



## Mental health promotion and illness prevention - Aboriginal and Torres Strait Islander people

### Mental health or social and emotional wellbeing?

The language used, and concepts associated with what is generally understood by the term 'mental health', has unique significance when referring to Aboriginal and Torres Strait Islander people. The term 'social and emotional wellbeing' has emerged relatively recently to reflect the holistic nature of the Aboriginal and Torres Strait Islander view of health and has been variously defined as:

*'Not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life' (NAHSWP, 1989).*

*'Enjoying a high level of social and emotional wellbeing can be described as living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community, control over one's environment and exercising power of choice' (SAAHP, 2005).*

The central principle within all concepts of social and emotional wellbeing is the interconnectedness of relationships between spiritual, emotional, ideological, political, social, economic, mental, cultural and physical factors on health outcomes for individuals, communities and populations. 'Many Aboriginal languages do not have a word that directly translates to 'health': instead wellbeing is described as happiness, land, law, strength and social responsibility' (CRAH, 2007).

The origin and meaning of social and emotional wellbeing reflects Aboriginal and Torres Strait Islander belief systems which inform all aspects of Aboriginal and Torres Strait Islander peoples' lives and are based on complex social relationships in which people are intimately bound to each other, the land and all living creatures. Inherent in meanings of social and emotional wellbeing are positive and strengths based views of health and the capacity for resilience. The use of social and emotional wellbeing as the preferred term reflects a broad social view of health and emphasises the social and historical nature of human wellbeing in contrast to the perceived individualistic nature and, for some, the stigma associated with the term 'mental health' (Henderson et al., 2007).

### ***Influences on social and emotional wellbeing***

The following table represents the unique influences on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people in relation to:

- Indigenous rights - including colonisation, structural racism, child removal, loss of land;
- Social determinants - such as housing, access to health care, community connectedness and financial security; and
- Factors which increase the risk of, or protect a person from the likelihood of developing a mental health problem or disorder -
  - Risk factors include such influences as family difficulties, physical ill health, substance misuse and grief and loss.
  - Protective factors which may contribute to supporting good mental health include family strength, cultural identity and good parenting.

**Table 1: Spheres of influence on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples**

Spheres of influence	Examples
<b>Indigenous Rights</b>	invasion and colonisation, racism and discrimination, Stolen Generation, the right to land and self-determination
<b>Social Determinants</b>	housing, employment, education, health, access to health care, financial security, sense of belonging and cultural connectedness
<b>Risk and Protective Factors</b>	grief and loss, physical ill health, substance misuse, family and community strength, sense of self and social skills

Source: Auseinet, 2007

In Australian and international literature, there is considerable support for the association between the social environment and health outcomes throughout the life course, independent of individual risk factors (Henderson et al., 2007, p.138). A number of factors which have been identified as increasing

the sensitivity of health to the social environment include; the social gradient<sup>1</sup>, stress, early life, social exclusion and social support, addiction, work and unemployment. For each of these factors behavioural issues such as parenting, nutrition, exercise and substance abuse may play a role; as well as structural issues including employment factors and poverty (among many others) (Wilkinson & Marmot, 2003).

An appreciation of the various levels of influence, both positive and negative on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people, is critical when considering the potential role of governments, non-government organisations, professional groups and the community towards improving and supporting Aboriginal and Torres Strait Islander social and emotional wellbeing. Support for wellbeing may take place at:

- An individual level by supporting the development of good self-esteem, emotional and cognitive development and individual resilience;
- A community level, or within social environments, by creating opportunities for culturally relevant community participation, strong social support and a sense of belonging; and
- A structural level by ensuring policies and practices within all sectors and settings such as health, education, housing, political and justice systems etc. are underpinned by values of equity, anti-discrimination and access.

## **Promoting mental health and preventing mental illness for Aboriginal and Torres Strait Islander people**

### ***The rationale***

Overall, Aboriginal and Torres Strait Islander populations experience serious and persistent disadvantage across a range of areas resulting in poorer health and nutrition status than the general population, higher rates of poverty and unemployment, lower attendance at school, serious maternal and child health problems, inadequate living conditions, and high levels of incarceration, discrimination and experiences of racism. The impact of historical and social factors such as colonisation, loss of land, removal of children from families, community dislocation and high levels of trauma and grief, has been devastating and pervasive on many levels.

The impact on Aboriginal and Torres Strait Islander social and emotional wellbeing as a result of wide ranging influences at individual, social and structural levels, is substantial and persistent. While data are limited, it is widely acknowledged that Aboriginal and Torres Strait Islander people experience higher rates of mental health problems than the rest of the population, and many Aboriginal and Torres Strait Islander people carry a significant burden of loss and bereavement from an early age, due in part to the high rates of mortality, illness, incarceration, deaths in custody and involuntary hospitalisation among people in their communities. In addition (notwithstanding the problems associated with data collection – see below) deaths by suicide are estimated to account for a much higher proportion of all deaths among Aboriginal and Torres Strait Islander people than the wider Australian population. In 2005, suicide accounted for 4.3% of all Aboriginal and Torres Strait Islander deaths compared with 1.6% of deaths for other Australians (ABS, 2007).

Difficult and protracted social and psychological circumstances including long-term and accumulative stress, ongoing anxiety, insecurity, low self-esteem, social isolation and feelings of lack of control over life, lead to increased chances of poor mental health and premature death. People who live, or who have previously lived in institutions such as prisons, children's homes or psychiatric hospitals, are particularly vulnerable. Social exclusion often resulting from racism, discrimination, stigma and hostility, results in limited community participation, education or paid employment, and ultimately in high rates of poverty and sometimes homelessness.

Health in adult life is substantially affected by the quality of prenatal and early childhood years. Poor emotional support and slow growth in childhood raises the risk over a lifetime of poor physical, cognitive and emotional capacity. Poor circumstances during pregnancy including maternal stress, inadequate nutrition, and misuse of drugs and alcohol etc., also lead to poor foetal development and ongoing child and adult health consequences (Wilkinson & Marmot, 2003).

A 2005 survey in Western Australia looked at the social and emotional wellbeing of Aboriginal children and young people aged 4 to 17 years (Zubrick et al., 2005). The survey revealed that:

- Almost one quarter (24%) of Aboriginal children were rated by their parents as being at high risk of clinically significant emotional or behavioural difficulties. This compares with 15% of children in the non-Aboriginal population.

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<sup>1</sup> According to Wilkinson and Marmot (2003), 'Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. Nor are the effects confined to the poor: the social gradient in health runs right across society, so that even among middle-class office workers, lower ranking staff suffer much more disease and earlier death than higher ranking staff' (p. 10).

- An estimated 26% of Aboriginal children aged 4 to 11 years, and an estimated 21% of Aboriginal children aged 12 to 17 years, were at high risk of clinically significant emotional or behavioural difficulties compared with 17% and 13% respectively, of children in the non-Aboriginal population.
- The factor most strongly associated with high risk of clinically significant emotional or behavioural difficulties in children was the number of major life stress events (e.g., illness, family break-up, arrests or financial difficulties) experienced by the family in the 12 months prior to the survey.
- Just over 1 in 5 children (22%) were living in families where 7 or more major life stress events had occurred over the preceding 12 months.
- Associations exist between the social and emotional wellbeing of Aboriginal carers and their children and the past policies and practices of forced separation of Aboriginal people from their natural families.
- The proportion of females with low self-esteem increased with age from 20% at age 12 years to 40% at age 17 years. The proportion of males with low self-esteem remained much the same (21%) over the same ages.

