of community controlled health and social services, and continue to improve the capability of mainstream services to provide equitable access to culturally safe and relevant supports and services.
- Strong voice: address the impacts of colonisation by promoting self-determination, community empowerment and by building the capacity of Aboriginal and Torres Strait Islander leadership and advocacy bodies.

Aboriginal involvement in designing, implementing and evaluating the strategies to be included in the Plan is critical for success, as is adequate time and resourcing for any initiatives to take shape, achieve impact and become sustainable. Formal partnerships therefore need to be developed or increased between government and Aboriginal and Torres Strait Islander people, communities and organisations.

Background

Social and emotional wellbeing

Social and emotional wellbeing is recognised as the term preferred by Aboriginal and Torres Strait Islander people instead of mental health. It is seen as a more holistic term that encourages people to consider the historical, cultural, social and personal psychosocial factors that impact on the wellbeing of Aboriginal and Torres Strait Islander people.¹ As the Queensland Mental Health Commission (QMHC) discussion paper notes: “while non-Indigenous mental health and wellbeing focuses largely on the ability of the individual to function within their environment, Aboriginal and Torres Strait Islander social and emotional wellbeing encompasses not only the wellbeing of the individual, but also the wellbeing of their family and community.” It includes physical, psychological, social and spiritual dimensions that are influenced by an individual’s connection to land, sea, culture, ancestry, family and community.² In this conceptualisation, an individual’s wellbeing is seen as tied in with that of their community as a whole. The social, emotional, spiritual and cultural wellbeing of the whole community is paramount and essential for the health and wellbeing of the individuals that comprise it.

Aboriginal and Torres Strait Islander people in Queensland

According to the 2011 Census³, there were 4,332,739 people living in Queensland including 155,825 who identified as being Aboriginal and/or Torres Strait Islander people (3.6% of the Queensland population). Overall, Queensland had the second largest Aboriginal and Torres Strait Islander population in Australia after New South Wales with over a quarter (28.4%) of the national Aboriginal and Torres Strait Islander population living in this State. Of the 155,825 Aboriginal and Torres Strait Islander people living in Queensland in 2011, 76,744 (49.3%) were male and 79,081 (50.7%) were female. The median age of the Aboriginal and/or Torres Strait Islander population was 20 years which was considerably younger than the median age of the whole Queensland population (36 years) in 2011. In that year, over a third (34.2%) of Queensland’s Aboriginal and Torres Strait Islander population lived in the Brisbane Indigenous Region (Brisbane and surrounds) while a further 41.5% lived in the three Indigenous Regions of Cairns-Atherton, Townsville-Mackay and Rockhampton. The remainder were living in towns and communities across the whole State including remote communities in Aboriginal and Torres Strait Islander land council areas (North Queensland Aboriginal Land Council, Central QALC, Cape York Land Council).⁴ It is notable that while the absolute number of Aboriginal and Torres Strait Islander people living in remote areas is relatively low, Indigenous people in these areas make up a considerable proportion of the community (e.g. 55.5% in Cape York). It is also important to appreciate the diversity and heterogeneity of Aboriginal and Torres Strait Islander languages, kinships and tribes, and ways of living across the State.

Data from the 2011 Census⁵ also reveals that: the vast majority (82.4%) of Aboriginal and Torres Strait Islander households were family households (72.0% for non-Indigenous households); the median total weekly household income for Aboriginal and Torres Strait Islander households was \$1,066 (\$1,243 for other households); and that 12.0% of Aboriginal and Torres Strait Islander households had an equivalised weekly income of \$1,250 or more, compared with 23.1% of other households. Around 1 in 10 (7.5%) Aboriginal and Torres Strait Islander people reported speaking an Indigenous language at home. Furthermore, fewer Aboriginal and Torres Strait Islander people reported completing Year 12 or higher education than non-Indigenous people (31.7% versus 51%).

Drawing on these demographic characteristics it is suggested that efforts to address the social and emotional wellbeing of Aboriginal and Torres Strait Islander need to be based on the following principles:

- A combination of local community and region specific as well as State wide approaches may be required
- The needs of children, adolescents and young adults needs to be a particular priority
- Information resources need to be tailored so that they consider people's culture, language and education
- Services and supports are required across the whole State, including in remote areas, but some targeting to high population areas is important
- Efforts to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander are dependent on efforts to address the social determinants of health such as access to material basics, healthy food, education, employment, housing and health services
- Cultural determinants should also be considered; including self-determination, freedom from discrimination, and connection to, custodianship, and utilisation of country and traditional lands.

The gap between Indigenous and non-Indigenous people in Queensland

While in recent times attempts have been made to understand and measure the concept of social and emotional wellbeing, at present much of the information relates to the more 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 which need to be borne in mind.

Drawing on this information 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.

National surveys reveal that almost one-third (29.4%) of Aboriginal and Torres Strait Islander people 15 years and older report high/very high levels of psychological distress, which is nearly three times the rate for non-Indigenous Australians (10.8%). This disparity is also seen in Queensland specific data which show that in 2012-13 almost a third (30.3%) of Aboriginal and Torres Strait Islander Queenslanders experienced high or very high levels of psychological distress compared to one in ten (11.5%) non-Indigenous Queenslanders.⁶ There are significant regional variations in the rates of psychological distress among Aboriginal and Torres Strait Islander people living in Queensland with rates being lowest in the Mount Isa region (25.3%) and highest in Cairns-Atherton region (36.8%) (NB while the rate in Cape York is 10% the low number of people leads to a large standard error which suggests that this data may be unreliable).⁷

