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Addressing Inequities in Indigenous Mental Health and Wellbeing through Transformative and Decolonising Research and Practice

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COVID-19 Statement

The current global COVID-19 pandemic disproportionately impacts on the wellbeing of peoples and communities who already experience marginalisation and disadvantage. This is particularly true for indigenous peoples worldwide, including Aboriginal and Torres Strait Islander peoples and communities living within colonised Australia. Whilst Aboriginal and Torres Strait Islander leaders and organisations have been swift and effective in their response to the pandemic, the support of the broader Australian government is required to mitigate the potentially catastrophic impacts of COVID-19 for Aboriginal peoples. The health response by Aboriginal leaders and organisations is a clear demonstration of self-determination and an example of the positive impacts that can continue into the future, with a decolonised approach that supports the empowerment of all Aboriginal and Torres Strait Islander peoples and communities.

The authors strongly support the Go8 *COVID-19 Recovery Roadmap Taskforce Report*, specifically in relation to the recommendation outlined in the section "Considerations for Aboriginal and Torres Strait Islander Peoples" (Group of Eight 2020).

Abstract

Aim: *This paper discusses the current mental health and social and emotional wellbeing in Indigenous Australian mental health and wellbeing, the gaps in research, the need for transformative and decolonising research and practice, and the opportunities and recommendations to address existing mental health inequities.* ***Method:*** *This paper reviews key mental health and social and wellbeing policy documents and frameworks, and examines relevant literature documenting current decolonising*

strategies to improve programs, services and practice. It also draws on the key findings of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) and Transforming Indigenous Mental Health and Wellbeing research projects. In addition this work builds on the substantial work of the national Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) which outlines a range of solutions to reduce the causes, prevalence, and impact of Indigenous suicide by identifying, translating, and promoting the adoption of evidenced based best practice in Indigenous specific suicide prevention activities. ***Discussion and Conclusion:*** *This paper details the challenges as well as the promise and potential of engaging in transformative and decolonising research and practice to address the existing health service inequities. Acknowledging and addressing these health inequities is an urgent and critical task given the current COVID-19 pandemic and potential for further increasing the adverse mental health and wellbeing gap for Indigenous Australians.*

Keywords

Aboriginal and Torres Strait Islander, Indigenous Australians, Mental Health, Social and Emotional Wellbeing, Transformative Research and Practice, health service access, cultural competence, culturally responsive, social determinants

1. Introduction

Aboriginal and Torres Strait Islander (hereon respectfully referred to as Indigenous) peoples experience a disproportionate burden of health and mental health issues and suicide. Indigenous rates of death by suicide were double the rate of the non-Indigenous population in 2018 (Australian Bureau of Statistics (ABS), 2019a). In the same year, the ABSs' National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), 2018-19 reported that:

- One in four Indigenous people have a mental or behavioural condition.
- Indigenous people experience high and very high rates of psychological distress, about three times the rate of the non-Indigenous population.
- Anxiety was the most common mental or behavioural condition experienced by Indigenous people, reported by just under one in five (17%) respondents (ABS, 2019b).

In addition, the Australian Health Ministers' Advisory Council (AHMAC) reported that:

- Depression (including feelings of depression) was the second most common condition experienced by Indigenous people, reported by about one in eight (13%) respondents.
- Indigenous population rates of hospitalisation for mental health and related conditions are 2.1 times higher for Indigenous men and 1.5 times higher for Indigenous women when compared to their non-Indigenous counterparts.
- Indigenous people are seen in the Emergency Room for mental health reasons at higher rates than non-Indigenous people (AHMAC, 2017).

A study by Adams et al. (2014) to improve understandings of mental health service patterns among

Indigenous people in Victoria found "an over-representation of calls by Indigenous young people (59%) to Kids Helpline, for suicide and self-harm reasons" (p. 353). Also of relevance, are the findings of a youth mental health study examining the prevalence and patterns of psychological distress experienced by young people in Australia over seven years (Hall et al., 2019). The report found that a greater proportion of Indigenous young people (31%) experienced psychological distress compared to non-Indigenous young people but did not seek professional help; were three times as likely to report feeling they have no control over their lives and almost twice as likely to have low self-esteem (Hall et al., 2019). Only 67.8% Indigenous young people felt they had someone to turn to, compared to 80% of their peers, and were twice as likely to use the internet to access an online course or program. A greater proportion were more likely to chat with someone who had a similar experience or engage with a support group or forum. Indigenous young people commonly cited seeking help from friend/s (63.6%), internet (44.3%) and parents/s or guardian/s (43.5%), and a higher number turned to "a community agency, social media or a telephone hotline for help" (Hall et al., p. 33).

A smaller proportion of Indigenous young people with psychological distress (approximately one quarter) reported stigma and embarrassment, lack of support, and fear as barriers to seeking help than their non-Indigenous peers); although a greater proportion of Indigenous young people reported that discrimination/punishment was a barrier (Hall et al., 2019). With a greater proportion indicating concerns over "gambling, domestic/family violence, drugs, discrimination, alcohol, LGBTIQ issues and suicide" (Hall et al., 2019, p. 54) compared with their non-Indigenous counterparts. It is important to consider these compounding concerns, given the leading causes of hospitalisation for mental and behavioural disorders experienced by Indigenous young people aged 10-24 years were due substance abuse, schizophrenia, and reactions to severe stress (Australian Institute of Health and Welfare (AIHW), 2018a; cited in Hall et al., 2019, p. 54). Of concern, the AIHW Report (2018a) also found that most Indigenous young people aged 15-24 (67%) "experienced low to moderate levels of psychological distress in the previous month, while 33% experienced high to very high levels" (AIHW, 2018a, p. xi).

Further, other studies have found that higher rates of trauma, including intergenerational and cumulative trauma, are the result of, and influence, a range of complex interrelated factors including incarceration (Heffernan et al., 2015), homelessness (AIHW, 2019b), mental health issues and youth suicide (Coroner's Court of Western Australian, 2019). Mental health challenges are compounded further by poverty and associated factors. For example, psychological distress increases as income and housing stability decreases (AHMAC, 2017). Overall, Indigenous people do not experience equal social and economic status compared with the wider population (Biddle & Markham, 2017).

Within these glaring inequities, the evidence suggests that the primary mental health care needed for early detection and treatment of Indigenous mental health issues is currently insufficient (Harfield et al., 2018; Kilian & Williamson, 2018). The early diagnosis of mental health disorders by General Practitioners (GPs) and lack of appropriate referral pathways that take account of cultural and geographic differences have been identified as a primary barrier to receiving appropriate treatment and

care for Indigenous people (Hinton et al., 2015).

2. Method

2.1 Review of Relevant National Mental Health and Wellbeing Literature and Policies

This paper reviews key current mental health and social and wellbeing policy documents and frameworks and survey evidence of the extent to which their stated goals have been implemented and intended outcomes achieved. It also examines relevant literature documenting current transformative and decolonising strategies to address existing inequities to improve mental health and social and emotional wellbeing (SEWB) programs, services and practice. Policy documents and articles were obtained from HealthInfonet, Google Scholar, Australian Policy Online and Lowitja to obtain both peer-reviewed and grey literature. Key search terms included Mental Health, Social and Emotional Wellbeing, SEWB, Wellbeing, Aboriginal and Torres Strait Islander, Indigenous Australian, barriers and enablers, health inequities.

2.1.1 Specific Research Project Findings

The paper also draws on the key findings of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) and Transforming Indigenous Mental Health and Wellbeing research projects. These projects include identifying and collating evidence-based best practice programs, services, resources and research in suicide prevention, early intervention and postvention, mental health and SEWB. This work builds on the substantial work of the national Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) which outlines a range of solutions to reduce the causes, prevalence, and impact of Indigenous suicide by identifying, translating, and promoting the adoption of evidenced based best practice in Indigenous specific suicide prevention activities. An analysis of relevant findings include a systematic review of effective strategies in mental health and wellbeing (Dudgeon et al., 2014) and a meta-analysis of evaluated suicide prevention programs.