On the basis of what is known about the status of Aboriginal and Torres Strait Islander social and emotional wellbeing, it is clear that the burden for individuals and communities is extensive and intergenerational. The public health burden of mental health problems and mental disorders has been defined by the World Health Organization (WHO, 1997) at four different levels.

1. The *defined burden* is that which affects people with mental health problems and mental illness and is measured in terms of indicators such as prevalence of disorders.
2. The *undefined burden* relates to the impact of mental health problems and mental illness on people other than individuals directly affected. This burden is borne by families and communities in terms of both human and economic costs.
3. The *hidden burden* is associated with stigma and human rights violations.
4. The *future burden* is the ongoing legacy of the existing burden, as a consequence of the ageing population and increasing social problems.

### **Promotion and prevention approaches**

Promotion and prevention approaches to mental health ultimately seek to reduce all forms of burden by preventing or reducing the incidence, prevalence and impact of mental health problems and mental illness and associated disability, for individuals at all stages of life, families and communities. In addition early intervention approaches may involve early identification or early treatment for people showing early signs of a mental health problem or for those experiencing a first episode of mental illness<sup>2</sup>. Providing effective treatments for people with mental illness is essential and much more needs to be done to improve the provision of mental health care for Aboriginal and Torres Strait Islander people. However treatment alone will not reduce the growing rates of mental illness. There is a need to enhance social and emotional wellbeing early in life; to build and maintain resilience for families and communities, as well as the individual; and prevent problems from developing. In relation to Aboriginal and Torres Strait Islander people, promotion and prevention approaches need to work within a holistic understanding of social and emotional wellbeing, and incorporate all aspects of wellbeing – physical, cultural, social, emotional and spiritual. The development of resilience is particularly important given the ongoing impact of serious disadvantage and poorer health outcomes for Aboriginal and Torres Strait Islander people.

While conceptual frameworks which describe the relationship between promotion and prevention approaches to mental health are relevant for all members of the population regardless of cultural background, there are some specific considerations relevant to Aboriginal and Torres Strait Islander people. These include:

- The holistic nature of an Aboriginal and Torres Strait Islander view of health;
- Higher proportion of people with mental health problems and mental illness than the general population – therefore mental health promotion and universal prevention approaches may be more closely linked within Aboriginal and Torres Strait Islander contexts than in a general context;
- At risk or selective prevention interventions may also be relevant to larger segments of the Aboriginal and Torres Strait Islander population than the general population; and
- Risk and protective factors may be defined differently in some cases based on a range of cultural considerations.

<sup>2</sup> For definitions of promotion, prevention and early intervention approaches, refer to the relevant page on the Auseinet website at: [www.auseinet.com/ppei/defs.php](http://www.auseinet.com/ppei/defs.php)

Table 2 provides brief examples of generic activities/interventions relevant to promotion, prevention and early intervention approaches for Aboriginal and Torres Strait Islander people. See also some specific examples of programs and initiatives in Appendices 1-7.

**Table 2: Promotion, prevention and early intervention approaches relevant to Aboriginal and Torres Strait Islander people**

<b>Mental health promotion</b> (maximising mental health for everyone)	<b>Public policies</b> which support the mental health of individuals, families and community groups	<i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009</i>
	<b>Environments</b> (social, physical, economic, and cultural) which support mental health and wellbeing	<i>NAIDOC Week, Festival of the Light, Deadly Awards, Croc Festivals</i>
	<b>Empowered communities</b> which take actions to meet the needs of community members	<i>Leadership programs, community programs to address issues such as domestic violence, substance misuse, community safety</i>
	<b>Skills</b> to understand, enhance and respond to mental health needs	<i>Training in skills to deal with anger, grief and loss, problem solving, conflict resolution, mental health literacy</i>
	<b>Health services and mental health services</b> which promote the mental health and wellbeing of individuals and communities, as well as treat illness	<i>Cultural awareness for mainstream health personnel, social health teams</i>
<b>Prevention of mental illness</b> (three levels of prevention)	<b>General or universal</b> – reduce risk factors and increase protective factors that are likely to be relevant to all people	<i>Parenting programs provided for all parents, preschool education provided for all preschool age children, exercise programs for all age and fitness levels</i>
	<b>At risk or selective</b> – For those identified as being at higher risk of mental health problems or mental illness	<i>Aboriginal fathers' programs, initiatives aimed at people suffering grief or loss, programs for people with substance misuse issues, midwifery programs</i>
	<b>High risk or indicated</b> – For those identified as being at imminent risk of mental health problems or mental illness	<i>Support programs for those recently released from prison, those with chronic pain and chronic illness; support for communities bereaved by suicide; postnatal support for mothers who have experienced birth complications</i>
<b>Early intervention</b> (overlaps with high risk/indicated prevention as well as with treatment for first episodes of illness)	<b>High risk</b> – For those identified at very high risk of developing a mental illness	<i>Provision of mental health information and support in alcohol and drug treatment settings, support for communities bereaved by suicide</i>
	<b>Early identification</b> – For those showing early signs and symptoms of a mental health problem	<i>Screening for post-natal depression, mental health assessments in correctional facilities</i>
	<b>Early treatment</b> – For those experiencing a first episode of mental illness	<i>Hospital at home services, assertive outreach programs</i>

Source: Auseinet, 2007.

## Policy in Australia

Over the past decade, a number of key Australian Government policy documents and reports have acknowledged the serious disparities in health equity and health outcomes for Aboriginal and Torres Strait Islander people compared with the general Australian population. Policy areas relevant to Aboriginal and Torres Strait Islander social and emotional wellbeing extend beyond health and mental health to include law and justice, human rights, Native Title, and families and communities, among others. The recent apology (13 February, 2008: [www.aph.gov.au/house/Rudd\\_Speech.pdf](http://www.aph.gov.au/house/Rudd_Speech.pdf)) by the Australian Government to the Aboriginal and Torres Strait Islander Stolen Generations and their families is a landmark event in Australian political, cultural and social history, and has great significance for the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

In relation specifically to the social and emotional wellbeing of Aboriginal and Torres Strait Islander populations, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009 is a five year plan to guide the work of government and non-government agencies. This Framework centres around five major areas focusing on:

- Children, young people, families and communities;
- Strengthening Aboriginal Community Controlled Health Services;
- Improving access and responsiveness of mental health care;
- Coordination of resources, programs, initiatives and planning; and
- Improving quality data and research.

The Framework builds on the work of several key reports produced over the past two decades which have informed policy development for promoting social and emotional wellbeing for Aboriginal and Torres Strait Islander people. These have included:

- Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy: National Consultancy Report, (1995), which was the first national analysis of Aboriginal and Torres Strait Islander mental health.
- The Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (1996-2000), which was developed to address the critical issues outlined in Ways Forward.
- The Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan (2001), which recommended the development of a national strategic framework.

Recently the COAG National Action Plan on Mental Health 2006-2011 identified Aboriginal and Torres Strait Islander populations as requiring specific attention within a range of policy areas for progressing effective promotion, prevention and early intervention approaches to mental health. The broad policy directions named within COAG's promotion, prevention and early intervention area for action include:

- Building resilience and coping skills of children, young people and families;
- Raising community awareness;
- Improving capacity for early identification and referral to appropriate services;
- Improving treatment services to better respond to the early onset of mental illness, particularly for children and young people; and
- Investing in mental health research.