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.^{8 9} The Western Australian Aboriginal Child Health Survey estimated that 24 per cent of Aboriginal and Torres Strait Islander children and adolescents aged 4-17 were at high risk of clinically significant emotional or behavioural difficulties, compared with 15 per cent of children in the non-Aboriginal population. More specifically, a significant proportion of Aboriginal children aged 4–17 years were at high risk of conduct problems, peer problems and emotional symptoms. Indeed, the difficulties affecting the highest proportion of Aboriginal children aged 4–17 years were conduct problems and hyperactivity. One third of children (33.9%) were at high risk of clinically significant conduct problems compared with 15.8 per cent of non-Aboriginal children. In respect of hyperactivity problems, 15.3 per cent of Aboriginal children were at high risk compared with 9.7 per cent of non-Aboriginal children.¹⁰

National data from the Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 show that around one in six (15.6%) Aboriginal and Torres Strait Islander people 15 years and older report that they or someone in their family experienced a mental illness in the last 12 months, compared to one in ten (9.2%) non-Indigenous Australians.¹¹ A study using a modified version of the Patient Health Questionnaire PHQ-9 designed for Aboriginal and Torres Strait Islander people found the prevalence of major depression was 15.4% among a group of Indigenous people with ischaemic heart disease attending an Aboriginal Community

Controlled Health Service.¹² Data from the Fremantle Diabetes Study found that the prevalence of current major depression (assessed using the standard PHQ-9) was almost four times as high among Aboriginal and Torres Strait Islander people with type 2 diabetes as non-Indigenous people (15.4% v 4.1%) and Aboriginal and Torres Strait Islander people also had higher rates of lifetime depression compared to non-Indigenous people (41.3% v 34.7%).¹³

Surveys of the wider community are less common. A recent systematic review of 17 articles that examined the prevalence of mental health conditions among Aboriginal and Torres Strait Islander people found a wide variety of methodologies, sampling strategies and study designs. Prevalence rates varied by disorder: major depressive disorder (4.3–51%); mood disorders (7.7–43.1%); post-traumatic stress disorder (14.2–55.2%); anxiety disorders (17.2–58.6%); substance dependence (5.9%–66.2%); alcohol dependence (21.4–55.4%); and psychotic disorders (1.68–25%) however only four of the studies related to community samples with the rest being conducted among users of Aboriginal Medical Services (n=4), people in correctional facilities (n=8), and people in contact with a mental health service (n=1). Furthermore, the vast majority of studies used standard screening and diagnostic tools which may or may not be reliable and valid for assessing mental health conditions among Aboriginal and Torres Strait Islander people.¹⁴ Further research is required to address this gap.

Information relating to the rates of self-harm is somewhat more reliable. This information shows that self-harm is higher among Aboriginal and Torres Strait Islander people than non-Indigenous people. Nationally in 2012-13, after adjusting for differences in population age structures, the rate of hospitalisation for intentional self-harm among Aboriginal and Torres Strait Islander Australians was around two and a half times the rate for non-Indigenous Australians.¹⁵ Among Aboriginal and Torres Strait Islander people, the rate of hospitalisation for intentional self-harm is higher for females than males, and higher in remote areas than other areas.¹⁶ Of significant concern, hospitalisation rates for intentional self-harm increased 48 per cent among Aboriginal and Torres Strait Islander people between 2004-05 and 2012-13 while the rates for non-Indigenous Australian's stayed relatively stable.¹⁷

The suicide data is also confronting. Nationally, Aboriginal and Torres Strait Islander people are almost twice as likely to die by suicide as non-indigenous people.¹⁸ In Queensland the suicide rate among Aboriginal and Torres Strait Islander people is almost 3 times higher than among non-Indigenous people (30.9 per 100,000 people compared to 13.3 per 100,000 people).¹⁹ Suicide is the second leading cause of death among Aboriginal and Torres Strait Islander children between the ages of 1-14 and it is the leading causing of death between the ages of 15-34 years.²⁰ Suicide accounts for one in three deaths among people aged 15-34.²¹ There are also significant regional variations in suicide rates. 'Clusters' of suicide appear to be a particular feature in some Aboriginal communities²² with a high proportion of suicide clusters in Australia occurring among those under 20 years of age (5.6%) and among Aboriginal and Torres Strait Islander people (16.4%), with those living in the Northern Territory, Queensland, Western Australia and remote areas most at risk.²³

Risk factors

The reasons for the higher levels of psychological distress, mental health conditions, self-harm and suicide among Aboriginal and Torres Strait Islander people are complex and vary across regions and communities. Some of the risk factors that contribute to poor mental health conditions among Aboriginal and Torres Strait Islander people are similar to those shared with non-Indigenous people. However many risk factors are unique to Aboriginal and Torres Strait Islander people or occur far more commonly in the lives of Aboriginal and Torres Strait Islander people.²⁴ Most of these risk factors relate to the elements that make up the broader concept of social and emotional wellbeing and reflect the socioeconomic and sociocultural status of the Aboriginal and Torres Strait Islander community in Australia as well as the day-to-day experiences of individuals from these communities. Key factors include:

- the impact of colonisation and intergenerational trauma caused by previous government policy (e.g. Stolen Generations)
- loss of culture and identity
- unemployment and other forms of social exclusion and inequity leading to alienation and a lack of a sense of purpose in life
- discrimination and racism
- lack of recognised role models and mentors outside the context of sport
- living in overcrowded, substandard or insecure housing
- persistent cycle of grief and ‘bereavement overload’ due to high number of deaths in communities
- substance misuse among some people (drug and alcohol)
- experience of neglect, abuse or trauma within the family
- exposure to interpersonal conflicts and family violence or family breakdown
- animosity and jealousy manifest in factionalism
- sexual assault and abuse
- sense of hopelessness and feeling trapped.^{25 26 27}

National data from the Australian Aboriginal and Torres Strait Islander Health Survey 2012-13 show that a higher proportion of Aboriginal and Torres Strait Islander people 15 years and older experience one or more significant stressful events in a year (e.g. illness, redundancy, separation, crime or an accident) than non-Indigenous Australians (73% versus 51%).²⁸ The 2014-15 National Aboriginal and Torres Strait Islander Social Survey found that almost 70 per cent (68.4%) of Aboriginal and Torres Strait Islander people experienced at least one significant stressor in the last 12 months.²⁹ Many Aboriginal and Torres Strait Islander people experience multiple, simultaneous stressors rather than just one in isolation.