3. Result

3.1 Gaps and Uncertainties

An analysis of the literature findings confirmed there are a number of gaps and uncertainties that clearly contribute to the current inequities in Indigenous mental health and wellbeing. These include: health services gaps, barriers to access; lack of understanding of the exact nature and extent of unmet need; the costs and benefits of adopting Indigenous-led and targeted and upstream prevention initiatives; as well as significant data limitations to address them. As Dudgeon et al. (2016c) point out: lack of understanding by policy makers, service providers and health practitioners of the holistic concept of SEWB and the influences of Indigenous life experiences, and social and historical determinants on Indigenous mental health has prevented effective mental health service delivery over the past two decades.

3.1.1 Service Gaps

Several studies support the need for urgent and rigorous research to inform the development, implementation, and evaluation of culturally appropriate mental health care pathways that take account of the specific needs of different Indigenous sub-populations (Harfield et al., 2018; Kilian & Williamson, 2018). The *Aboriginal and Torres Strait Islander Health Performance Framework Report* (Australian Health Ministers' Advisory Council (AHMAC), 2017) provides an overview of Indigenous access to mental health services compared with other Australians which highlights ongoing inequities. Survey data collected from GPs show 11% of Indigenous patient encounters were for mental health issues, which was 1.2 times the rate of the general population (AHMAC, 2017). However, this is significantly less than the needs indicated in studies showing the mental health burden is four to seven times higher among Indigenous adults than other Australians (Nasir et al., 2018). For the 50% of the Indigenous population who accessed Aboriginal Community Controlled Health Services (ACCHS) in 2017, the most commonly reported health service gap was for mental health and SEWB services (AIHW, 2019a). Moreover, in 2017-18, gaps in funding for mental health services were reported by 68% of ACCHS organisations (AIHW, 2019a).

Some Australian studies have highlighted the relevance of telehealth to rural and remote Indigenous communities and noted its potential to improve access to mental healthcare (Dudgeon et al., 2020a; Gibson et al., 2011). However, there do not appear to be any studies that examine the nature of unmet mental health and SEWB needs for Indigenous people, or the degree and types of perceived need for mental health care among Indigenous communities. Research is needed to fill a knowledge gap regarding the extent of unmet need for services, and which services are fulfilling the needs and treatment preferences among Indigenous people.

3.1.2 Access Barriers

The *Aboriginal and Torres Strait Islander Health Performance Framework Report*, identifies a number of barriers to access to mental health-care services including hospitals, community mental health-care and specialised mental health-care services, GPs and private psychiatrists (AHMAC, 2017). Such barriers include concerns for unwarranted intervention from government organisations, long wait times, lack of inter-sectoral collaboration and the need for culturally competent assessment, diagnosis and treatment (AHMAC, 2017; McGough et al., 2017). Previous studies by Issacs et al. (2010, 2012); Pink et al. (2008) and Williamson et al. (2010) identified cultural and communication barriers, perceptions of discrimination, stigma of mental illness and unprofessional sources of care, transport and distance, long waiting times, cost and dislike of services, and lack of Indigenous staff as common barriers to care among Indigenous people. The AIHW (2014) report also identified communication difficulties, lack of local service availability; not being culturally appropriate, and a dislike of doctors as key barriers to access. A review by Dudgeon et al. (2019) citing Canuto et al. (2019) and Price and Dalgeish (2013) identified additional barriers including: "a lack of culturally appropriate gender and age specific services, forms of institutional and cultural racism and poor service delivery which intensify mental

health stigma and shame along with fear of ostracism and government intervention" (p. 7).

As Canuto et al. (2019) point out there are "multiple, complex and interacting factors that enable (or inhibit) Aboriginal and Torres Strait Islander men from accessing and using available care" (p. 307). These include "a lack of continuity of care, cultural factors pertaining to communication and understanding, counteracting social pressures, and both self-determination and control" (p. 307). Other studies (Isaacs et al., 2016; Mitchell & Gooda, 2015) have shown that a lack of culturally responsive and available services can inhibit help seeking, contributing to higher levels of intergenerational trauma, self-harm and suicide. Part of the problem resides in the fact that Indigenous people "are not sufficiently involved in planning, delivering and evaluating relevant healthcare services" (Hayman et al., 2006, p. 485, as cited in Canuto et al., 2019, p. 307).

3.1.3 Lack of Culturally Relevant Epidemiological Data

In order to close the mental health gap there is also the need for epidemiological studies to systematically-collect information about Indigenous people's use of mental health services, the nature of interventions they access, their alignment with best practice evidence, their unmet needs for care, and the barriers to care. Both subjective and objective indicators of the quality of care provided are also needed to identify the inequities in mental health service systems to address existing disparities in mental health. Information about barriers to access will assist health planning in the reallocation of resources. For example, a study by Ypinazar et al. (2007) found that spirituality is strongly related to Indigenous understanding and management of mental health and substance use issues.

Currently information about Indigenous Australians' mental health service use is collected through the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS). This survey collects information on the health status, socio demographics, chronic health conditions, health risk factors, use of health services including GPs and other health practitioners, and other help-seeking behaviour. Questions regarding respondents' unmet needs include whether they needed care but did not receive it, spirituality, Indigenous health professionals, traditional healers, traditional health and wellness practices, alcohol treatment, and substance use education programs, communication barriers, and cultural appropriateness (ABS, 2013). While the AATSIHS obtains relevant information with respect to Indigenous mental health service needs it does not include questions regarding the use of alternative therapies, psychotherapy or cognitive-behavioural therapy, and perceived need for care (McIntyre et al., 2017), there is still a need for further ongoing work in this area.

Given the increasing use of e-health options, the Indigenous health surveys of Indigenous people could include questions about online information retrieval and online support group participation, including the use of culturally specific resources. Currently the use of culturally-specific websites such as the "yarning places" message boards on Australian Indigenous HealthInfoNet, and their impact, has not been systematically assessed. While recent studies have suggested that the internet is an effective platform to increase Indigenous access to health information and suicide prevention resources, (Dudgeon et al., 2019) there is a need for greater understanding of the availability of culturally

appropriate health information online (Levett, 2011).

With respect to epidemiological and population health research, a recent study by McIntyre and colleagues confirms there is an urgent need to improve Indigenous health survey questions in order to collect information about "Indigenous people's use of health services that takes into account their specific service preferences and service contexts" (2017, p. 14). This is necessary to identify and understand the existing inadequacies in mental health services; and inform health service planning to assist in closing the mental health gap for Indigenous Australians.

3.2 A framework for Addressing Indigenous Mental Health and Wellbeing

There is a broad consensus and evidence base to suggest that SEWB is the most effective and culturally appropriate approach to view and address Indigenous mental health issues. The concept of SEWB includes mental health as part of encompassing a holistic view of health and wellbeing. Broadly, SEWB is the foundation for physical and mental health for Indigenous Australians which "results from a network of relationships between individuals, family, kin and community connection to land, culture, spirituality and ancestry, and how these affect the individual" (Gee et al., 2014, p. 55). Drawing on the work of Gee et al. (2014) which has been confirmed by extensive community consultation, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017-2023* (*SEWB Framework*) (DPMC, 2017) expresses SEWB as an ecological model comprising of seven interconnected domains. These domains are depicted in the diagram below and include physical and mental health, and cultural determinants (connection to family, kin, community, cultural, country and spiritual life). These seven SEWB domains are "optimally sources of wellbeing and connection that support a strong and positive Aboriginal and/or Torres Strait Islander identity grounded within a collectivist perspective" (DPMC, 2017, p. 6). Around this ecology are social, historical and political determinants that include education, employment, housing, access to health care and freedom from racism and discrimination. In response to these conditions, the SEWB ecology includes those protective factors that strengthen mental health (DPMC, 2017).

Figure 1. A Model of Social and Emotional Wellbeing

3.3 Responses to Address Identified Gaps

In order to effectively address Indigenous mental health and suicide prevention, there is a need for a range of responses to operate within the *SEWB Framework* (DPMC, 2017). This section outlines how these responses can address identified gaps including the need for:

1) culturally responsive services;

2) a culturally and clinically competent workforce;

3) transformative, decolonising research and practice;

4) strategies, programs and services to address the social determinants impacting mental health and wellbeing; and,

5) decolonising the curriculum.