Another key policy document, the National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments, identifies social and emotional wellbeing as a 'Key Result Area' for government action and in particular targets mental health, suicide, alcohol and substance misuse, family violence issues including child abuse, and male health. One of the successful outcomes of this Framework to date is the development of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009 (outlined above).

In addition, the associated National Strategic Framework for Aboriginal and Torres Strait Islander Health: Australian Government Implementation Plan 2007-2013, builds on the previous Implementation Plan (2003-2008), and identifies specific strategies and responsible agencies for each of the Framework's Key Result Areas. Within Key Result Area Four: Social and emotional wellbeing, objectives centre around:

- Social justice and across-government approaches;
- Population health approaches;
- Service access and appropriateness;

- Workforce development; and
- Quality improvement.

Major national departments and agencies identified as having lead or contributing roles in this Key Action Area include the Australian Government Departments: Health and Ageing; Attorney-General; Families, Community Services and Indigenous Affairs; Education, Science and Training; Communications, Information and Technology and the Arts; Employment and Workplace Relations; as well as the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

The Human Rights and Equal Opportunity Commission (HREOC) (1997), *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, is also very significant in this context. A landmark report, it provides a comprehensive review of testimonies collected from individuals who were removed under policies initiated by government, discusses the effects of these policies and the necessary actions needed to commence a process of healing for the survivors and their families. The findings of this report have been instrumental in raising awareness across governments and the community of the links between past government policies, human rights abuses and current pervasive social and health concerns for Aboriginal and Torres Strait Islander people. More recently the *Little Children are Sacred* report (Northern Territory Government 2007) highlights the extent of sexual abuse of Aboriginal and Torres Strait Islander children. The report makes 97 recommendations to advise government about supporting communities to effectively prevent and tackle child sexual abuse.

### **Data collection and associated issues**

A number of practical and statistical challenges are involved in the collection of data in relation to Aboriginal and Torres Strait Islander populations, not only relevant to social and emotional wellbeing, but for a range of population characteristics. There are currently varying degrees of completeness and reliability of Indigenous data sets and unique cultural considerations pose a challenge to mainstream statistical tools and collection practices. Considerable diversity exists across Aboriginal and Torres Strait Islander populations relevant to cultural practices and beliefs, concepts of health and wellbeing, family structure, 'household', and geographical location. While many tools exist for measuring and assessing various aspects of social and emotional wellbeing, and quality of life etc.<sup>3</sup> there is currently a lack of accepted tools for measuring social and emotional wellbeing and guiding policy development and practice, which specifically take into account the unique complexities associated with Aboriginal and Torres Strait Islander history, language and culture.

Despite ongoing challenges, significant developments have taken place in the past 10 years to address some gaps in information and data collection (Borrie, 1994, p.6). Since 1971 when it became possible to self identify as an Aboriginal person in the national Census count, significant efforts have been invested in building on the collection and quality of Aboriginal population data. The National Aboriginal and Torres Strait Islander Health Survey 2004-05 included for the first time a component on the social and emotional wellbeing of Aboriginal adults. Questions were asked about respondents' experiences in the previous four weeks regarding how often they had felt calm and peaceful, had been a happy person, had felt full of life, had a lot of energy, and conversely had been nervous, without hope, and very sad. Furthermore the National Aboriginal and Torres Strait Islander Social Survey 2002 gathered information from respondents about a range of potential sources of personal stress such as death of a family member, serious illness or disability, not able to get a job, overcrowding at home, alcohol or drug related problems, and discrimination/racism.

Comprehensive reports produced by the Australian Institute of Health and Welfare, the Australian Bureau of Statistics and other government agencies which contribute to better understanding of Aboriginal and Torres Strait Islander people are listed below. In addition a more coordinated approach to planning, gathering and sharing information about Aboriginal and Torres Strait Islander people is being supported through a range of information initiatives. More information about these activities can be obtained from the ABS (2006) report: *Recent Developments in the Collection of Aboriginal and Torres Strait Islander Health and Welfare Statistics*, Australia, 2005.

A number of specific data collection, analysis and measurement issues (identified by several Australian Government agencies responsible for health data collection) in relation to Aboriginal and Torres Strait Islander social and emotional wellbeing include:

- Lack of data definitions, standards and data collection instruments that encapsulate the holistic nature of social and emotional wellbeing in a culturally appropriate way while allowing for statistical measurement needs to be met;

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<sup>3</sup> See for example the 'Directory of Instruments' on the Australian Centre on Quality of Life website at: <http://acqol.deakin.edu.au/instruments>

- Inaccuracies in available data as a result of misdiagnosis of people with symptoms of social and emotional distress. Certain behaviours, which might be appropriate in terms of Aboriginal and Torres Strait Islander cultures, may be diagnosed as mental illness in non-Aboriginal and Torres Strait Islander terms. The use of psychological tests based on concepts alien to Indigenous culture is another potential source of inaccurate diagnosis. Misdiagnosis may also occur because of language problems, particularly in the elderly;
- Under-reporting of mental and behavioural disorders and associated conditions because of the under-identification of Aboriginal and Torres Strait Islander people in administrative records such as hospital and death records; and
- National surveys have not had sample sizes sufficiently large and/or geographically representative of Aboriginal and Torres Strait Islander populations to produce results about mental health for Aboriginal and Torres Strait Islander people...However, even if the survey[s] had been able to produce results for Aboriginal and Torres Strait Islander people, the questions used may not have been appropriate.

(identified from several sources as referenced in Henderson et al., 2007, p.145-146).

A number of comprehensive statistical reports relevant to Aboriginal and Torres Strait Islander health and social and emotional wellbeing include:

- The Health and Welfare of Australian Aboriginal and Torres Strait Islander Peoples 2005 (ABS & AIHW, 2005);
- National Aboriginal and Torres Strait Islander Health Survey 2004-05 (ABS, 2006);
- National Aboriginal and Torres Strait Islander Social Survey 2002 (ABS, 2004);
- Population Characteristics, Aboriginal and Torres Strait Islander Australians 2001 (ABS, 2003);
- Experimental Estimates and Projections Aboriginal and Torres Strait Islander Australians, 1991-2009 (ABS, 2004);
- ABS Directions in Aboriginal and Torres Strait Islander Statistics June 2007 (ABS, 2007); and
- Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people (Zubrick et al, 2005: Curtin University of Technology & Telethon Institute for Child Health Research).

In addition, issues associated with data collection, research and interpretation were acknowledged in 2004 by UNESCO (United Nations Educational, Scientific and Cultural Organization) and the United Nations Permanent Forum. A recommendation of the meeting was that 'Indigenous peoples should fully participate as equal partners in all stages of data collection, including planning, implementing, analysing and dissemination, access and return with appropriate resourcing and capacity building to do so...[and must also] respond to the priorities and aims of Indigenous communities themselves' (Stephens et al., 2006, p.2024-2025). It is widely acknowledged that some Aboriginal and Torres Strait Islander communities have expressed a level of 'fatigue' with being the focus of research and consultation particularly in cases which have lacked an Aboriginal presence in the design and control of the collection practices (Walter, 2005). Leaders in the field of Aboriginal health and wellbeing emphasise the 'critical importance of involving Aboriginal and Torres Strait Islander people and communities right from the start in all research activity, and the need to clearly link research outcomes to government policy-making and implementation to achieve measurable improved health outcomes' (Henderson et al., 2007, p.147)

### **Aboriginal and Torres Strait Islander people – a population snapshot**

*(The following information is sourced from: The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005, ABS & AIHW (2005), ABS Cat. No. 4704.0).*

The Aboriginal and Torres Strait Islander population of Australia was estimated at 458,500 people at 30 June 2001, or 2.4% of the total Australian population. The Aboriginal and Torres Strait Islander population is projected to have grown to between approximately 492,000 and 525,000 by mid-2005. In 2001, around 90% of Indigenous people were identified as being of Aboriginal origin, 6% were identified as being of Torres Strait Islander origin and 4% were identified as being of both Aboriginal and Torres Strait Islander origin.