The experience of racism is a risk factor worth specific focus. Over half (56%) of Aboriginal and Torres Strait Islander people who experience discrimination report feelings of psychological distress³⁰ and research in the Northern Territory found a significant association between interpersonal racism and depression among Aboriginal and Torres Strait Islander Australians. It is of particular concern therefore that the most recent National Aboriginal and Torres Strait Islander Social Survey (2014-15) shows that one third (33.5%) of Aboriginal and Torres Strait Islander people felt they had experienced unfair treatment as a result of racism.

Another important influence on Aboriginal and Torres Strait Islander social and emotional wellbeing relates to the services available to Aboriginal and Torres Strait Islander people. Two main issues are evident – a relative lack of services in some areas and/or a lack of culturally appropriate services. Positive outcomes rest on peoples’ ability to access the right services at the right time. Availability, affordability and acceptability are all important. Aboriginal and Torres Strait Islander peoples’ use of services and experience of care is also impacted by additional barriers such as racial discrimination and resultant lack of trust in mainstream services, cultural and language barriers and inadequate stigma-reduction measures.³¹ Poor cross-cultural clinical practices, especially those linked to inadequate communication, can seriously affect quality of care.

Protective factors

Whilst significant risk factors for poor social and emotional wellbeing are all too common in the lives of people from Aboriginal and Torres Strait Islander communities, there are also numerous examples of resilience in the face of adversity and protective factors that strengthen people and put them at reduced risk. Connection to land, sea, culture, spirituality, ancestry and kinship networks are commonly identified by Aboriginal and Torres Strait Islander people as factors which protect social and emotional wellbeing, mitigate the impact of stressful circumstances on individuals, families and communities and increase resilience.^{32 33} Indigenous language retention and revitalisation also has a significant preventative effect, and local health

initiatives to strengthen people's positive identification with culture and enable social and economic participation have been a key recovery feature in communities with high rates of suicide.³⁴

There is evidence that programs that are developed or implemented in accordance with the nine guiding principles underpinning the National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009 are more likely to be effective and have positive outcomes than those that do not.³⁵ These principles recognise:

- health as holistic, encompassing mental, physical, cultural and spiritual health
- the right to self-determination
- the need for cultural understanding in design and provision of health care
- the experiences of trauma and loss have intergenerational effects
- respect for human rights
- racism, stigma, environmental adversity and social disadvantage have negative impacts
- the centrality of family and kinship and the bonds of reciprocal affection, responsibility and sharing
- individual and community cultural diversity
- Indigenous strengths.

What should the Action Plan focus on?

Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander people requires broad based action to promote the physical, psychological, social and spiritual dimensions of wellbeing by addressing the multiple risk and protective factors that influence these dimensions.

Ultimately, the social and emotional wellbeing of Aboriginal and Torres Strait Islander people needs to be understood in the context of the “dispossession, exclusion, discrimination, marginalisation and inequality” experienced by Aboriginal and Torres Strait Islander people that followed Australia’s colonisation.³⁶ These risk factors can present a challenge to the traditional Western medicalisation of mental health conditions, pointing to historically, politically and socially mediated factors within communities.³⁷ Ultimately, distressed individuals are part of distressed communities and a whole of community approach to the promotion of social and emotional wellbeing needs to be adopted.³⁸ To be effective the Action Plan therefore needs to influence the whole range of government policies that impact on these issues.

In terms of structure, *beyondblue* believes that the Action Plan should include a set of core principles to inform all actions that are informed by this systems view of social and emotional wellbeing, along with: a set of clear aims and objectives with timelines and targets where possible; a list of specific actions to achieve these outcomes; and details about how success will be measured.

beyondblue would like to propose the following core principles for inclusion in the Action Plan, many of which are already included in the Discussion Paper:

A holistic approach

Actions need to reflect a strengths-based, holistic approach that champions physical, psychological, social and spiritual wellbeing. The centrality of family and kinship and of connection to land, language, cultural identity and community as well as the need to promote recovery and healing from trauma and intergenerational loss needs to inform all initiatives.³⁹ There needs to be a focus on wellness, harmony and balance not just illness and symptom reduction.⁴⁰

Self-determination and community ownership

Aboriginal and Torres Strait Islander people repeatedly emphasise that only approaches driven within their communities will be successful. Ideally therefore, solutions must be led by Aboriginal and Torres Strait Islander people or at minimum Aboriginal and Torres Strait Islander people should be involved to provide significant input into the design, delivery and evaluation of any proposed intervention (i.e. co-design). The role of community Elders must be particularly respected.⁴¹ Wherever possible funded programs and services should be provided through Aboriginal community owned and controlled agencies or in direct partnership with them. Mainstream agencies need to work in collaboration with Aboriginal community controlled health organisations and community-based service providers, peak bodies, schools, research institutes and Elders rather than trying to assume ownership themselves.

