Australian Government
National Mental Health Commission

NATIONAL MENTAL HEALTH RESEARCH STRATEGY

BACKGROUND PAPER: Aboriginal and Torres Strat Islander peoples (Session 5B)

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Acknowledgements

This paper is built from the work of the *Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention* (CBPATSISP) and the *Generating Indigenous Patient-centred, Clinically and Culturally Capable Models of Mental Health Care* research project (Million Minds Mission), at the Poche Centre for Indigenous Health, University of Western Australia.

The CBPATSISP builds upon the substantial work of the national Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). The CBPATSISP aims to reduce Indigenous suicide by identifying, translating and promoting the adoption of best practice in Indigenous-specific suicide prevention activity, including that which is found in emerging national and international research. The CBPATSISP operates from a strengths-based, holistic approach, informed by the social and emotional wellbeing framework.[1]

Introduction

Aboriginal and Torres Strait Islander (hereon 'Indigenous') people experience a disproportionate burden of mental health issues and suicide. Indigenous rates of death by suicide were double the rate of the non-Indigenous population in 2018.[2] The same year, the Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Health Survey 2018-19 reported:

- one in four people have a mental or behavioural condition[3]
- 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, reported by just under one in five (17%) respondents
- depression (including feelings of depression) was the second most common condition, reported by about one in eight (13 %) respondents[4]
- Indigenous population rates of hospitalisation for mental health and related conditions are 2.1 time higher for Indigenous men and 1.5 times higher for Indigenous women when compared to their non-Indigenous counterparts.[5]

Further, higher rates of trauma, including intergenerational and cumulative trauma, are a result of and in turn influence a range of complex interrelated factors including incarceration,[6] homelessness[7] and youth suicide.[8] Mental health challenges are compounded further by poverty. For example, psychological distress increases as income and housing stability decreases.[9] Research demonstrates that Indigenous people do not have equal socio-economic status compared with the non-Indigenous population.[10]

Evidence suggests that the primary mental health care needed to detect and treat Indigenous population mental health difficulties in the early stages is currently insufficient. General practitioners treat Indigenous patients for depression at 1.2 times the rate of the general population – this is significantly less than the needs indicated in prevalence data.[11] Aboriginal Community Controlled Health Services (ACCHS) are only accessible to (or used by) about 50% of the Indigenous population[12] and the most commonly reported gap has been for mental health and social and emotional wellbeing services. In 2017–18, this was reported as a gap by 68% of organisations.[13]

The social determinants of health influencing Indigenous wellbeing (with a historical element associated with colonisation) include poverty and social exclusion, racism, lack of education and employment and population-level disempowerment.[14] These mitigate against Indigenous wellbeing. A focus on mental health and suicide prevention services, alongside addressing of social determinants, is critical if mental health is to improve and suicide rates are to reduce.

There is a broad consensus that social and emotional wellbeing (SEWB) is the most appropriate approach to view and address Indigenous mental health issues. The concept of SEWB includes mental health, but does not privilege it. The diagram below, extracted from the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* (SEWB Framework) expresses SEWB as an ecology of physical and mental health and cultural determinants (connection to family, kin, community, culture, country and spiritual life). 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.[15]

Diagram 1: A Model of Social and Emotional Wellbeing[16]

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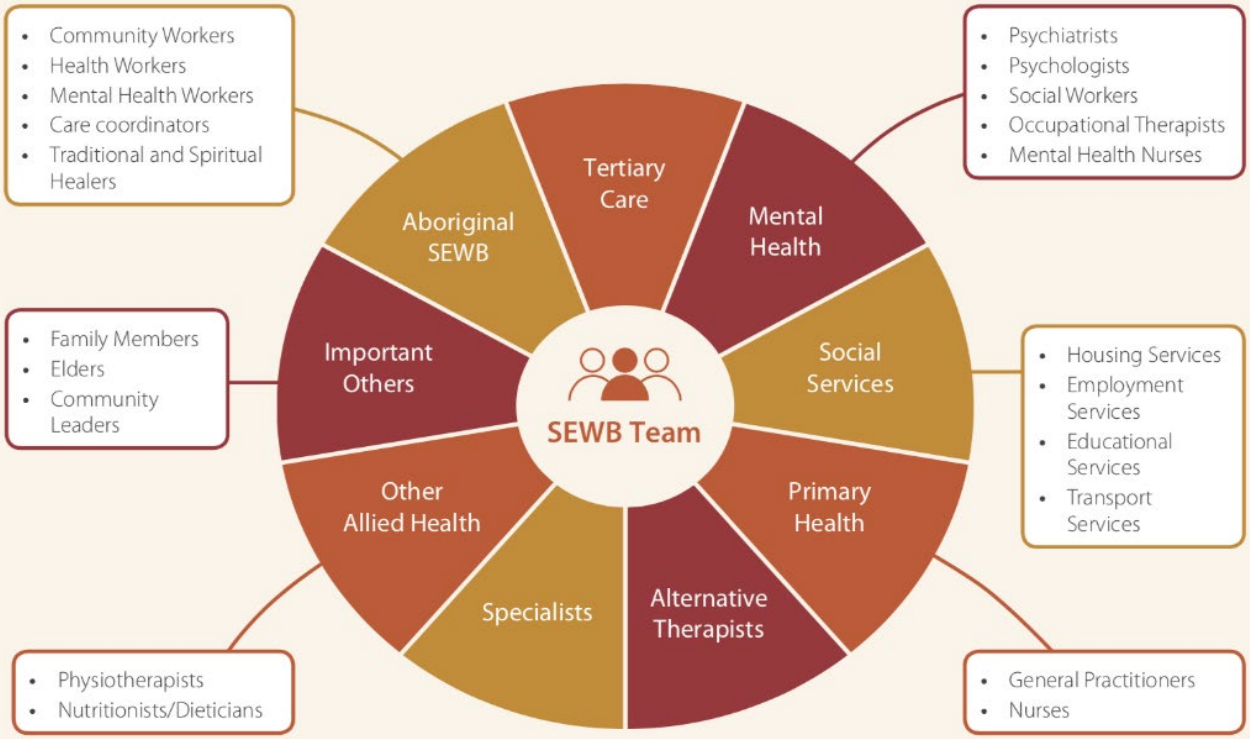
Background