The Aboriginal and Torres Strait Islander population is relatively young, with a median age of 21 years compared with 36 years for the non-Aboriginal population. In 2001, 39% of Aboriginal and Torres Strait Islander people were under 15 years of age compared with 20% of non-Aboriginal people. People aged 65 years or over comprised 3% of the Aboriginal and Torres Strait Islander population and 13% of the non-Aboriginal population. These figures reflect higher rates of fertility and deaths occurring at younger ages among the Aboriginal and Torres Strait Islander population.

The latest available estimates of life expectancies for the Aboriginal and Torres Strait Islander population are for the period 1996–2001. At the national level, experimental estimates of Aboriginal and Torres Strait Islander life expectancy were 59 years for males and 65 years for females. This is about 17 years below the 77 years and 82 years life expectancy for all Australian males and females respectively, for the 1998–2000 period.

States and territories with the largest Aboriginal and Torres Strait Islander populations in 2001 were:

- New South Wales (134,900 people or 29% of the total Aboriginal and Torres Strait Islander population);
- Queensland (125,900 people or 27% of the total Aboriginal and Torres Strait Islander population);
- Western Australia (14% of the total Aboriginal and Torres Strait Islander population); and
- Northern Territory (12%). Aboriginal and Torres Strait Islander people comprise 29% of the entire Northern Territory population.

In 2001, 30% of Aboriginal and Torres Strait Islander people lived in major cities, about 43% in regional areas and about 27% in remote areas. By comparison, approximately two-thirds (67%) of non-Aboriginal people lived in major cities and only 2% lived in remote areas. As a result of these differences in distribution, the proportion of the population who were Aboriginal and Torres Strait Islander varied from less than 1% in major cities to 58% in remote areas. In the Northern Territory, the majority of Aboriginal and Torres Strait Islander people lived in remote areas (81%). In contrast, more than 90% of Aboriginal and Torres Strait Islander people in New South Wales, Victoria, Tasmania and the Australian Capital Territory lived in major cities or regional areas.

The following table provides summary comparative information about key health indicators for Aboriginal and Torres Strait Islander people and the general Australian population.

**Table 3: Key health indicators – Aboriginal and Torres Strait Islander people and non-Aboriginal Australians**

	Australia		
	Aboriginal and Torres Strait Islander people	General population	(Difference)
Life Expectancy (yrs) - Males	59	(77)	(-18.0)
Life Expectancy (yrs) - Females	65	(82)	(-17.0)
Median age	21	(36)	(-15.0)
Total fertility rate	2.15	(1.76)	(+0.39)
Infant mortality (per 1000)	14.3	(4.7)	(+9.6)
Proportion of low birth weight	13%	(6%)	(+7.0)

Source: ABS & AIHW, 2005

### Examples of good practice

The following projects and initiatives have been identified as examples of good practice of promotion and prevention approaches to mental health being implemented within a variety of Aboriginal and Torres Strait communities. More information about these projects is available in Appendices 1-7.

- **Australian Integrated Mental Health Initiative (AIMHI), Northern Territory**
- **Be Kind to Your Mind: Babum Yumal Project, Queensland**
- **Black Chicks Talking, Queensland**
- **CommunityMatters: Stories in Diversity, National**
- **Family Well Being, Queensland**
- **Let's Start, Northern Territory**
- **Yarrabah Men's Health Initiative, Queensland**

## Key resources: national policy and report documents

- **National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009.**  
Social Health Reference Group, Australian Department of Health and Ageing, Canberra, 2004.  
[www.health.gov.au/internet/wcms/publishing.nsf/Content/8E8CE65B4FD36C6DCA25722B008342B9/\\$File/wellbeing.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/8E8CE65B4FD36C6DCA25722B008342B9/$File/wellbeing.pdf)
- **Ways Forward - National Aboriginal and Torres Strait Islander Mental Health Policy: National Consultancy Report.**  
Swan, P. & Raphael, B.  
Australian Government Publishing Service, ACT, 1995.  
[www.health.gov.au/internet/wcms/Publishing.nsf/Content/8AE2DAC350E39315CA257276001CAA/\\$File/wayforw.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/8AE2DAC350E39315CA257276001CAA/$File/wayforw.pdf)
- **Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Well Being (Mental Health) Action Plan.**  
Urbis Keys Young  
Ausinfo, ACT, 2001.  
[www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-eswbap.htm/\\$FILE/eswb.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-eswbap.htm/$FILE/eswb.pdf)
- **National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments.**  
National Aboriginal and Torres Strait Islander Health Council, Canberra, 2003.  
[www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/\\$FILE/nfsatsihfinal.pdf](http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm/$FILE/nfsatsihfinal.pdf)
- **National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Australian Government Implementation Plan 2007-2013.**  
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[www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/6CA5DC4BF04D8F6ACA25735300807403/\\$File/nfsatsihimp2.pdf](http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/6CA5DC4BF04D8F6ACA25735300807403/$File/nfsatsihimp2.pdf)
- **National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Australian Government Implementation Plan 2003-2008.**  
Australian Government, 2007.  
[http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/DE883ACFE7AB9277CA25722B008342BD/\\$File/implement.pdf](http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/DE883ACFE7AB9277CA25722B008342BD/$File/implement.pdf)
- **Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children**  
Human Rights and Equal Opportunity Commission, 1997.  
[www.hreoc.gov.au/pdf/social\\_justice/bringing\\_them\\_home\\_report.pdf](http://www.hreoc.gov.au/pdf/social_justice/bringing_them_home_report.pdf)
- **Council of Australian Governments (COAG) National Action Plan on Mental Health 2006-2011**  
Australian Government, 2006.  
[www.coag.gov.au/meetings/140706/docs/nap\\_mental\\_health.pdf](http://www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf)
- **Little Children are Sacred: Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse**  
Northern Territory Government, 2007.  
[www.nt.gov.au/dcm/inquirysaac/pdf/bipacsa\\_final\\_report.pdf](http://www.nt.gov.au/dcm/inquirysaac/pdf/bipacsa_final_report.pdf)