Community empowerment

Aboriginal and Torres Strait Islander people stress the need to create more equitable power relations. Aboriginal and Torres Strait Islander people need to be empowered to recognise and address sources of oppression through initiatives that increase people’s belief in their ability to control and change their own, and their community’s life circumstances. It is important to address the feelings of powerlessness that result from people’s exposure to historical and intergenerational traumas that have been left unaddressed.⁴² Empowerment initiatives should take a bottom up rather than top down approach.⁴³

Mental health promotion across the life course

Whilst acknowledging the strength and resilience of the Aboriginal and Torres Strait Islander community, unresolved trauma associated with past practices and policies can have a significant impact on the social and emotional wellbeing. Promoting positive social and emotional wellbeing through health promoting interventions and environments can contribute to better wellbeing for both individuals and the community. Strong connection to land, culture and spirituality are known to build resilience and moderate the impact of stressful circumstances on social and emotional wellbeing. Aboriginal spirituality is part of cultural identity and stems from a sense of belonging to the land, to the community and to a person's culture. Ceremonies, art, song, storytelling and smoking ceremonies can strengthen culture and provide a connection with contemporary spirituality practices.

An equity based approach

Success requires an explicit emphasis on addressing the social determinants that contribute to poor social and emotional wellbeing such as exposure to trauma, chronic illness, unemployment, homelessness, incarceration and poverty. Many Aboriginal and Torres Strait people live in crowded housing or are homeless, lack employment opportunities and live in poverty. The social and emotional wellbeing of Aboriginal people cannot improve unless these issues are addressed. The principle of 'health equity' recognises that, for Aboriginal and Torres Strait Islander people to achieve comparable health outcomes to non-Indigenous people, they may need more and/or different programs and services to those for non-Indigenous communities. It is also important to recognise that within Aboriginal and Torres Strait Islander communities there may be some groups who are more likely to experience poor social and emotional wellbeing and need additional supports such as: sexuality and gender diverse Aboriginal and Torres Strait people; and those involved in the justice system particularly those in prison and recently released from prison.

Build capacity within Aboriginal organisations and communities

Aboriginal leaders should be enabled and supported to lead community efforts and be consulted and involved in decision making about the programs and services provided for their communities. Furthermore, Aboriginal and Torres Strait Islander people should be supported to develop the skills to manage or deliver programs and services on behalf of their community. This support should include continued education and mentoring and the creation of roles across the health workforce including social and emotional wellbeing workers, Aboriginal Health workers and clinical and medical positions. An excellent example is the work of Dr Noel Hayman in establishing a culturally safe health service in Inala, Queensland. This practice grew from 12 Aboriginal and Torres Strait Islander patients in 1995 to over 4,500 in 2011. The practice is now recognised as the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care.

Accountability for Aboriginal and Torres Strait Islander health

Collaboration is required between government and Aboriginal and Torres Strait Islander people and communities. A focus on good governance and accountability is necessary. A governance structure for social and emotional wellbeing initiatives is required at local, regional and State levels.

The governance framework should emphasise:

- the leadership role to be played by the Aboriginal and Torres Strait Islander people
- the structures, resources and processes which ensure that all individuals and organisations can be represented, 'have a say' and be involved in designing solutions
- a description of the decision-making processes, particularly focusing on allocating, controlling and using resources and defining project objectives, outcomes and priorities
- clear responsibilities for all individuals and organisations involved, with mechanisms in place to track accountability.

Improve cultural competency in mainstream services

While many Aboriginal and Torres Strait Islander people prefer to utilise programs and services provided through Aboriginal community controlled agencies, they will also continue to utilise mainstream services. It is therefore critical that mainstream services provide safe and culturally appropriate services, for example by ensuring all staff are involved in cultural competency training and anti-racism initiatives. A cultural competency framework for all service providers, which focuses on building the skills and capacity of providers to better understand Aboriginal health and provide whole-of-community care is essential. Another option could be that all organisations funded by the Queensland Mental Health Commission demonstrate that they have established a Reconciliation Action Plan in their workplace. Reconciliation Action Plans provide organisations a framework to implement and measure practical actions that build respectful relationships, create opportunities for Aboriginal and Torres Strait Islander people, and realise a vision for reconciliation.

Address racism and discrimination

Providing cultural safe and competent health services is important. However, building broader cultural safety in the community is also key to improving Aboriginal and Torres Strait Islander people's social and emotional wellbeing and addressing inequities. This could include large scale community awareness campaigns such as beyondblue's Stop Think Respect Invisible Discriminator campaign or other anti-racism initiatives including those undertaken by organisations such as the Anti-Discrimination Commission Queensland.

Improve coordination and continuity of services

Service fragmentation is a problematic feature of many human services, which in part occurs because of the lack of coordination between Commonwealth, State/Territory and local government services. It is crucial that roles and responsibilities of each level of government and each stakeholder involved the promotion of social and emotional wellbeing are clearly articulated. Working in collaboration with Aboriginal and Torres Strait Islander people, communities, and organisations, governments need to adopt an explicit focus on multi-sectoral action, which recognises that responsibility for social and emotional wellbeing is across multiple portfolios – including education, employment, housing and justice – and a cross-sector rather than a health-service centric approach is likely to be more successful. For an individual, continuity of care is also very important. Some individuals will engage with a range of different services and current service fragmentation may mean details are missed or mistakes are made. Reducing service fragmentation and improving coordination will benefit individuals to ensure the best possible care is received, ultimately improving health outcomes.

Ensure strong monitoring and review

Systems are required to monitor the 'prevalence' of risk and protective factors and social and emotional outcomes using culturally appropriate approaches to measurement. Qualitative data is also important and mechanisms are therefore required to gain regular feedback from program and service beneficiaries to ensure that an initiative is appropriate, responsive, and effective.