3.3.1 The Need for Culturally Responsive Services

It is widely accepted that mainstream services' delivery of acute, tertiary, and primary care has been built on western paradigms and biomedical models of care, and continue to operate as colonial systems. These services are generally inappropriate, inaccessible, and ineffective for Indigenous peoples and communities. The substantial work of the widely acclaimed national *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)*, a key evidence based study, highlighted the critical need for culturally responsive services to address mental health and suicide prevention. The ATSISPEP Final Report *Solutions That Work: What the Evidence and Our People Tell Us* (Dudgeon et al., 2016a) confirmed that the following responses are essential to improve mental health and wellbeing outcomes:

- Place-based services - it is imperative that services are able to meet Indigenous people where they live. ACCHS are the preferred service providers.
- Integrated responses that approach the causes of Indigenous mental health in a coherent way. This includes:
  - Community-led leadership in developing programs and services that respond to the historical and social determinants of mental ill-health and suicide.
  - Taking a whole of community approach, such as ensuring community involvement in Mental Health First Aid/encouraging self-help and de-stigmatisation.
  - Empowering GPs/front line services/schools to have the capacity and evidence-informed resources to identify people who might need help and connect them to services.
  - Selective prevention including special programs for people at higher risk including young people/LGBTIQ+SB peoples/men.
- Culturally safe and competent clinical services, with Indigenous staff where possible.
- Capacity to involve cultural healers, families, and Elders when necessary.
- Support to recover in community, including continuity of care and patient transitions. This could include outreach/assertive outreach in response to suicide attempts (Dudgeon et al., 2016a).

While the establishment of ACCHS has been a crucial first step towards providing more culturally

appropriate and culturally secure care for Aboriginal peoples, the lack of integration by mainstream healthcare services and hospitals' with ACCHS means there are still many gaps in service delivery and continuity of care for patients and their families. There is still a need for all health and mental health practitioners to shift from a sole focus on a disease or illness to an approach that encompasses the whole person as well as their family and community, and the social, cultural, historical and environmental determinants that impact their wellbeing. This holistic conception of health and wellbeing is widely recognised and enacted by Indigenous peoples in Australia and globally (Dudgeon et al., 2020a; Harfield et al., 2018).

3.3.2 The Need for a Culturally and Clinically Competent Workforce

Building an effective and culturally responsive workforce with the knowledge, skills, understandings and attributes to provide culturally secure care in diverse cultural settings is also necessary (Walker et al., 2014). The *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice Book* (Dudgeon et al., 2014a) is a foundational and crucial resource to inform mental health practitioners. Studies confirm that integrated and place-based responses are most effectively delivered by multidisciplinary SEWB teams and mental health teams who are skilled to provide "collaborative interdisciplinary, client centred practice" to address complex health needs (Schultz et al., 2014, p. 221). The effectiveness and value of multidisciplinary teams is recognized in the National Practice Standards for the Mental Health Workforce. Victorian Government (2013), and the Australian Medical Association on health and mental guidelines. As Schultz et al. (2014) observe "Given the disparities in health and mental health and the complexities of social and emotional wellbeing (SEWB) experienced by Aboriginal and Torres Strait Islander peoples the need for interdisciplinary/interprofessional collaborative approaches is evident" (p. 221). An example of such teams is illustrated in the diagram 2 below from the *SEWB Framework* (DPMC, 2017), adapted from diagram 13.2 in Schultz et al. (2014, p. 230).

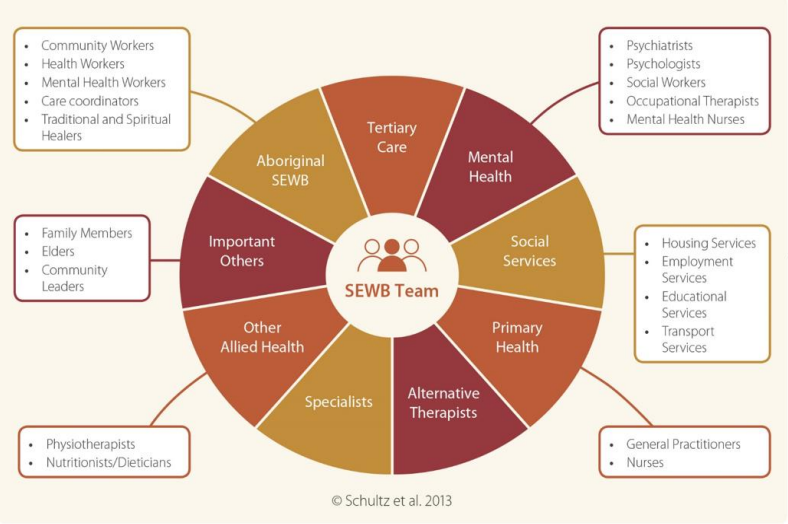

Figure 2. Potential Reach of a Social and Emotional Wellbeing Team

3.3.3 The Need for Transformative, Decolonising Research and Practice

> *Research in Aboriginal contexts remains a vexed issue given the ongoing inequities and injustices in Indigenous health. It is widely accepted that good research providing a sound evidence base is critical to closing the gap in Aboriginal health and wellbeing outcomes. However, key contemporary research issues still remain regarding how that research is prioritised, carried out, disseminated, and translated, so that Aboriginal people are the main beneficiaries of the research in every sense* (Dudgeon et al., 2010, abstract).

The majority of health and mental health research is dominated by the biomedical paradigm, underpinned by foundational and largely uncontested assumptions operating within a Western scientific framework. This biomedical approach has historically influenced research and practice to focus on physical and mental illness, rather than SEWB and mental health more holistically.

One of the critical areas for future research involves investigating the impacts and limitations of dichotomising cultural and clinical perspectives. There is a propensity to set these two perspectives up as a binary, rather than acknowledging that culture is fundamental to effective clinical practice, and one does not need to exclude the other (Napier et al., 2014). Napier et al. (2014) examined three overlapping domains of culture and health: cultural competence, health inequalities, and communities of care, and writes, "the systematic neglect of culture in health and health care is the single biggest barrier to the advancement of the highest standard of health worldwide" (Napier et al., 2014, p. 2). Furthermore, the *Gayaa Dhuwi (Proud Spirit) Declaration*, which aims to achieve the highest attainable standard of mental health and suicide prevention outcomes for Indigenous Australians acknowledges this issue stating that:

> *The holistic concept of social and emotional wellbeing in combination with clinical approaches should guide all Aboriginal and Torres Strait Islander mental health, healing and suicide prevention policy development and service and program delivery* (National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), 2015a, p. 4).

A related gap in research is the conceptualisations of continuity of care for Indigenous people, which have been dominated by health professionals. Issues surrounding continuity of care need to be attended to in the management of chronic diseases, maternity care and mental health and alcohol and drug management. While people with co-morbidities may require coordinated follow-up for a range of diseases, the biomedical focus on single diseases impedes the development of integrated mechanisms for this to occur effectively.

There has been a lack of culturally responsive and Indigenous-led research to effectively address notions of stepped care and continuity of care Indigenous mental health and wellbeing. Moreover, mental health practitioners and researchers generally fail to engage with service users in both mainstream and Indigenous-specific research. Genuine, collaborative, and equal partnerships in Indigenous health research are critical to empower Indigenous peoples to determine the solutions to close the gap on many contemporary health issues (Dudgeon et al., 2010). These authors suggested that greater recognition of

culturally responsive research methodologies including Participatory Action Research (PAR) is necessary "to ensure that Aboriginal people have control of, or significant input into, determining the Indigenous health research agenda at all levels" (Dudgeon et al., 2010, p. 81). Over the past decade, Dudgeon and colleagues have conducted three significant community empowerment projects using PAR to address SEWB, mental health and suicide in Indigenous communities throughout Australia. These include: the Kimberley Empowerment, Leadership and Healing Project (KELHP) (Dudgeon et al., 2012); the subsequent National Empowerment Project (NEP) (Dudgeon et al., 2014), and the Cultural, Social and Emotional Wellbeing (CSEWB) Program (Mia et al., 2017). Their most recent work demonstrates that "extending conventional Participatory Action Research (PAR) principles, protocols and practice, APAR has been successfully applied to achieve Indigenous voice and epistemic self-determination, strengthen community SEWB and contribute to the development of a distinctive Indigenous psychology" (Dudgeon et al., 2020b).