## Key resources: national statistical reports

- **The Health and Welfare of Australian Aboriginal and Torres Strait Islander Peoples 2005**  
ABS & AIHW, ABS Cat. No. 4704.0; AIHW Cat. No. IHW 14; Canberra, 2005.  
[www.aihw.gov.au/publications/index.cfm/title/10172](http://www.aihw.gov.au/publications/index.cfm/title/10172)
- **National Aboriginal and Torres Strait Islander Health Survey 2004-05**  
ABS, ABS Cat. No. 4715.0, Canberra, 2006.  
[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/B1BCF4E6DD320A0BCA25714C001822BC/\\$File/47150\\_2004-05.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/B1BCF4E6DD320A0BCA25714C001822BC/$File/47150_2004-05.pdf)
- **National Aboriginal and Torres Strait Islander Social Survey 2002**  
ABS, ABS Cat. No. 4714.0, Canberra, 2004.  
[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/AE3942DB21AD4A27CA256EBB0079843D/\\$File/47140\\_2002.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/AE3942DB21AD4A27CA256EBB0079843D/$File/47140_2002.pdf)
- **Population Characteristics, Aboriginal and Torres Strait Islander Australians 2001**  
ABS, ABS Cat. No. 4713.0, Canberra, 2003.  
[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/ACCB1616ACF3D981CA256DCE007D2D72/\\$File/47130\\_2001.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/ACCB1616ACF3D981CA256DCE007D2D72/$File/47130_2001.pdf)
- **Experimental Estimates and Projections Aboriginal and Torres Strait Islander Australians, 1991-2009**  
ABS, ABS Cat. No. 3238.0, Canberra, 2004.  
[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/DB0D6635185F5E9DCA256F1B007D4FB2/\\$File/32380\\_1991%20to%202009.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/DB0D6635185F5E9DCA256F1B007D4FB2/$File/32380_1991%20to%202009.pdf)
- **ABS Directions in Aboriginal and Torres Strait Islander Statistics June 2007**  
ABS, ABS Cat. No. 4700.0, Canberra, 2007  
[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/90D299B89AC2FD96CA2572F300193B57/\\$File/47000\\_jun%202007.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/90D299B89AC2FD96CA2572F300193B57/$File/47000_jun%202007.pdf)
- **Recent Developments in the Collection of Aboriginal and Torres Strait Islander Health and Welfare Statistics, Australia, 2005**  
ABS, ABS Cat. No. 4704.0.55.001, Canberra, 2006.  
[www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/3DD7B243A93BF8DACA257198007ECA45/\\$File/4704055001\\_2005.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/3DD7B243A93BF8DACA257198007ECA45/$File/4704055001_2005.pdf)

## Key resources: additional readings

- **The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people.**  
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.  
Curtin University of Technology and Telethon Institute for Child Health Research, Perth (WA), 2005.  
[www.ichr.uwa.edu.au/waachs/publications/volume\\_two](http://www.ichr.uwa.edu.au/waachs/publications/volume_two)
- **Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People within the Broader Context of the Social Determinants of Health.**  
Henderson, G., Robson, C., Cox, L., Dukes, C., Tsey, K., & Haswell, M.  
In: Beyond Band-aids: Exploring the underlying social determinants of Aboriginal health.  
I. Anderson, F. Baum and M. Bentley (Eds.).  
Cooperative Research Centre for Aboriginal Health, NT, 2007.  
[www.craah.org.au/publications/beyond\\_band-aids.html](http://www.craah.org.au/publications/beyond_band-aids.html)
- **Social Determinants of Health: The solid facts (2<sup>nd</sup> edition).**  
Wilkinson, R. & Marmot, M. (Eds.).  
WHO, Geneva, 2003.  
[www.euro.who.int/document/e81384.pdf](http://www.euro.who.int/document/e81384.pdf)
- **Australian e-Journal for the Advancement of Mental Health (AeJAMH)**  
Auseinet, Adelaide.  
The keywords listed below (available at:  
[www.auseinet.com/journal/keywords.php](http://www.auseinet.com/journal/keywords.php)) provide access to relevant papers:

Aboriginal and Torres Strait Islander mental health  
Aboriginal mental health  
Indigenous  
Indigenous mental health

### Key resources: links

- **Auseinet website Aboriginal and Torres Strait Islander Gateway pages:**  
[www.auseinet.com/atsi/index.php](http://www.auseinet.com/atsi/index.php)
- **Australian Indigenous HealthInfonet: Social and emotional wellbeing pages:**  
[www.healthinfonet.ecu.edu.au/html/html\\_community/social\\_health\\_community/social\\_index.htm](http://www.healthinfonet.ecu.edu.au/html/html_community/social_health_community/social_index.htm)

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- Australian Bureau of Statistics (ABS) (2007). *Suicides, Australia, 2005*. ABS Cat. No. 3309.0, ABS, Canberra.
- Australian Bureau of Statistics (ABS) and Australian Institute of Health and Welfare (AIHW) (2005). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2005*, ABS & AIHW, ABS Cat. No. 4704.0, AIHW Cat. No. IHW 14, Canberra.
- Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) (2007). *Promotion, Prevention and Early Intervention for Mental Health for Aboriginal and Torres Strait Islander People*. Auseinet, Adelaide. (last viewed, 16 January, 2008):  
[www.auseinet.com/files/factsheets/atsi\\_ppei.pdf](http://www.auseinet.com/files/factsheets/atsi_ppei.pdf)
- Borrie, W.D. (1994). Progress in Australian demography. *Journal of the Australian Population Association*, 11 (1), 1-8.
- Cooperative Research Centre for Aboriginal Health (CRCAH) (2007). *CRC for Aboriginal Health Annual Report 2006-2007*. CRCAH, NT.
- Henderson, G., Robson, C., Cox, L., Dukes, C., Tsey, K., & Haswell, M. (2007). Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People within the Broader Context of the Social Determinants of Health. In I. Anderson, F. Baum and M. Bentley (Eds.). *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health*. Cooperative Research Centre for Aboriginal Health, NT. (last viewed, 6 December, 2007):  
[www.crcah.org.au/publications/beyond\\_band-aids.html](http://www.crcah.org.au/publications/beyond_band-aids.html)
- National Aboriginal Health Strategic Working Party (NAHSWP) (1989). *A National Aboriginal Health Strategy*. NAHSWP, Canberra.
- South Australian Aboriginal Health Partnership (SAAHP) (2005). *Aboriginal Health, Everybody's Business: Knowing the Business: Social and Emotional Wellbeing: A South Australian Strategy for Aboriginal & Torres Strait Islander People 2005 – 2010*. SAAHP, SA. (last viewed, 6 December, 2007: [www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-contact-sa.htm/\\$FILE/socemot.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-contact-sa.htm/$FILE/socemot.pdf))
- Stephens, C., Porter, J., Nettleton, C., & Willis, R. (2006). Indigenous 4: Disappearing, displaced, and undervalued: A call to action for Indigenous health worldwide. *The Lancet*, 367, 2019-2028.
- Walter, M. (2005). Using the 'power of data' within indigenous research practice. *Australian Aboriginal Studies*, 2005, (2), 27-34.
- Wilkinson, R. & Marmot, M. (Eds.) (2003). *Social Determinants of Health: The Solid Facts (2<sup>nd</sup> edition)*. WHO, Geneva.
- World Health Organization (WHO) (1997). *The Jakarta Declaration on Leading Health Promotion into the 21<sup>st</sup> Century*. WHO, Geneva.
- 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*. Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

### Suggested citation

Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) (2008). *Mental Health Promotion and Illness Prevention – Aboriginal and Torres Strait Islander people*. Auseinet, Adelaide.

## **Australian Integrated Mental Health Initiative (AIMHI), Northern Territory**

### **Overview**

#### **History**

AIMHI NT, in partnership with the Department of Health and Community Services, is the Northern Territory site of this major National Health and Medical Research Council (NHMRC) Strategic Partnership initiative. AIMHI began its research activities in mid 2003 and has been consulting with Indigenous organisations since this time.

AIMHI NT is comprised of a number of key components including

- Relapse prevention;
- Mental health promotion and outcome measures;
- Service delivery;
- Research; and
- Data collection

#### **Aims**

AIMHI NT's overall aim is to improve mental health outcomes for Aboriginal and Torres Strait Islander people in the Northern Territory, with a particular focus on relapse prevention and co-morbidity.