Build the evidence base

More research is required across the spectrum from basic research through to real world translational effectiveness studies to understand and promote Aboriginal and Torres Strait Islander social and emotional wellbeing. All interventions should be subject to planned evaluations using culturally sound approaches to measuring outcomes.

What actions should be taken to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders?

Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander people requires actions across the spectrum of promotion, prevention, early intervention, treatment and recovery support and suicide prevention. Holistic action is needed across multiple social ecology levels including those already included in the Discussion Paper:

- Strong people

Actions are needed that support individuals to develop and protect their mental health across the lifespan. Emphasis should be placed on strengths based approaches that promote cultural identity and self-efficacy. Culturally relevant approaches to mental health literacy are also required.

- Strong families

Actions are needed that build on the strengths of Aboriginal and Torres Strait Islander family and kinship groups to promote safe, nurturing and protective home and family environments. Emphasis should be placed on approaches that promote access to material basics, reduce stress on parents, and that reduce the risk of conflict and violence.

- Strong communities

Actions are needed that address racism and discrimination, ensure equitable access to social and economic opportunities that overcome exclusion and disadvantage. Emphasis should be placed on community development approaches that promote social inclusion and facilitate connection to land, sea, language, family, community and culture.

- Strong services

Actions are needed that increase the Aboriginal and Torres Strait Islander workforce, support the capacity and capability of community controlled health and social services, and to improve the capability of mainstream services to provide equitable access to culturally safe and relevant supports and services. Emphasis should be placed on the elimination of subtle or overt discrimination in the provision of health and social services.

- Strong voices

Actions are needed that address the impacts of colonisation and dispossession by promoting self-determination and community empowerment. Emphasis should be placed on continuing to build the capacity of existing Aboriginal and Torres Strait Islander leadership and advocacy bodies and providing them with more opportunities to work in partnership with government decision makers on issues that impact on Aboriginal and Torres Strait Islander people and communities.

What actions are likely to make the greatest difference and what should be done?

Specific interventions are required at the multiple social ecology levels listed in the preceding section. Within each level there are certain strategies that may be given priority because: of context considerations (e.g. the demographic characteristics); or they address areas where the gap between Aboriginal and Torres Strait Islander people and non-Indigenous people is widest; or they are actions that are likely to produce quick results; or they are essential precursors for other important outcomes.

In line with the Discussion Paper, *beyondblue* agrees that priority should be given to initiatives that focus on children and adolescents, through family and school environments, and to tackling community and institutional racism.

Creating a positive start

There is an overwhelming body of evidence about the importance of environmental factors in-utero, infancy, childhood and the teenage years on a person's mental health. Adverse environmental experiences early in life – including socioeconomic disadvantage, poor attachment, adverse family environments and exposure to neglect, abuse, conflict and violence – have lifelong effects on mental and physical health.^{44 45 46} A strong and explicit focus on preventing mental health conditions is required that is based on action early in life. *beyondblue* supports that Commission's focus on including family and kinship based programs in the Action Plan.

Maximising the potential of early childhood education and care services and schools

Safe and inclusive early childhood settings and schools have an important role in promoting social and emotional wellbeing. Educators have a critical role in supporting young children to build the necessary competencies, skills and resilience to support good mental health – for example solving problems, communicating effectively, regulating emotions and managing stress, exercising regularly, having a balanced diet, getting enough sleep and avoiding harmful levels of alcohol and other drugs – as well as in promoting academic achievement that is important for future vocational opportunities. Schools also play an important role in assisting children and young people with mental health conditions to seek assistance and to recover. These activities are best undertaken within a whole of school approach to mental health promotion that focuses on the mental health and wellbeing of all students, not just those experiencing mental health conditions.^{47,48} Consideration could therefore be given to including early childhood education and care services and school-based programs in the Action Plan which include a universal element for all children and teenagers as well as more tailored approaches for Aboriginal and Torres Strait Islander young people.

Eradicating racism and discrimination

The experience of racism and discrimination remain all too common in the lives of Aboriginal and Torres Strait Islander people. Such experiences can have profound negative effects on people's social and emotional wellbeing through their effects on self-esteem and through their contribution to social exclusion. Dismissive, judgemental and/or discriminatory attitudes of health professionals, is another problem. Negative experiences in health and human services may be particularly damaging as they may lead to reduced or late help-seeking, or impact on engagement and continuity of care. *beyondblue* supports that Commission's focus on including a focus on continued and more intensive efforts to tackle community and institutional racism and discrimination directed to Aboriginal and Torres Strait Islander people.

What is currently being done that works?

Aboriginal and Torres Strait Islander specific initiatives

Across Australia, individuals, groups and communities have sought to develop a more tailored approach to the needs of Aboriginal and Torres Strait Islander people. Although many of these have not been formally evaluated for the effectiveness, they have been endorsed by people within the communities as worthwhile. Examples of such initiatives include:

- **National Empowerment Project** works with 11 partner sites across Australia to develop and deliver local empowerment, healing and leadership programs.⁴⁹
- **The Yiriman Project** auspiced by the Kimberly Aboriginal Law and Culture Centre, commenced in 2000. It takes young people, accompanied by elders, on trips back to country, to immerse them in the stories, song and knowledge that are their cultural heritage. This builds young people's confidence and improves their self-worth, and is considered to have helped curb suicide, self-harm and substance abuse in the participating communities.^{50 51}
- **The Family Wellbeing program**, which was initiated by Aboriginal people, has suitability as an approach to healing and empowerment that is able to accommodate a range of different cultural contexts, circumstances and needs and educational aspirations
- **The We Al-li** is a healing program developed by Emeritus Professor Judy Atkinson uses a workshop format and incorporates Indigenous cultural practices and therapeutic skills to assist participants to recover from transgenerational trauma.⁵²**The Black Rainbow project** aims to support Aboriginal GLBTI youth at risk of suicide. The project provides a positive message for Aboriginal people while at the same time allowing those GLBTI Aboriginal youth with an outlet to embrace culture and themselves.
- **The headspace Yarn Safe** 'Got a lot going on? No shame in talking it out' Indigenous youth-led multimedia campaign targets young Aboriginal and Torres Strait Islander young people and tackles stigma, provides information on mental health and promotes headspace services.⁵³
- **The iBobbly smartphone/tablet application** was designed to support suicide prevention amongst young Indigenous people. The aim of the project is to target youth suicide risk to offer an evidence based intervention that is readily accessible, and to evaluate the effectiveness of the intervention using a randomised-controlled trial.⁵⁴
- **The Alive and kicking goals: Women's reference group video project (WA)** provides an introduction to the Alive and kicking goals suicide prevention women's reference group project. The project aims is to breathe hope back into families, communities, people and country through capacity building, resource development and peer-education.
- **The Proppa Deadly project** encouraged Aboriginal and Torres Strait Islander people to take action against depression and anxiety through the telling of their own stories across the First Nations community radio sector. This was an initiative of beyondblue working with sixteen (16) radio stations, from metropolitan, regional and remote parts of the country that produced and broadcast personal stories of Aboriginal and Torres Strait Islander men and women sharing their experience and the action each undertook to combat depression and anxiety.
- **Mental Health First Aid Australia** have developed a range of mental health and suicide prevention resources specifically designed for people working with Aboriginal and Torres Strait Islander people. These include:

The [Hear our Voices](#) final research report and the [Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people Issues paper no. 12 produced for the Closing the Gap Clearinghouse](#) contains more information about potentially effective approaches. The later document also contains a useful checklist that could be used to assess the likelihood that a new initiative will be successful by asking to what extent:

- Does this program, initiative or service focus on all or some aspects of the physical, spiritual, cultural, emotional and social wellbeing of the individual, family and community in addressing Indigenous people's mental health and social and emotional wellbeing?
- Do workforce initiatives encourage and resource mental health practitioners to focus on the physical, spiritual, cultural, emotional and social wellbeing of the individual, family and community?
- Does this program, initiative, service or workforce initiative or resource recognise transgenerational trauma and align with the 9 social and emotional wellbeing guiding principles?
- Does this program, initiative or service aim to strengthen cultural values and commitments, family and kinship systems of care, and Indigenous control and responsibility as an intrinsic aspect of healing and facilitating cultural, social and emotional wellbeing?
- Does the service, program or workforce initiative acknowledge and work in partnership with the Indigenous community-controlled sector and facilitate Indigenous people's right to determine the types of services they receive?
- Does the service, program or workforce initiative work to address racial discrimination etc.?
- Does this program or initiative support human rights and social justice principles?

What is currently being done that could be improved?

Improving access to psychological treatment

Loss and trauma are common experiences in the lives of many Aboriginal and Torres Strait Islander people. *beyondblue* therefore supports that Commission's emphasis on improving the capacity of the mental health service system to respond to the needs of people who have experienced trauma through trauma informed psychological care. Furthermore, is it possible that a purely Western biopsychosocial focus to mental health care may be insufficient and a more culturally informed and holistic approach to intervention may be required. While such an approach could theoretically be established within a mainstream context, it is more likely to succeed within an Aboriginal specific service context. Consideration could therefore be given to trialing a more culturally specific approach to psychological intervention with Aboriginal Community Controlled Health Services that includes a focus on cultural identity and traditional elements in the healing process alongside mainstream approaches. This may include consideration of trialing intervention through an alternative workforce drawn from local Aboriginal and Torres Strait Islander communities. The approach taken by *beyondblue* in the development of [NewAccess](#) program may serve as a useful example of the process of developing such an initiative.

Research

There are significant gaps in the research concerning Aboriginal and Torres Strait Islander social emotional wellbeing. A particular priority area is the development of reliable and validated tools for culturally appropriate screening and assessment tools. Better tools are required to assess both the prevalence of mental health conditions as well as to a more specific measure of social and emotional wellbeing that is inclusive of all relevant dimensions. Consideration could therefore be given to commissioning Aboriginal and Torres Strait Islander researchers to develop and trial suitable screening, assessment and outcome tools. A Participatory Action Research approach could be considered.

What measures should be used to see if Aboriginal and Torres Strait Islander social and emotional wellbeing has improved?

A range of process, impact and outcome measures are required to track the implementation and impact of strategies included in the Action Plan. A combination of quantitative and qualitative data should be used to track success. Regularly seeking feedback from Aboriginal people on the appropriateness and quality of services provided, and linking this feedback with funding and performance reviews, will also help to ensure that Aboriginal health is well understood, and informs service delivery. Importantly, measures of success need to align with the aims and objectives of the Action Plan and with the multi-dimensional nature of the concept of social and emotional wellbeing.

As noted in the Discussion Paper there is no single 'off-the-shelf' tool that would enable us to track improvements in social and emotional wellbeing as a single outcome. In the interim, as the Discussion Paper notes measuring success will require the use of data from various sources so as to provide a comprehensive assessment of the relevant factors that contribute to and are encompassed by the term social and emotional wellbeing. These indicators could potentially be combined into an index that 'sums' the various elements.

beyondblue supports the indicators proposed by Edward Tilton as being reflective of the various 'factors' that constitute social and emotional wellbeing. Other measures potentially worth considering are:

- School participation and completion rates
- Employment participation and unemployment rates
- Income and debt.