Moreover, there is growing evidence that a tailored Knowledge Translation (KT) approach integrated with PAR can help improve clinician practice in Indigenous community contexts (Laird et al., 2020). Culture-centred approaches that include community engagement are strongly associated with effective health literacy to improve research translation and sustainability. This suggests an integrated KT combined with PAR is an essential component to closing the gap in Aboriginal health. Co-design, co-production, and co-ownership of health literacy resources to empower communities with knowledge about particular health issues is essential (Laird et al., 2020). Such approaches are exemplars of clinical, cultural and ethical practice with Indigenous contexts.

The *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders* (National Health and Medical Research Council (NHMRC), 2018a) details the six core values which are: spirit and integrity, responsibility, reciprocity, respect, equity, and cultural continuity that underpin culturally responsive research. These guidelines ensure that research undertaken with Aboriginal and Torres Strait Islander peoples and communities:

- Respects the shared values of Aboriginal and Torres Strait Islander peoples.
- Is relevant for Aboriginal and Torres Strait Islander priorities, needs and aspirations.
- Develops long-term ethical relationships among researchers, institutions and sponsors.
- Develops best practice ethical standards of research.

A companion guide, *Keeping Research on Track* (NHMRC, 2018b) provides information on how to apply and demonstrate these six core values in research. These guidelines complement each other and should be used concurrently when conducting Indigenous research.

3.3.4 The Need to Address Social Determinants in Mental Health and Wellbeing

The impacts of social determinants are inextricably linked with Indigenous mental health and wellbeing. There are a number of emerging themes in understanding the social determinants influencing Indigenous health outcomes. These determinants include: understanding the enduring and cumulative effects of historical and ongoing colonisation including the forced removal from families and country;

threats to culture and identity; imposition of and from Whiteness and colonial mentality; and the impact on access to basic determinants including education, employment, housing, and the effects of racism.

The social determinants of health associated with colonisation that influence Indigenous wellbeing include poverty, social exclusion, racism, lack of education and employment, and population-level disempowerment (AIHW, 2018). These interrelated factors adversely impact Indigenous SEWB. A focus on transforming mental health and suicide prevention services, alongside addressing social determinants of health, is critical if Indigenous mental health is to improve and suicide rates are to reduce.

A social determinants approach considers the broad historical, social, political, economic, cultural, and environmental context in which people live and the impact these contexts have on health and wellbeing (Osborne et al., 2013). Whilst there is broad agreement regarding the importance of addressing social determinants including housing, education, employment, and socioeconomic circumstance, little to no culturally appropriate research has been undertaken to investigate the link between these factors and Aboriginal health in general, and mental health and SEWB specifically (Zubrick et al., 2014). Mental health and wellbeing are shaped by a range of factors, including: genetics, family and peer relationships, psychological and physiological functioning, lifestyle, occupation and education, physical environment, socioeconomic status, cultural factors, and the historical and political context (Furber et al., 2016). While the interplay of both positive and negative factors can be complex, it is well established that the accumulation of risks and adversities throughout childhood and adolescence increases the risk of poor mental health and developing a mental illness (Felitti, 2009). Studies have shown that exposure to poverty, family violence, child abuse and neglect, and homelessness in early childhood can adversely impact the developing brain and psychological health with negative consequences for mental health and wellbeing across the lifespan and intergenerationally (Shonkoff et al., 2012).

A review of evidence by Osborne et al. (2013) relating to improving Indigenous outcomes and closing the gap across a range of key social and economic determinants of health and wellbeing found several gaps, which restricted the ability to specifically identify effective strategies in addressing the social determinants of Indigenous health and wellbeing. These gaps include a lack of:

- high quality, publicly available evaluation data on programs and interventions, that can be deemed best practice;
- clear causal links regarding the “upstream” or distal causes of health outcomes that are mediated through a variety of pathways (Osborne et al., 2013).

Given the complex and multi-directional nature of the impacts of social determinants, it is difficult to identify which specific determinants contribute directly to particular health outcomes. In an effort to address this gap, several researchers have attempted to map causal pathways across the life course and to argue for upstream strategies (Scrine et al., 2015; Osborne et al., 2013; Zubrick et al., 2014) to promote early intervention and optimise positive health and wellbeing outcomes. Osborne et al. (2013) also suggest that ascertaining what works in these instances would require extensive multivariate

modelling of high quality longitudinal epidemiological data, which is generally not available. One exception is the Longitudinal Study of Indigenous Children (LSIC), discussed later in this paper.

Detailed analyses of risk exposure in early childhood and the cumulative impacts and prevalence of multiple risks in Indigenous children is essential for planning and implementing programs and services to address the complexities experienced in Indigenous families that can contribute to mental health issues. It is also necessary to build a picture of what the risk and protective factors are for individuals and families (i.e., young people, women in the perinatal period) at critical transition points across the lifecourse and for vulnerable groups (i.e., LGBTIQ, people with lived experience of suicide, people recently released from incarceration, people who are homeless, people who are experiencing mental health issues). Such information is essential to help guide policies to strengthen the mental health system to prevent the compounding risk cycles that lead to mental health issues and transgenerational trauma. Modelling, and indeed all research in the mental health and wellbeing context, needs to understand and address the inter-connections and potential pathways to poor health and mental health and wellbeing outcomes.

Based on their review findings, Osborne et al. (2013) outline key characteristics of successful programs and interventions when adopting a social determinants approach in research and practice. The causal pathways between social determinants and health are complex and multi-directional, however, Osborne et al. (2013) have made causal inferences by linking program activity with factors known to be associated with improved health, to suggest a range of effective approaches including:

- adopting holistic approaches which consider the cultural, social, emotional, and economic context of Indigenous peoples' lives, including acknowledging the ongoing legacy of trauma, grief, and loss associated with colonisation,
- valuing Indigenous knowledge and cultural beliefs and practices to promote positive cultural identity and social and emotional wellbeing for Indigenous Australians, and
- adopting a strengths-based perspective which builds upon existing strengths, skills and capacities of Indigenous peoples (Osborne et al., 2013, p. 2).

In addition, Osborne et al. (2013) highlight the need for:

- active involvement of Indigenous communities in every stage of program development and delivery, to build genuine, collaborative and sustainable partnerships and capacity within Indigenous communities,
- collaborative working relationships between government agencies and other relevant organisations in delivering services and programs, acknowledging the interrelatedness of key social and economic determinants across multiple life domains for Indigenous Australians,
- strong leadership and governance for programs, initiatives and interventions to reduce Indigenous disadvantage and address determinants of health and wellbeing,
- employing Indigenous staff and involving them in program design, delivery and evaluation, and, where necessary, providing training to build their capacity,

- providing cultural awareness training for non-Indigenous staff
- providing adequate, sustainable resources over the long-term, and
- research and evaluation to identify success factors, to make improvements, and build an evidence base to justify ongoing resources (pp. 2-3).

Whilst there is broad agreement regarding the importance of addressing social determinants to improve mental health and SEWB, little to no culturally appropriate research has been undertaken to investigate the effectiveness of interventions to address these factors and there remains a lack of coordinated and integrated Indigenous-led research at a national level. There is a need for genuinely transformative, Indigenous-led research into social determinants within the context of mental health. As well as a critical need for the development of Indigenous paradigms, and comprehensive and culturally responsive mainstream mental health responses, as discussed in a systematic review outlining *Effective Strategies to Strengthen Aboriginal and Torres Strait Islander Mental Health and Wellbeing* (Dudgeon et al., 2014b) and reinforced in the *ATSISPEP Final Report* (Dudgeon et al., 2016b). Some initiatives that have started to address this current gap are discussed under "Opportunities".