#### **Focus**

The initiative operates on many levels but is primarily a mental health promotion activity.

#### **Target group**

The project is aimed at Aboriginal and Torres Strait Islander people living in remote areas in the NT who have a mental illness, their carers, families and service providers. An additional focus targets those who have co-morbid substance abuse and mental health problems.

### **Project structure**

#### **Lead agency**

The overall lead agency for the AIMHI initiative is the University of Queensland

#### **Partnerships**

In the Northern Territory the project partners are:

- Co-operative Research Centre for Aboriginal Health (CRCAH);
- Menzies School of Health Research;
- Department of Health and Community Services (DHCS); and
- Top End Division of General Practice (TEDGP).

The project works with three participating communities – Milikapiti, Nguiu and Groote Eyland, and is guided by an Indigenous Reference Group.

#### **Funding**

The initiative has received funding from:

- National Health and Medical Research Council
- Co-operative Research Centre for Aboriginal Health
- Department of Health and Community Services
- Alcohol Education and Research Foundation
- FIMHR
- Community Benefit Fund

### **Project description**

The AIMHI NT project has a multi level approach involving:

- Service delivery: development and delivery of training packages and materials for service providers;
- Relapse prevention: trials of relapse prevention interventions in 3 communities;
- Health promotion: on going development of culturally appropriate multi media resources;
- Data collection and outcome measures: via surveys, audits and outcomes papers; and
- Project promotion and research transfer: consultations and seminars held, publications distributed.

## **Additional readings and resources**

The Need for Relapse Prevention Strategies in Top End Remote Indigenous Mental Health.  
Nagel T. 2006.  
Australian e-Journal for the Advancement of Mental Health Vol. 5, no.1.  
[www.auseinet.com/journal/vol5iss1/nagel.pdf](http://www.auseinet.com/journal/vol5iss1/nagel.pdf)

AIMHI Update.  
Auseinetter 2005, Vol.23 no.1.  
<http://www.auseinet.com/resources/auseinet/netter23/>

AIMHI Base Line Measures. Discussion Paper One.  
Nagel T. 2003.  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECTS/H\\_RSSP/RELAPSEPREVENTION/AIMHI\\_2003\\_DISCUSSION\\_PAPER\\_1.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/H_RSSP/RELAPSEPREVENTION/AIMHI_2003_DISCUSSION_PAPER_1.PDF)

AIMHI NT Learning about Indigenous Mental Health Promotion. Discussion Paper Four.  
Nagel T. & Judd J. 2004  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECTS/H\\_RSSP/RELAPSEPREVENTION/AIMHI\\_DISCUSSION\\_PAPER\\_4.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/H_RSSP/RELAPSEPREVENTION/AIMHI_DISCUSSION_PAPER_4.PDF)

AIMHI NT Integrating Mental Health into Primary Care. Discussion Paper Two.  
Nagel T. 2004.  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECTS/H\\_RSSP/RELAPSEPREVENTION/AIMHI\\_DISCUSSION\\_PAPER\\_2.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/H_RSSP/RELAPSEPREVENTION/AIMHI_DISCUSSION_PAPER_2.PDF)

Mental Health Stay Strong Care Plan Package.  
Nagel T. & Thompson C. 2006  
[http://www.auseinet.com/files/recovery/3aimhi\\_careplans.pdf](http://www.auseinet.com/files/recovery/3aimhi_careplans.pdf)

5 minute therapy? No worries! (Flip chart).  
AIMHI NT 2004.  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECTS/H\\_RSSP/RELAPSEPREVENTION/5\\_MINUTE\\_POWER\\_POINT.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/H_RSSP/RELAPSEPREVENTION/5_MINUTE_POWER_POINT.PDF)

Strong Tree. (Poster).  
[http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY\\_OF\\_PROJECTS/H\\_RSSP/RELAPSEPREVENTION/BRIEFER+STRONG+TREE.PPT.PDF](http://appserv.menzies.edu.au/pls/portal30/docs/FOLDER/RESEARCH/ESP/COPY_OF_PROJECTS/H_RSSP/RELAPSEPREVENTION/BRIEFER+STRONG+TREE.PPT.PDF)

Other publications may be made available via the AIMHI publications page:  
<http://www.uq.edu.au/health/index.html?page=36344&pid=20333>

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## **Be Kind to Your Mind: Babum Yumal Project, Queensland**

### **Overview**

#### **History**

Be Kind to your Mind (BKTYM) is a Queensland Health campaign to promote mental health on a population level. The program uses television, radio and local press advertisements to run mental health promotion messages, and to invite the community to participate in mental health activities. The program commenced in July 2006. The 6 key messages of the campaign are:

- Talk about it
- Take a break
- Make contact
- Work it out
- Stress less.

'Babum Yumal' (Healing Body) is an Indigenous project within the BKTYM initiative.

#### **Aims**

The Babum Yumal activities aim to support the health and wellbeing of Indigenous communities through promoting and supporting healthy traditional lifestyles. These activities also aim to develop connections with local services and organisations. The 6 key messages of the BKTYM project are imbedded throughout Babum Yumal's activities.

#### **Focus**

This is a mental health promotion project. Good physical health and supportive social and cultural environments are important for good mental health and wellbeing.

#### **Target group**

Aboriginal and Torres Strait Islander people in the Innisfail (Qld) region.

### **Project structure**

#### **Lead agency**

The Mental Health Promotion Unit, Population Health Branch, Queensland Health.

#### **Partnerships**

- Mamu Health Services,
- Active Gym,
- Police and Citizens Youth Club,
- Healthier Great Green Way and Nutrition,
- Physical Activity and Mental Health Promotion Unit, Tropical Population Health Unit, Cairns.

#### **Funding**

Funding is provided by Queensland Health.

### **Project description**

Three eight-week programs have been developed. Activities include:

- walking groups;
- women's gym;
- men's gym; and
- 'Food we eat' and 'Healthy kids' cooking and nutrition information sessions.

Participants keep a health diary for the duration of the 8 week program. Activities utilise local people, services and organisations. The program concludes with a Family Day and Christmas Party.

### **Additional readings and resources**

Be Kind to Your Mind website:

<http://www.health.qld.gov.au/bekindtoyourmind/>

### **Contact details**

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## **Black Chicks Talking, Queensland**

### **Overview**

#### **History**

This program at the Mareeba High School is based on the film “Black Chicks Talking” (featuring the Aboriginal actor, Leah Purcell) in which a number of women discuss the triumphs and challenges of being an Aboriginal woman.

Presently, this is an ongoing program conducted once a year, involving sessions over a 6-8 week period.

#### **Aims**

The program aims to increase self esteem and to prepare young Indigenous women for the workforce.

#### **Focus**

This is a mental health promotion project. The activities assist Indigenous young women to develop strong, supportive social and cultural environments which are vital for social and emotional wellbeing.

#### **Target group**

The Black Chicks Talking Program is aimed at young Indigenous women attending years 9 and 10 of Mareeba High school.

### **Project structure**

#### **Lead agency**

The program is conducted by Aboriginal mental health workers employed by Queensland Health.

#### **Partnerships**

The project is supported by Mareeba High School (particularly the school nurse) and the Atherton Neighbourhood Centre.

#### **Funding**

Funding is provided by Queensland Health.