References

- ¹ Garvey, D. (2008). A review of the social and emotional wellbeing of Indigenous Australian peoples – considerations, challenges and opportunities. Retrieved 13th January 2012 from http://www.healthinonet.ecu.edu.au/sewb_review
- ² Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, T. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12 produced for the Closing the Gap Clearinghouse. Accessed from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf
- ³ Queensland Treasury and Trade (2013). Census 2011: Aboriginal and Torres Strait Islander Population in Queensland. Brisbane: Office of Economic and Statistic Research. Accessed from <http://www.qgso.qld.gov.au/products/reports/atsi-pop-qld-c11/atsi-pop-qld-c11.pdf>
- ⁴ Dugdale, A. (2008). Where do Queensland's Indigenous people live? *Medical Journal of Australia*, 188(10), 614.
- ⁵ Queensland Treasury and Trade (2013). Census 2011: Aboriginal and Torres Strait Islander Population in Queensland. Brisbane: Office of Economic and Statistic Research. Accessed from <http://www.qgso.qld.gov.au/products/reports/atsi-pop-qld-c11/atsi-pop-qld-c11.pdf>
- ⁶ Productivity Commission (2016). Report on government services 2016. Chapter 12 Mental health management. Accessed from <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/health/mental-health-management>
- ⁷ Australian Bureau of Statistics (2013) *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. No. 4727.0.55.001) Canberra: ABS.
- ⁸ Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, T. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12 produced for the Closing the Gap Clearinghouse. Accessed from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf
- ⁹ Esler, D., Johnston, F., Thomas, D., & Davis, B. (2008). The validity of a depression screening tool modified for use with Aboriginal and Torres Strait Islander people. *Australian and New Zealand Journal of Public Health*, 32(4), 317-321.
- ¹⁰ Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalby, R. B., Blair, E. M., Griffin, J., Milroy, H., De Maio, J. A., Cox, A., & Li, J. (2005). The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People. Perth: Curtin University of Technology and Telethon Institute for Child Health Research.
- ¹¹ Australian Bureau of Statistics (2013) *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. No. 4727.0.55.001) Canberra: ABS.
- ¹² Esler, D., Johnston, F., Thomas, D., & Davis, B. (2008). The validity of a depression screening tool modified for use with Aboriginal and Torres Strait Islander people. *Australian and New Zealand Journal of Public Health*, 32(4), 317-321.
- ¹³ Davis, T.M., Hunt, K., Bruce, D.G., Starkstein, S., Skinner, T., McAullay, D., & Davis, W.A. (2015). Prevalence of depression and its associations with cardio-metabolic control in Aboriginal and Anglo-Celt patients with type 2 diabetes: the Fremantle Diabetes Study Phase II. *Diabetes Research and Clinical Practice*, 107(3), 384-391.
- ¹⁴ Black, E.B., Ranmuthugala, G., Kondalsamy-Chennakesavan, S., Toombs, M.R., Nicholson, G.C., & Kisely, S. (2015). A systematic review: Identifying the prevalence rates of psychiatric disorder in Australia's Indigenous populations. *Australian & New Zealand Journal of Psychiatry*, 49 (5), 412-429.
- ¹⁵ Steering Committee for the Review of Government Service Provision (2014). *Overcoming Indigenous Disadvantage: Key Indicators 2014*. Canberra: Productivity Commission. Accessed online 7 May 2016 from <http://www.pc.gov.au/research/recurring/overcoming-indigenous-disadvantage/key-indicators-2014#report>.
- ¹⁶ Ibid.
- ¹⁷ Ibid.
- ¹⁸ Australian Bureau of Statistics. (2016). *Causes of Death, Australia, 2014*. Catalogue No. 3303.0. Belconnen, ACT: Commonwealth of Australia.
- ¹⁹ Australian Bureau of Statistics. (2015). *Causes of Death, Australia, 2013*. Catalogue No. 3303.0. Belconnen, ACT: Commonwealth of Australia.
- ²⁰ Australian Bureau of Statistics. (2016). *Causes of Death, Australia, 2014*. Catalogue No. 3303.0. Belconnen, ACT: Commonwealth of Australia.