3.3.5 The Need for Decolonising the Curriculum

Importantly, transforming health care systems also requires making changes within academic institutions that teach health professionals across all disciplines. This is important to build the capacity and commitment among health professionals to provide holistic, culturally responsive, and secure care. It is not enough to simply embed Indigenous content into the curriculum, rather the premises underpinning all curriculum content must be decolonised. There is a need to increase the number of Indigenous psychologists and other mental health professionals, ensure that programs are decolonised and culturally safe, and design programs specifically for Indigenous peoples. For example, the *Djirruwang Aboriginal Mental Health Worker Education and Training Program* (*Djirruwang Program*) was instrumental in establishing the importance of Indigenous-specific mental health courses (Brideson et al., 2014). The *Djirruwang Program* incorporated key standards and inclusions to ensure that course content was culturally responsive and provided a safe space to facilitate effective outcomes through strengthening the Indigenous mental health workforce. The Poche Centres for Indigenous Health around Australia are exemplars of Indigenous leaders within Universities promoting Indigenous leadership in these areas, decolonising the curriculum for doctors, psychologists, psychiatrists, and allied health professionals. A key aim of these innovations is to ensure equity in health delivery through the inclusion of diverse locally generated and collective Indigenous knowledges and beliefs underpinned by the concept of Indigenous SEWB.

For instance, the Australian Indigenous Psychology Education Project (AIPEP) has successfully: increased Indigenous knowledges and content in undergraduate and postgraduate psychology training; the recruitment and retention of Indigenous psychology students; and improved the competencies of psychologists in the workplace (Dudgeon et al., 2016b). The AIPEP draws on multiple perspectives of Indigenous and non-Indigenous stakeholders to develop guidance, support, and recommendations for

psychology training programs to play their role in closing the gap. They have developed the *AIPEP Curriculum Framework* (Dudgeon et al., 2016b), the *AIPEP Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Strait Islander Psychology Students* (Dudgeon et al., 2016c) and *AIPEP Workforce Capabilities Framework* to increase the capability of psychology graduates to work appropriately and effectively with Indigenous peoples (Dudgeon et al., 2016d). Together these frameworks and guidelines outline the workforce standards and ethical obligations endorsed by the Australian Psychology Society, and which are required to help address the mental health crisis facing Indigenous Australians and to close the gap in health, education and economic status with the wider population.

However, given the significant gaps in mental health and wellbeing between Indigenous and other Australians outlined earlier, there remains an urgent need and opportunity to extend these gains more broadly as part of a major health care reform in Australia and across universities to achieve equity for all.

4. Discussion

4.1 Challenges in Achieving Equitable Mental Health Outcomes

Culturally appropriate research about Indigenous SEWB and mental health has tended to be marginalised within larger mainstream research programs, and remains underfunded. Reasons for the gaps in current knowledge stem from historical and ongoing colonisation, and the domination and privileging of Western models informed by biomedical paradigms. Indigenous research is not prioritised or legitimised within the Western scientific framework and therefore is generally not supported by funding bodies. Systemic racism inhibits the ability of Indigenous researchers to conduct sufficiently funded research and impedes non-Indigenous researchers from conducting culturally appropriate research.

There is ample evidence to confirm that consideration of the historical, political, and social context of Indigenous wellbeing needs to be an essential part of any research for improvements to take place. Limiting research to biomedical models will not lead to an understanding of the complex and layered nature of Indigenous SEWB and mental health-related challenges. These challenges also stem from a lack of willingness by funding bodies, policy decision-makers, and service providers, to acknowledge and address ongoing impacts of colonisation of the Indigenous population in the implementation of programs and services.

On an optimistic note, there are increasing examples where mainstream clinical services are acknowledging the limitations of imposing a solely biomedical paradigm to address Indigenous health and wellbeing. Such services are instead embracing more holistic models of care when working with Indigenous peoples, and consequently achieving improvements in health outcomes. The *SEWB Framework* (DPMC, 2017) for example, highlights the important role of traditional healers, including Ngangkari, in looking after Aboriginal and Torres Strait Islander peoples' physical and mental

wellbeing.

4.2 Opportunities in Achieving Equitable Mental Health Outcomes

Several relevant policy initiatives present an important opportunity to address the current national Indigenous mental health and suicide crisis. For instance, Priority area 4 of the *Fifth National Mental Health and Suicide Prevention Plan*, is committed to improving Aboriginal and Torres Strait Islander mental health and suicide prevention broadly, and "increasing knowledge of social and emotional wellbeing concepts, improving the cultural competence and capability of mainstream providers and promoting the use of culturally appropriate assessment and care planning tools and guidelines" (Commonwealth of Australia, 2017, p. 34).

There is also a commitment by government to resurrect the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013* (Australian Government, 2013). These strategies need to be adequately resourced and funded, and led by Indigenous people and implemented in accordance with the *Gayaa Dhuwi Proud Spirit Declaration* (Dudgeon et al., 2016e) and the CBPATSISP principles. The *CBPATSISP* operates from a strengths-based, holistic approach, informed by the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 (*the *SEWB Framework)* (Department of the Prime Minister and Cabinet (DPMC), 2017) and guided by its nine underpinning principles.

An Indigenous-led community-based research agenda that addresses a range of challenges facing Indigenous people through a decolonised SEWB approach must be a priority and strategic goal in future research. This will effectively address social determinants and empower Indigenous knowledges to overcome historical injustice, exclusion, and marginalisation.

There are several examples of agencies working with researchers to address institutional and interpersonal racism to achieve equity in Indigenous peoples' mental health outcomes. These agencies, are adopting a range of strategies to improve the ability of non-Indigenous health professionals and healthcare organisations to deliver culturally secure and responsive healthcare with implications for mental health and SEWB, including:

- *Embedding cultural safety:* to provide a decolonising model of practice based on dialogue, communication, power sharing, and negotiation to challenge racism at personal and institutional levels, and to establish trust in health care encounters. The Australian Health Practitioner Regulation Agency (AHPRA), in consultation with the leadership and advocacy of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, have carried out a program of work to promote cultural safety in education and practice in nursing and midwifery across the health system (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, n.d.).
- *Challenging/Reducing institutional racism:* Queensland Health in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC) and the Queensland Human Rights Commission (QHRC), have formalised a partnership and mechanisms including an audit tool to reduce institutional racism (Marie, 2017).

- *Implementing National Safety and Quality Health Service Standards:* The Australian Commission on Safety and Quality in Healthcare (ACSQH), in extensive consultation and co-development with Aboriginal and Torres Strait Islander health leaders produced the second edition of the National Safety and Quality Health Service Standards (NSQHSS) for hospital and health service accreditation.

This work is underpinned by Australia's racial discrimination laws, which state that racial discrimination in the provision of health services is unlawful under Commonwealth, State and Territory discrimination law, including the Racial Discrimination Act 1975 (Cth).

Furthermore, in order to overcome the policy, program, and service gaps that perpetuate the mental health gap between Indigenous and non-Indigenous Australians, NATSILMH put forward a position statement detailing *Six steps to closing the Indigenous mental health gap*, which includes:

1) A dedicated strategic response to Indigenous mental health.
2) An emphasis on promotion (that builds resilience to protect against mental health conditions) and prevention in the mental health system as a whole.
3) More services to meet unmet mental health needs.
4) More culturally appropriate services.
5) Integrated services across the mental health system (NATSILMH, 2015b, p. 1).

Major changes in Indigenous mental health and wellbeing also require significant research opportunities, particularly including evaluating the effectiveness of the uptake and implementation of the SEWB framework across sectors. To culturally secure, effective and sustained change Indigenous research initiatives need to take a three-tiered approach:

- Local (communities and Aboriginal organisations);
- State/Regional (PHNs, mental health commissions, universities);
- National (peak bodies, commonwealth, universities).

A study by Dudgeon et al. (2014b) found that programs developed or implemented with regard to the 9 guiding principles underpinning the *National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009* (SHRG, 2004) (now revised to 2017-2023), are more likely to be effective and have positive outcomes than those that do not. Further, programs that "encourage self-determination and community governance, reconnection and community life, and restoration and community resilience" show promise in enhancing Indigenous SEWB (p. 2).

Some initiatives are grappling with previously discussed challenges and are working towards transformative change. For example, the Indigenous led *Transforming Indigenous Mental Health and Wellbeing* research project is working towards the following:

- Empowering increased access to culturally responsive mental health services.
- Integrating cultural elements in mental health services, such as the role of traditional healers and Elders.
- Empowering the Indigenous and mainstream workforce.