### **Project description**

The 6-8 session program typically includes:

- Talks by local elders regarding future, family issues, and the elders’ experience of being taken away from their families. The aim is to instil pride in culture and share Aboriginal history;
- Attendance at a career expo in Cairns to encourage discussion and thoughts about future education;
- Healthy motherhood session: a midwife and other nursing staff from the hospital facilitate discussion about contraception, sexual health etc;
- Conflict resolution skills session; and
- Deportment and grooming.

### **Evaluation**

An informal evaluation is carried out at the end of each yearly program by the Aboriginal mental health workers. Comments from participants have been very positive, with indications that participants find the program useful and support the ongoing availability of the program.

### **Contact details**

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## CommunityMatters: Stories in Diversity, National

### Overview

#### History

MindMatters is a mental health promotion program for secondary schools. The CommunityMatters DVD “Stories in Diversity” is a MindMatters initiative supporting Aboriginal and Torres Strait Islander social and emotional wellbeing. These resources were launched in 2005 as training tools for teachers, Indigenous education workers, school principals and other school-based staff.

#### Aims and objectives

The focus of the DVD is on cultural inclusion and “demonstrating good school and classroom practice in terms of valuing diversity, working within a Health Promoting Schools Framework and showing family and community involvement in contributing to student health and wellbeing. The key messages in the DVD focus on optimism, resilience, connectedness, trust, safety, empathy, respect and help seeking” (extract from MindMatters website).

#### Focus

This is a mental health promotion project, helping young people to develop an understanding of their own mental health and that of their community.

#### Target group

The primary target group is secondary school communities.

### Project structure

#### Lead agencies/partnerships

MindMatters is conducted by Australian Principals Associations Professional Development Council (APAPDC) and Curriculum Corporation.

Aboriginal and Torres Strait Islander work is guided by a Community Matters Project Officer, a MindMatters Indigenous Project Support Officer and the MindMatters Aboriginal and Torres Strait Islander Advisory Committee.

#### Funding

Funding is provided by the Australian Government Department of Health and Ageing.

### Project description

CommunityMatters contains multimedia materials which will encourage school communities to explore issues around

- Identity, culture and community;
- Managing the wellbeing of diverse groups of students (particularly those who feel marginalised); and
- The importance of resilience and connectedness.

The initiative is introduced with a ‘school audit’ of protective factors and continues with a series of discussions, research and exercises.

The main sections of the DVD are:

- ‘The Big Picture’ which provides an overview of cultural diversity with opportunities for brainstorming and discussion;
- Four stories (based on real experiences from schools with Indigenous students) which explore the themes of: connectedness, school & community partnerships, optimism and resilience; and
- ‘Perspectives’ explores loss and grief, trust and safety, and student empowerment.

### Additional readings and resources

Mindmatters Website: Aboriginal and Torres Strait Islander page:

<http://cms.curriculum.edu.au/mindmatters/atsi/index.htm>

CommunityMatters DVD/Handbook webpage:

<http://cms.curriculum.edu.au/mindmatters/community/index.htm>

[www.auseinet.com/ppei/index.php](http://www.auseinet.com/ppei/index.php) Settings and Populations: Mental health promotion and illness prevention

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## **Family Well Being, Queensland**

### **Overview**

#### **History**

Family Well Being (FWB) is a nationally recognised program about empowerment for Aboriginal and Torres Strait Islander people. In Queensland, the Family Well Being project has played an important role in Aboriginal and Torres Strait Islander social and emotional well being for a number of years.

The program has been piloted in Far North Queensland at several sites including: Hopevale, Wujul Wujul and Yarrabah.

#### **Aims and objectives**

The FWB program, as adapted in north Queensland, is a two-step participatory action research (PAR) process that helps people explore the important issues affecting their daily lives, recognise their own strengths and resources, generate knowledge and take action to improve their situation, often in solidarity with external facilitators.

The program aims to empower participants and their families through training in analytical and problem solving skills in order to assume greater control and responsibility over the conditions which influence their lives.

#### **Focus**

This is a mental health promotion initiative. The FWB program is premised on the notion that all humans have basic physical, emotional, mental and spiritual needs, the denial of any of which may result in difficulties including lack of resilience and associated inability to cope with everyday challenges of life.

#### **Target group**

The program is targeted broadly to parents and families.

### **Project structure**

#### **Lead agencies**

The program has been piloted in Far North Queensland by:

- Apunipima Cape York Health Council (Hopevale and Wujul Wujul)
- Gurriny Yealamucka Health Services Aboriginal Corporation (Yarrabah), and
- Indigenous Youth and Family Support workforce of the Queensland Department of Communities, Far North Queensland region.

#### **Partnerships**

James Cook University and The University of Queensland have been project partners at all sites, with roles in evaluation and facilitator training.

#### **Funding**

The project has been mainly funded under the National Suicide Prevention Strategy. Additional funding has been provided by the Co-operative Research Centre for Aboriginal Health and the National Health and Medical Research Council to develop quantitative tools to measure outcomes in relation to cost effectiveness.

### **Project description**

'Step One' of the program is about personal development and empowerment. It involves structured personal development workshops, in a safe group environment, which provide opportunities for participants to build trusting relationships, think about their individual needs and aspirations, and develop life skills, strategies and support mechanisms to help each other meet those needs. Some of the workshop topics include leadership, relationships, conflict resolution, life journey, understanding emotions and understanding the meaning and purpose of crisis and ways of dealing with crisis.

'Step Two' is about applying new skills at the broader family and community level. It involves follow-up community development processes aimed at supporting participating groups to collectively address community issues identified from the personal development training. Community development processes initiated by the program have focused on: poor school attendance, child-care planning, exploring meaningful work for men, and addressing the shortage of housing.

## **Additional readings and resources**

Aboriginal and Torres Strait Islander Family Well Being.

Auseinetter, Issue 26, no.1, p.32. 2006.

[http://www.auseinet.com/resources/auseinet/netter26/auseinetter\\_26.pdf](http://www.auseinet.com/resources/auseinet/netter26/auseinetter_26.pdf)

Evaluation of an Aboriginal Empowerment Program.

Tsey K. & Every A. 2000.

Co-operative research Centre for Aboriginal Health, Casuarina, NT.

<http://www.crcah.org.au/documents/OP1.pdf>

Adapting the Family Wellbeing Empowerment Program to the Needs of Remote Indigenous School Children.

Tsey K, Whiteside M, Daly B, Deemal A, Gibson T, Cadet-James, Y, Wilson A, Santhanam R & Haswell M. 2005.

ANZ Journal of Public Health, vol. 29, no.2, p 112-116.

<http://www.phaa.net.au/anzjph/anzjph/2005%20Edition/Vol%2029%20no2%20-%20April/112.htm>

(abstract only)

The Family Wellbeing Empowerment Program: A tool for family violence prevention?

Proceedings of the CROCCS International Conference: Building Stronger Families, August 2004.

[http://www.croccs.org.au/downloads/2004\\_conf\\_papers/040803MaryWhitesidePaperPUBLISH16.pdf](http://www.croccs.org.au/downloads/2004_conf_papers/040803MaryWhitesidePaperPUBLISH16.pdf)

## **Evaluation**

The program continues to be evaluated at all the sites using mainly qualitative information from participants about the changes they have experienced and the impact of such changes on their health and well being. Both the Hopevale and Yarrabah projects have been evaluated. Findings to date indicate that participation in structured empowerment initiatives developed for Indigenous settings can significantly enhance participants' feelings of control and responsibility for the conditions affecting their health and well being. Participants have demonstrated enhanced self worth, resilience, ability to reflect on the root causes of problems, problem solving ability, as well as an improved sense of hope that their situation can change.