-
- ²¹ ATISSEP (2015) Kimberley roundtable report. Accessed on 8 May from http://www.atsisep.sis.uwa.edu.au/__data/assets/pdf_file/0009/2862603/Kimberley-Roundtable-Report-Final-March.pdf
- ²² Silburn, S., Glaskin, B., Henry, D., & Drew, N. (2010). Preventing Suicide among Indigenous Australians. Chapter 7 in *Working together. Aboriginal And Torres Strait Islander mental health and wellbeing principles and practice*. Eds. Purdie, N., Dudgeon, P., & Walker, R. Accessed on 7 May 2016 from <http://aboriginal.telethonkids.org.au/media/54877/chapter7.pdf>
- ²³ Cheung, Y.T.D., Spittal, M.J., Williamson, M.K., Tung, S.J., & Pirkis J. (2014). Predictors of suicides occurring within suicide clusters in Australia, 2004-2008 in *Social Science and Medicine*, 118, 135-142.
- ²⁴ Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., Scrine C., & Walker, R. (2012). Hear our voices. Accessed on 8 May 2016 from http://aboriginal.telethonkids.org.au/media/394426/hear_our_voices_final_report.pdf.
- ²⁵ See discussion of these factors in: Hunter & Milroy (2006), cited in Silburn, S, Robinson, G, Leckning, B, Henry, D, Cox, A, and Kickett, D (2014) Preventing Suicide Among Aboriginal Australians in Dudgeon, P, Milroy, H and Walker, R (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia: Canberra, p 153; Priest, N.C., Paradies, Y.C., Gunthorpe, W., Cairney, S.J. & Sayers, S.M. (2011). Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth in *Medical Journal of Australia*, 194(10), 546-550; Silburn, S., Robinson, G., Leckning, B., Henry, D., Cox, A., & Kickett, D. (2014). Preventing Suicide Among Aboriginal Australians in Dudgeon, P, Milroy, H and Walker, R (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia: Canberra, 147-164; and evidence cited in Mitchell, M. (2014). *Children's Rights Report 2014*, Australian Human Rights Commission: Sydney (pp 76-8 and pp 104-108) Accessed online on 7 May 2016 from <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014>.
- ²⁶ Silburn, S. et al., Op cit.
- ²⁷ Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., Scrine C., & Walker, R. (2012). Hear our voices. Accessed on 8 May 2016 from http://aboriginal.telethonkids.org.au/media/394426/hear_our_voices_final_report.pdf
- ²⁸ Australian Bureau of Statistics (2013) *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13* (Cat. No. 4727.0.55.001) Canberra: ABS.
- ²⁹ ABS (2016). 4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15. Canberra: ABS
- ³⁰ Australian Institute of Health and Welfare (2011). *The health and wellbeing of Australia's Aboriginal and Torres Strait Islander people: an overview*. AIHW: Canberra.
- ³¹ Issacs, A.N., Pyett, P., Pakley-Browne, M.A., Gruis, H. & Waples-Crowe, P. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward. *International Journal of Mental Health Nursing*, 19, 75-82.
- ³² Zubrick, S.R., Shepherd, C.C.J., Dudgeon, P., Gee, G., Paradies, Y., Scrine, C. & Walker, R. Social Determinants of Social and Emotional Wellbeing in Dudgeon, P., Milroy, H. & Walker, R. (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Commonwealth of Australia, p 104.
- ³³ Dudgeon, P., et al., Op cit.
- ³⁴ Silburn, S, Robinson, G, Leckning, B, Henry, D, Cox, A, and Kickett, D (2014) 'Preventing Suicide Among Aboriginal Australians' in Dudgeon, P, Milroy, H and Walker, R (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, Commonwealth of Australia: Canberra, p 154.
- ³⁵ Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, T. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12 produced for the Closing the Gap Clearinghouse. Accessed from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf
- ³⁶ Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, T. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12 produced for the Closing the Gap Clearinghouse. Accessed from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf
- ³⁷ Hunter (1991) and Tatz (2001) cited in Silburn, S., Robinson, G., Leckning, B., Henry, D., Cox, A., & Kickett, D. (2014). Preventing Suicide Among Aboriginal Australians' in Dudgeon, P., Milroy, H. & Walker, R. (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. Canberra: Commonwealth of Australia, p 153.

-
- ³⁸ Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., Scrine C., & Walker, R. (2012). Hear our voices. Accessed on 8 May 2016 from http://aboriginal.telethonkids.org.au/media/394426/hear_our_voices_final_report.pdf.
- ³⁹ Ibid.
- ⁴⁰ Dudgeon, P., Walker, R., Scrine, C., Shepherd, C., Calma, T., & Ring, T. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Issues paper no. 12 produced for the Closing the Gap Clearinghouse. Accessed from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf
- ⁴¹ See <http://www.cultureislife.org/> to access the report and for more information on the campaign.
- ⁴² ATSIPEP (2015) Kimberley roundtable report. Op cit.
- ⁴³ Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., Scrine C., & Walker, R. (2012). Hear our voices. Accessed on 8 May 2016 from http://aboriginal.telethonkids.org.au/media/394426/hear_our_voices_final_report.pdf.
- ⁴⁴ Shonkoff, J.P., Siegel, B.S., Garner, A.S., Dobbins, M.I., Earls, M.F., McGuinn, L., Pascoe, J., Wood, D.L. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*, 129(1), e232-239.
- ⁴⁵ Johnson, S.B., Riley, A.W., Granger, D.A., & Riis, J. (2013). The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy. *Pediatrics*, 131(2), 319-329.
- ⁴⁶ Lawrence et al., op cit.
- ⁴⁷ National Mental Health Commission (2013). *A contributing life: the 2013 report card on mental health and suicide prevention*. Sydney: NMHC.
- ⁴⁸ Raffaele, C., Fields, K., Moensted, M., Glozier, N., Buchanan, J., Rosenberg, S. & Young, S. (2013). *Literature review: Supporting young people with a mental illness in their transition from education into the workplace*. Sydney: University of Sydney.
- ⁴⁹ See <http://www.nationalempowermentproject.org.au/> for more information.
- ⁵⁰ <http://aboriginal.telethonkids.org.au/media/962278/08-key-indicators-2014-chapter8.pdf>
- ⁵¹ Steering Committee for the Review of Government Service Provision (2014). *Overcoming Indigenous Disadvantage: Key Indicators 2014*. Canberra: Productivity Commission. Accessed online 7 May 2016 from <http://www.pc.gov.au/research/recurring/overcoming-indigenous-disadvantage/key-indicators-2014#report>.
- ⁵² Closing the Gap Clearinghouse (AIHW & AIFS) 2013. Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. Resource sheet no. 19. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- ⁵³ See <http://www.headspace.org.au/yarn-safe> for information about the campaign.
- ⁵⁴ See <http://www.blackdoginstitute.org.au/docs/ibobblynewsrelease.pdf> for more information on this project.