- Identifying and validating appropriate screening tools, measures, and culturally appropriate evaluations.
- Articulating SEWB as a major paradigm shift in both workforce and wellbeing contexts.

In particular, there is a need for a commitment by governments and services to transforming health care systems, including mainstream health services, as well as building the capacity of Aboriginal Community Controlled Services (ACCHS). This research project will set a precedent for demonstrating the connections between the research sector, mental health services, and support sectors to improve mental health and wellbeing outcomes.

Other significant Indigenous research projects include:

- *Mayi Kuwayu Study* - a comprehensive national longitudinal study of Aboriginal and Torres Strait Islander Wellbeing exploring how culture impacts health and wellbeing. The innovative Aboriginal-led research is examining how wellbeing is linked to connection to country, cultural practices, spirituality, language use, and other factors. It will create an evidence base to inform policies and programs for Aboriginal and Torres Strait Islander peoples (https://www.mkstudy.com.au).
- *Our Journey, Our Story: Building Bridges to Improve Aboriginal Youth Mental Health and Wellbeing* - an Aboriginal-led research project at Curtin University being conducted with local Aboriginal Elders and young people working with youth mental health services across regional Western Australia (WA) to co-design more culturally secure mental health care for young people and their families. It is funded through the Medical Research Future Fund's Million Minds Mental Health Research Mission (https://www.health.gov.au/initiatives-and-programs/million-minds-mental-health-research-mission).
- *Healing the Past by Nurturing the Future: Strengthening Foundations for Supporting Indigenous Parents Who Have Experienced Complex Childhood Trauma* - an Aboriginal led, community participatory action research project which aims to co-design awareness, recognition, assessment and support strategies for Aboriginal parents experiencing complex trauma, funded by the Lowitja Institute CRC and NHMRC (https://www.latrobe.edu.au/jlc/research/healing-the-past).
- *Footprints in Time- Longitudinal Study of Indigenous Children (LSIC)* - an Australia-wide multistage clustered survey set in 11 sites across Australia that has been designed with extensive consultation and Indigenous direction to examine a broad range of policy-relevant questions about Indigenous children's development and well-being. It commenced in 2008 and collects data for over 1,600 children. One study was found using the LSIC data to examine the association between early childhood adversities and the risks for mental illness in Indigenous Australian children. The findings have important implications for informing the nature of support services for Indigenous children and families to promote SEWB. There is potential to do further studies in this area. (https://www.dss.gov.au/about-the-department/national-centre-for-longitudinal-studies/overview-of-footprints-in-time-the-longitudinal-study-of-indigenous-children-lsic).

A comprehensive literature review by Dudgeon et al. (2019a) of the effectiveness, suitability and

cultural appropriateness of e-mental health services found that:

> *…crisis helplines, web based technologies, text services, mental health and suicide prevention apps, telepsychiatry services have emerged as a cost effective extension of conventional mental health services which are able to reach isolated communities and, when culturally responsive, overcome barriers to help seeking such as mistrust of mainstream mental health services* (Langarizadeh et al., 2017; Tighe et al., 2017, p. 10).

Dudgeon et al. (2019a) also cite a systematic review of e-mental health services for Indigenous Australians by Caffery et al. (2017), which found that E-health services were accessed by remote communities and improved SEWB, health services access and clinical outcomes (p. 10). The authors note these research findings align with ATSISPEP *Solutions That Work* report recommendations (Dudgeon et al., 2016d), that

> "*culturally responsive and Indigenous designed and delivered e-mental health services are integral to an effective suicide prevention strategy for Indigenous Australians" and stressed "the importance of developing and maintaining partnerships with ACCHS as central to the ongoing success of such services"* (Dudgeon et al., 2019a, p. 10).

Each of these research initiatives described above include important opportunities for transformative change to improve Indigenous mental health and wellbeing in the future.

It is also promising to see that the NHMRC *Special Initiative in Mental Health* has proposed a "multidisciplinary and nationally focussed team to establish a national centre for innovation in mental health care as a collaborative network across Australia (involving key institutions, existing national networks in mental health, and other relevant bodies)" (NHMRC, 2019, para. 7). In order to address the gaps and challenges identified above, a similar opportunity to establish an Indigenous-specific national research institute is imperative to build research capacity among Indigenous and non-Indigenous researchers - specifically for those conducting research to improve mental health and wellbeing and suicide prevention services, and practice and knowledge translation in remote, rural, and urban settings, in partnership with Aboriginal organisations and communities. Such an institute would be modelled along the lines of the highly successful *Network for Aboriginal Mental Health Research* (NAMHR) in Canada, which was established in 2001 to build the capacity of Aboriginal organisations to address the inequities in mental health for First Nations peoples (http://www.namhr.ca).

5. Conclusion

Substantial progress has occurred in the past decade within the Indigenous mental health and suicide prevention field. However, given the different experiential and cultural contexts around Indigenous SEWB and mental health, significantly more culturally appropriate and dedicated research is urgently needed and cannot be mainstreamed. Recent studies reveal an over-representation of Indigenous people experiencing psychological distress, depression and trauma, which mainstream mental health service models, and clinical paradigms have been unable to address adequately. Addressing these issues

"requires a comprehensive well-coordinated whole of government response which include the full suite of service interventions (from early intervention to clinical treatments), a robust research agenda, and a strong evidence base around what works" (Mitchell & Gooda, 2015, p. 27). There is also an urgent need to understand the potential effectiveness of alternative therapeutic initiatives and healing practices and to demonstrate the efficacy and cost effectiveness of widely incorporating the Indigenous SEWB model and Indigenous Psychology along-side mainstream clinical practices.

There is evidence that increasingly, children and young people are accessing online services such as Kids Helpline, often for suicide and self-harm reasons. There is also great interest and focus on the appropriateness of E-mental health initiatives including crisis helplines, web based technologies, text services, mental health and suicide prevention apps, and tele psychiatry services, which have emerged as a cost effective extension of conventional mental health services (Dudgeon et al., 2019a). However, there is a need for research, training and partnerships with ACCHS to ensure that such services and programs are culturally secure and effective. In addition, addressing the social determinants of health requires more research to understand how primary health care, drug and alcohol and mental health services can work together with hospitals and first responders to provide culturally responsive integrated services to improve Indigenous mental health and SEWB. Furthermore, greater understanding of mental health service participation and outcomes, including suicide prevention services for vulnerable sub-population groups in culturally and geographically diverse settings is urgently needed. This in turn requires recognition of Indigenous data sovereignty and the need for timely and disaggregated data. Issues of data collection and the development and validation of culturally relevant screening and assessment tools and SEWB indicators and measures are also a high priority area.

A study by Dudgeon et al. (2014b) demonstrated that to be effective, the delivery of Mental Health and SEWB programs and services for Indigenous peoples must be delivered in accord with the nine guiding principles emphasising the holistic and whole-of-life view of health within the *SEWB Framework* (DPMC, 2017). It is encouraging to see that there is an increasing number of Indigenous-led research projects being conducted with the aim of improving mental health and wellbeing outcomes. Such projects are promising due to their adherence to the *SEWB Framework* (DPMC, 2017) and the Indigenous-specific ethical guidelines for researchers and stakeholders, as proposed by the NHMRC (2018a, 2018b). The work of *CBPATSISP* and the highly innovative Million Minds Mission Research, *Transforming Indigenous Mental Health and Wellbeing* aims to make a significant contribution in empowering mental health practitioners and services and Aboriginal communities to improve outcomes and close the mental health gap.

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References

Adams, K., Halacas, C., Cincoita, M., & Pesich, C. (2014). Mental health and Victorian Aboriginal people: What can data mining tell us? Australian. *Journal of Primary Health*, *20*(4), 350-355. https://doi.org/10.1071/PY14036

Australian Bureau of Statistics. (2013). *Australian Aboriginal and Torres Strait Islander health survey: Users' guide, 2012-2013*. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.002Chapter1102012-13

Australian Bureau of Statistics. (2019a). *Intentional self-harm in Aboriginal and Torres Strait Islander people, causes of death, Australia, 2018.* Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2018~Main%20Features~Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people~4

Australian Bureau of Statistics. (2019b). *National Aboriginal and Torres Strait Islander health survey, 2018-2019*. Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4715.0

Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander health performance framework report*. Commonwealth of Australia.