## **Contact details**

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## **Let's Start, Northern Territory**

### **Overview**

#### **History**

The Let's Start Program is based on an earlier initiative called the Ngaripirriga'ajirri Early Intervention Program set up for Tiwi children of primary school age. Domestic and family violence, suicide rates and substance abuse were seen to be having a major effect on the behaviour of children in the Tiwi Islands. The initiative was developed in response to this crisis amongst children and families in the communities.

#### **Aims**

The primary aim of Let's Start is to identify and support families with pre-school children experiencing emotional and behavioural difficulties. Support will be provided for parents to develop their parenting skills, and for the children to develop problem solving and social skills. Families will be encouraged to identify positive behaviour and build family strengths. Other issues that are addressed during the course of activities are domestic and family violence and suicide.

#### **Focus**

This is an early intervention program. Children are referred to the program after showing signs of targeted negative behaviours.

#### **Target group**

The target group is Indigenous Tiwi Island pre-school children (4-6 years of age) with conduct disorders or behavioural difficulties, along with their parents or primary care-givers.

### **Project structure**

#### **Lead agency**

School for Social Policy and Research, Charles Darwin University.

#### **Partnerships**

Let's Start is being delivered through partnerships between Charles Darwin University and

- the Northern Territory Government,
- the Catholic Education Office,
- Cooperative Research Centre for Aboriginal Health,
- Tiwi Health Board and
- participating schools.

The initiative also involves a range of organisations that provide support for families within the communities.

#### **Funding**

Funded by the Australian Government under the Stronger Families and Communities Strategy. Additional funding has been received from the NT Government and the Australian Research Council.

### **Project description**

The initiative consists of 10 weekly sessions where parents, children and trained group leaders participate in small group activities that are aimed at:

- Developing children's social skills;
- Reducing identified problem behaviour;
- Assisting parents and children to learn problem-solving skills; and
- Assisting parents to identify family strengths and to encourage positive behaviour in their children.

### **Additional readings and resources**

Let's Start Website.

<http://www.cdu.edu.au/letsstart/>

Ngaripirriga'ajirri: Cross-cultural issues in evaluating an Indigenous early intervention program. Robinson G. & Tyler W. 2005.

Proceedings of the TASA Conference 2005, University of Tasmania.

[http://www.cdu.edu.au/sspr/documents/indigenous\\_robinsonpublishedpaperinproceedings\\_000.pdf](http://www.cdu.edu.au/sspr/documents/indigenous_robinsonpublishedpaperinproceedings_000.pdf)

Ngaripirliga'ajirri: Evaluation of an early intervention program on the Tiwi Islands: Interim report, December 2003.

Robinson G. & Tyler W. 2003.

[http://www.cdu.edu.au/sspr/documents/7879\\_Interim\\_Report\\_FINAL.pdf](http://www.cdu.edu.au/sspr/documents/7879_Interim_Report_FINAL.pdf)

Investing in Futures: A critical view of options for early intervention and prevention in Indigenous communities.

Robinson G. 2003.

Northern Australia Research Unit, Australian National University, Canberra.

<http://naru.anu.edu.au/papers/robinsonpaper.pdf>

## **Evaluation**

An evaluation of the Ngaripirliga'ajirri Early Intervention Program was conducted in 2003 by Dr Gary Robinson and Dr Bill Tyler, School for Social and Policy Research, Charles Darwin University. The findings of this evaluation can be found in the document:

Ngaripirliga'ajirri: An early intervention program on the Tiwi Islands – Final evaluation report

Robinson, G. & Tyler, B. 2006,

School for Social and Policy Research, Charles Darwin University, Darwin.

<http://www.cdu.edu.au/sspr/documents/Ngaripirliga'ajirri.pdf>

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## Yarrabah Men's Health Initiative, Queensland

### Overview

#### History

During the 80's and 90's the Yarrabah Aboriginal community suffered from the effects of a cluster of violent suicides by young men. These events prompted a range of local initiatives aimed at strengthening the community. The Yarrabah Men's Health Initiative was one such activity, and was formed in 1997 as a voluntary support group.

#### Aims

The main aim of the group according to the original vision statement was: 'to restore men's rightful role in the community using a holistic healing approach, encompassing in the program the spiritual, mental, physical, emotional and social aspects of life'.

#### Focus

The Yarrabah Men's Health Initiative is primarily a suicide prevention project.

#### Target group

Aboriginal men living in the Yarrabah community.

### Project Structure

#### Lead agencies/partnerships

The project is a collaboration between:

- University of Queensland
- James Cook University
- Gurriny Yealamucka Aboriginal Health Service, Yarrabah.

#### Funding

The Yarrabah Men's Health Initiative started with no funding in 1997 and was run by volunteers from the community. In 2001 it secured 2 years of National Suicide Prevention Strategy funding. This allowed two local men to be employed (1 full-time and 1 part-time) to co-ordinate and support the activities of the Men's Initiative.

In January 2004 the National Health and Medical Research Council (NHMRC) provided funding for 3 years to consolidate the initiative and extend it to one other community.

### Project Description

The Men's Health Initiative is based on a Participatory Action Research (PAR) model of intervention. One of the first steps of the PAR process is to encourage the men to translate their 'vision statement' into concrete achievable goals. As part of this the men describe the characteristics and behaviour patterns of a 'Yarrabah man playing his rightful role in community'. This has taken the form of the 'Dos and Don'ts Chart' listing positive personal qualities to develop, and negative qualities to avoid.

Other key activities are:

- Development of a Strategy Plan focusing on: employment, education and training, tradition and culture; leadership and personal development, and health services for men;
- Weekly education meetings, bonding activities, hunting and fishing trips;
- Organising referrals from the local magistrate courts;
- Development of a Small Business Feasibility Study;
- Detailed business plans for 3 potential business initiatives for men: cultural dancing, landscaping, and stone masonry;
- Extension of the PAR process to one other Indigenous men's group;
- Support for a group of young men to transform their church-based dance group into a viable small business;
- Development of a literature review of business enterprise development in Indigenous communities; and
- Partnerships with Indigenous dance groups in White Buffalo, Canada.

(from "Social Determinants of Health, Rural Indigenous Men and Participatory Action Research", Wenitong, M. et al. 2004).

All participants are involved in personal evaluations to rate their individual performance and behaviours.

## Resources

Yarrabah Men's Health Group website:

<http://www.yababimbie.org.au/mensgroup.html>

Social Determinants of Health, Rural Indigenous Men and Participatory Action Research.  
Wenitong M, Baird L, Tsey K, McCalman J, Patterson D, Baird B, Whiteside M, Fagan R, Cadet-James Y & Wilson A. (2004).

Proceedings of 2004 World Congress for Rural Sociology, Trondheim, Norway.

<http://www.yababimbie.org.au/Resources/2.Social%20determinants%20%23%2325B.pdf>

A Participatory Action Research Process with a Rural Indigenous Men's Group: Monitoring and Reinforcing Change.

Tsey K, Wenitong M, McCalman J, Baird L, Patterson D, Baird B, Whiteside M, Fagan R, Cadet-James Y, & Wilson A. (2004).

Australian Journal of Primary Health, Vol.10, no.3, p.130-136

<http://www.yababimbie.org.au/Resources/3.A%20participatory%20actio%23258.pdf>

(Other reports may be made available from

<http://www.yababimbie.org.au/paperspublished1.html>.)

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