The main focus of research to date is influenced by the biomedical model, with emphasis given to research operating within a Western framework. This historical approach has focused on mental illness rather than social and emotional wellbeing and mental health more holistically.

Diagram 3: Potential Reach of a Social and Emotional Wellbeing Team[84]



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Consensus around effectively addressing mental health and suicide prevention highlights the need for responses to operate within the SEWB Framework. These responses are additionally informed by the work of the ATSISPEP:[16]

- Place-based services are essential – 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 are essential. This includes:
    - community leadership of the development of 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/de-stigmatisation
    - empowering GPs/frontline 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 those at higher risk, such as young people/LGBTIQ+SB peoples/men.
- Culturally safe and competent clinical services are essential, with Indigenous staff where possible.

- There should be capacity to involve cultural healers, families and Elders when necessary.
- There should be support to recover in community, including continuity of care and patient transitions. This could include outreach/assertive outreach in response to suicide attempts.

Building an effective and culturally responsive workforce is necessary. Integrated and place-based responses are best delivered by multidisciplinary SEWB and Mental Health Teams, as illustrated above from the SEWB Framework. [17]

Gaps and uncertainties

There has been a lack of research in general, but specifically a lack of culturally responsive and Indigenous-led research. 'Good research' follows the National Health and Medical Research Council (NHMRC) guidelines: spirit and integrity, responsibility, reciprocity, respect, equity and cultural continuity.

The impacts of social determinants are inextricably linked with Indigenous mental health and wellbeing. Whilst there is broad agreement regarding the importance of addressing social determinants, little to no culturally appropriate research has been undertaken to investigate these factors. There is a need for transformative Indigenous-led research into social determinants within the context of mental health. Some initiatives that have started to address this are discussed under 'Opportunities'.

There is a lack of coordinated and integrated Indigenous-led research at a national level. There needs to be space for the development of Indigenous paradigms, but mainstream mental health responses need to be more comprehensive and culturally safe. One of the areas for future research involves investigating the dichotomising of cultural and clinical perspectives. There is a propensity to set these two up as a binary, rather than acknowledging that culture is fundamental in effective clinical practice, and one does not need to exclude the other. The Gaaya Dhuwi Declaration addresses this issue.

A related gap in research is the conceptualisations of continuity of care for Indigenous people, which have been dominated by health professionals. There has been a lack of engagement with service users in both mainstream and Indigenous-specific research.

Challenges

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 of Western models of knowledge and prioritisation of biomedical paradigms. Indigenous research is not prioritised or legitimised within the Western framework and therefore is often not supported by funding bodies. Systemic racism inhibits the ability of Indigenous researchers to conduct sufficient research and limits non-Indigenous researchers from conducting appropriate research.

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 medical 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, decision-makers and service providers to acknowledge and address ongoing impacts of colonisation on the Indigenous population.

Opportunities

An Indigenous-led community-based research agenda that addresses a range of challenges facing Indigenous people through a decolonised SEWB approach should be a priority and strategic goal in future research. This

has the prospect to effectively address social determinants and empower Indigenous knowledges to overcome historical injustice, exclusion and marginalisation.

Major changes in Indigenous mental health and wellbeing require significant research opportunities, particularly including the implementation of the SEWB framework. Any Indigenous research initiatives should take a three-tiered approach:

- local (communities and Aboriginal organisations)
- state/regional (Primary Health Networks, mental health commissions, universities)
- national (peak bodies, Commonwealth, universities).

Some initiatives are grappling with the previously discussed challenges and working towards transformative change. For example, the *Generating Indigenous Patient-centred, Clinically and Culturally Capable Models of Mental Health Care* 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 workforce (Indigenous and mainstream)
- identifying and validating appropriate screening tools, measures, and culturally appropriate evaluations
- articulating SEWB as a major paradigm shift in both workforce and wellbeing contexts.

This project will set a precedent for demonstrating the connections between the research sector, mental health services and support sectors.

Other significant Indigenous research projects include:

- Mayi Kuwayu Study[18]
- Curtin University Million Minds Mission Grant: Our Journey, Our Story: Building Bridges to Improve Aboriginal Youth Mental Health and Wellbeing[19]
- Strengthening Foundations for Supporting Indigenous Parents Who Have Experienced Complex Childhood Trauma.[20]

Each of these initiatives includes important opportunities for transformative change in the future.

It is promising to see that the NHMRC 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)".[21] In order to address the gaps and challenges identified above, a similar opportunity to establish an Indigenous-specific national research institute (similar to in Canada[22]) is imperative.

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 dedicated and culturally appropriate research is needed and cannot be mainstreamed.

It remains encouraging to see that there is an increasing number of Indigenous-led research projects being undertaken with the aim of improving mental health and wellbeing outcomes. Such projects are promising due to their adherence to the SEWB Framework and the Indigenous-specific guidelines for researchers and stakeholders as proposed by the NHMRC.

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