Australian Institute of Health and Welfare. (2014). *Australian hospital statistics 2012-2013*. Retrieved from https://www.aihw.gov.au/reports/hospitals/australian-hospital-statistics-2012-13/contents/table-of-contents

Australian Institute of Health and Welfare. (2018). *Australia's health 2018*. Retrieved from https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents

Australian Institute of Health and Welfare. (2018a). *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. Canberra: AIHW.

Australian Institute of Health and Welfare. (2019a). *Aboriginal and Torres Strait Islander health organisations: Online services report—Key results 2017-2018.* Retrieved from https://www.aihw.gov.au/reports/indigenous-australians/atsi-health-organisation-osr-key-results-2017-18/contents/client-numbers

Australian Institute of Health and Welfare. (2019b). *Aboriginal and Torres Strait Islander people: A focus report on housing and homelessness*.

Biddle, N., & Markham, P. (2017). *Area level socioecononomic outcomes for Aboriginal and Torres Strait Islander Australians, 2016*. Retrieved from https://www.austaxpolicy.com/area-level-socioecononomic-outcomes-aboriginal-torres-strait-islander-australians-2016/

Brideson, T., Havelka, J., McMillan, F., & Kanowski, L. (2014). The Djirruwang program: Cultural affirmation for effective mental health. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working*

together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice (2nd ed., pp. 523-532). Commonwealth of Australia.

Caffery, L. J., Bradford, N. K., Wickramasinghe, S. I., Hayman, N., & Smith, A. C. (2017). Outcomes of using telehealth for the provision of healthcare to Aboriginal and Torres Strait Islander people: A systematic review. *Australian and New Zealand Journal of Public Health*, *41*, 48-53. http://dx.doi.org/10.1111/1753-6405.12600

Canuto, K., Harfield, S., Wittert, G., & Brown, A. (2019). Listen, understand, collaborate: Developing innovative strategies to improve health service utilisation by Aboriginal and Torres Strait Islander men. *Australian and New Zealand Journal of Public Health*, *43*(4), 307-309. http://dx.doi.org/10.1111/1753-6405.12922

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. (n.d.). *Position statement: Embedding cultural safety across Australian nursing and midwifery*.

Coroner's Court of Western Australian. (2019). *Inquest into the deaths of 13 children and young persons in the Kimberley region*. Government of Western Australia. Retrieved from https://www.coronerscourt.wa.gov.au/I/inquest_into_the_13_deaths_of_children_and_young_persons_in_the_kimberley_region.aspx

Department of the Prime Minister and Cabinet. (2017). *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017-2023*. Commonwealth of Australia.

Dudgeon, P., Bray, A., & Walker, R. (2020a). Self-determination and strengths-based Aboriginal and Torres Strait Islander suicide prevention: An emerging evidence-based approach. In A. Page, & W. Stritzke (Eds.), *Alternatives to suicide: Beyond risk and toward a life worth living*. Academic Press.

Dudgeon, P., Bray, A., Walker, R., & Darlaston-Jones, D. (2020b). *Aboriginal participatory action research: An Indigenous research methodology strengthening social and emotional wellbeing and decolonisation*. Lowitja Institute.

Dudgeon, P., Bray, A., Smallwood, G, Walker, R. & Dalton, T. (2019a). *Wellbeing and Healing Through Connection and Culture*. Report for Lifeline, Perth, Western Australia.

Dudgeon, P., Ring, I., Hammond, S., Ahmat, B., & Walker, R. (2019b). Building a stronger tomorrow: Connecting our communities through Culture. *Report on the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference and the 2nd World Indigenous Suicide Prevention Conference*. School of Indigenous Studies, University of Western Australia.

Dudgeon, P. (2017). Aboriginal and Torres Strait Islander women and mental health. *InPsych*, *39*(1).

Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., … Holland, C. (2016a). *Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander suicide prevention evaluation project*. University of Western Australia.

Dudgeon, P., Darlaston-Jones, D., Phillips, G., Newnham, K., Brideson, T., Cranney, J., ... Page, S. (2016b). *Australian Indigenous psychology education project: Curriculum framework*. University of Western Australia.

Dudgeon, P., Darlaston-Jones, D., Phillips, G., Newnham, K., Brideson, T., Cranney, J., … Page, S. (2016c). *AIPEP Guidelines for Increasing the Recruitment, Retention and Graduation of Aboriginal and Torres Strait Islander Psychology Students*.

Dudgeon, P., Harris, J., Newnham, K., Brideson, T., Cranney, J., Darlaston-Jones, D., … Phillips, G. (2016d). *Australian Indigenous Psychology Education Project Workforce Capabilities Framework*. Perth, WA: University of Western Australia.

Dudgeon, P., Calma, T., Brideson, T., & Holland, C. (2016e). The gayaa dhuwi (proud spirit) declaration - A Call to action for Aboriginal and Torres Strait Islander leadership in the Australian mental health system. *Advances in Mental Health*, *14*(2), 126-139. http://doi.org/10.1080/18387357.2016.1198233

Dudgeon, P., Milroy, H., & Walker, R. (Eds.). (2014a). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed.). Commonwealth of Australia.

Dudgeon, P., Walker, R., Scrine, C., Shepherd, C. C., Calma, T., & Ring, I. (2014b). *Effective strategies to strengthen Aboriginal and Torres Strait Islander mental health and wellbeing*. Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Australian Institute of Family Studies.

Dudgeon, P., Cox, A., Walker, R., Scrine, C., Kelly, K., Blurton, D., & Woods, C. (2014c). *Voices of the peoples: The national empowerment project national summary report 2014: Promoting cultural, social and emotional wellbeing to strengthen Aboriginal and Torres Strait Islander communities*. Department of Health, Mental Health Program, Commonwealth of Australia.

Dudgeon, P., Cox, K., D'Anna, D., Dunkley, C., Hams, K., Kelly, K., Scrine, C., & Walker, R. (2012). *Hear our voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia - Final research report*. Commonwealth of Australia. Retrieved from https://www.researchgate.net/publication/232275608_Hear_our_voices_Community_consultations_for_the_development_of_an_empowerment_healing_and_leadership_program_for_Aboriginal_people_living_in_the_Kimberley_Western_Australia_-_Final_research_report

Dudgeon, P., Kelly, K., & Walker, R. (2010). Closing the gaps in and through Indigenous health research: Guidelines, processes and practices. *Aboriginal Studies Journal*, *2*.

Felitti, V. (2009). Adverse childhood experiences and adult health. *Academic Pediatrics*, *9*(3), 131-132. https://doi.org/10.1016/j.acap.2009.03.001

Furber, G., Leach, M., Guy, S., & Segal, L. (2016). Developing a broad categorisation scheme to describe risk factors for mental illness, for use in prevention policy and planning. *Australian and New Zealand Journal of Psychiatry*, *51*(3), 230-140. https://doi.org/10.1177/0004867416642844.

Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 55-68). Commonwealth of Australia.

Gibson, K. L., Coulson, H., Miles, R., Kakekakekung, C., Daniels, E., & O'Donnell, S. (2011). Conversations on telemental health: Listening to remote and rural First Nations communities. *Rural Remote Health*, *11*(2). https://doi.org/ 10.22605/RRH1656

Group of Eight. (2020). *COVID-19 Roadmap to Recovery. A Report for the Nation*.

Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., & Werner-Seidler, A. (2019). *Can we Talk? Seven Year Youth Mental Health Report- 2012-2018*. Mission Australia in association with Black Dog Institute.

Harfield, S., Davy, C., McArthur, A., Munn, Z., Brown, A., & Brown, N. (2018). Characteristics of Indigenous primary health care service delivery models: A systematic scoping review. *Globalization and Health, 14*(12), 1-11. https://doi.org/10.1186/s12992-018-0332-2

Hayman, N. E., Wenitong, M., Zangger, J. A., & Hall, E. M. (2006).Strengthening cardiac rehabilitation and secondary prevention for Aboriginal and Torres Strait Islander peoples. *The Medical Journal of Australia*, *184*(10), 485-486. https://doi.org/ 10.5694/j.1326-5377.2006.tb00338.x

Heffernan, E., Andersen, K., Davidson, F., & Kinner, S. A. (2015). PTSD among Aboriginal and Torres Strait Islander people in custody in Australia: Prevalence and correlates. *Journal of Traumatic Stress, 28*(6), 523-530. https://doi.org/10.1002/jts.22051

Hinton, R., Kavanagh, D. J., Barclay, L., Chenall, R., & Nagel, T. (2015). Developing a best practice pathway to support improvements in Indigenous Australians' mental health and well-being: A qualitative study. *BMJ Open*, *5*, e007938. https://doi.org/10.1136/bmjopen-2015-007938

Isaacs, A.N., Sutton, K., Hearn, S., Wanganeen, G., & Dudgeon, P. (2016). Health workers' views of help seeking and suicide among Aboriginal people in rural Victoria. *Australian Journal of Rural Health*, *25*(3), 169-174. http://dx.doi.org/10.1111/ajr.12303

Isaacs, A. N., Maybery, D., & Gruis, H. (2012). Mental health services for aboriginal men: mismatches and solutions. *International Journal Mental Health Nursing*, *21*(5), 400-408. https://doi.org/10.1111/j.1447-0349.2011.00809.x

Isaacs, A. N., Pyett, P., Oakely-Browne, M. A., Gruis, H., & Waples-Crow, P. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's indigenous people: Seeking a way forward. *International Journal Mental Health Nursing*, *19*(2), 75-82. https://doi.org/ 10.1111/j.1447-0349.2009.00647.x

Kilian, A., & Williamson, A. (2018). What is known about pathways to mental health care for Australian Aboriginal young people?: A narrative review. *International Journal for Equity in Health*, *17*, 12. https://doi.org/10.1186/s12939-018-0727-y

Laird, P. T., Walker, R., Lane, M., Totterdell, J., Chang, A. B., & Schultz, A. (In Press). Recognition and management of protracted bacterial bronchitis in Australian Aboriginal children: A knowledge translation approach. *Chest*.

Levett, C. (2011). Australian Indigenous HealthInfoNet: Yarning online to close the gap. *Australian Nursing Journal*, *19*(5), 48.

Marie, A. (2017). Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's public hospitals and health services. *Report to: Commissioner Kevin Cocks AM Anti-Discrimination Commission Queensland*. Retrieved from https://www.qhrc.qld.gov.au/resources/reports/health-equity

McIntyre, C., Harris, M. G., Baxter, A. J., Leske, S., Diminic, S., Gone, J., … Whiteford, H. (2017). Assessing service use for mental health by Indigenous populations in Australia, Canada, New Zealand and the United States of America: A rapid review of population surveys. *Health Research Policy and Systems*, *15*(67). https://doi.org/10.1186/s12961-017-0233-5

Mia, T., Dudgeon, P., Mascall, C, Grogan, G, Murray, B., & Walker, R. (2017). An evaluation of the national empowerment project cultural, social, and emotional wellbeing program, special issue of Indigenous suicide prevention. *Te Mauri Pimatisiwin*, *2*(2), 33-48.

Mitchell, M., & Gooda, M, (2015). Self-harm and help-seeking among Aboriginal and Torres Strait children and young people. *Indigenous Law Bulletin*, *8*(17), 24-29.

Napier, D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., … Woolf, K. (2014). Culture and health. *The Lancet Commissions*, *384*(9954), 1607-1639. https://doi.org/10.1016/S0140-6736(14)61603-2

Nasir, B., Toombs, M., Kondalsamy-Chennakesavan, S., Kisely, S., Gill, N., Black, E., … Nicholson, G. (2018). Common mental disorders among Indigenous people living in regional, remote and metropolitan Australia: A cross-sectional study. *BMJ Open*, *8*, e020196. https://doi.org/10.1136/bmjopen-2017-020196

National Aboriginal and Torres Strait Islander Leadership in Mental Health. (2015a). *Gayaa dhuwi (proud spirit) declaration*.

National Aboriginal and Torres Strait Islander Leadership in Mental Health. (2015b). *Six steps to closing the Indigenous mental health gap*.

National Health and Medical Research Council. (2018a). *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders*. Retrieved from https://www.nhmrc.gov.au/about-us/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities

National Health and Medical Research Council. (2018b). *Keeping research on track II. A companion document to Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*. Retrieved from https://www.nhmrc.gov.au/about-us/resources/keeping-research-track-ii

National Health and Medical Research Council. (2019). *Special initiative in mental health*. Retrieved from https://www.nhmrc.gov.au/research-policy/research-priorities/nhmrc-special-initiative-mental-health

Osborne, K., Baum, F., & Brown, L. (2013). *What works? A review of actions addressing the social and economic determinants of Indigenous health*. Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Australian Institute of Family Studies. Retrieved from https://www.aihw.gov.au/reports/indigenous-australians/what-works-a-review-of-actions-addressing-the-social-and-economic-determinants-of-indigenous-health/contents/table-of-contents

Pink B., & Allbon, P. (2008). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Australian Bureau of Statistics, Australian Institute of Health and Welfare. Retrieved from https://www.aihw.gov.au/getmedia/9b239e26-6e93-4c94-bfb1-fdc9e28aa06e/hwaatsip08.pdf.aspx?inline=true

Price, M. & Dagleish, D. (2013). Help seeking among Indigenous Australian adolescents: Exploring attitudes, behaviours and barriers. *Youth Studies Australia*, *32*(1), 10-18.

Racial Discrimination Act 1975. (Cth). Retrieved from https://www.legislation.gov.au/Details/C2014C00014

Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., … Christensen, H. (2016). *An evidence-based systems approach to suicide prevention: Guidance on planning, commissioning, and monitoring*. Black Dog Institute.

Scrine, C., Easton, C., Milroy, J., Dudgeon, P., Calma, T., & Walker, R. (2015). *Aboriginal and Torres Strait Islander suicide prevention evaluation project. Fact sheet 2: The valuing of investing in upstream approaches across the lifecourse*. Telethon Kids Institute, University of Western Australia.

Schultz, C., Walker, R., Bessarab, D., McMillan, F., MacLeod, J., & Marriott, R. (2014). Interdisciplinary Care to Enhance Mental Health and Social and Emotional Wellbeing (Chapter 13). In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice - Revised Edition*. Commonwealth of Australia, Canberra.

Shonkoff, J., Garner, A., Siegel, B., Dobbins, M., Earls, M., McGuinn, L., … Wegner, L. M. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232-e246. https://doi.org/10.1542/peds.2011-2663

Social Health Reference Group. (2004). *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009*. Australian Government.

Tse, S., Lloyd, C., Petchkovsky, L., & Manaia, W. (2005) Exploration of Australian and New Zealand indigenous people's spirituality and mental health. *Australian Occupational Therapy Journal*, *52*(3), 181-187. https://doi.org/10.1111/j.1440-1630.2005.00507.x

Twizeyemariya, A., Guy, S., Furber, G., & Segal, L. (2017). Risks for mental illness in Indigenous Australian children: A descriptive study demonstrating high levels of vulnerability. *The Milbank Quarterly*, *95*(2), 319-357. https://doi.org/10.1111/1468-0009.12263

Walker, R., Schultz, C., & Sonn, C. (2014). Cultural Competence – Transforming Policy, Services, Programs and Practice (Ch. 12). In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (2nd ed., pp. 195-220). Canberra: Australian Government Department of the Prime Minister and Cabinet.

Ypinazar, V. A., Margolis, S. A., Haswell-Elkins, M., & Tsey, K. (2007). Indigenous Australians' understandings regarding mental health and disorders. *Australian and New Zealand Journal of Psychiatry*, *41*(6), 467-478. https://doi.org/ 10.1080/00048670701332953

Zubrick, S. R., Shepherd, C. C., Dudgeon, P., Gee, G., Paradies, Y., Scrine, C., & Walker, R. (2014). Social determinants of social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 93-112). Commonwealth of Australia.