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Australian Institute of Health and Welfare

Australian Institute of Family Studies

Closing the gap clearinghouse

Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people

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Summary

What we know

- Indigenous cultures take a holistic view of life and health; therefore, cultural, spiritual and social wellbeing are integral to the health of Indigenous people.
- The impact of colonisation, relocation of people to missions and reserves and the forced removal of children resulted in the dispossession and dislocation of Aboriginal and Torres Strait Islander people from land and family. This has disrupted cultural beliefs and practices, and has adversely affected the social and emotional wellbeing of Indigenous people.
- In 2008, nearly one-third (32%) of Aboriginal and Torres Strait Islander people aged 18 and over reported high or very high levels of psychological distress, which was more than twice the proportion for non-Indigenous adults.
- International studies and Australian data indicate that Indigenous people who are conversant in their own languages have better resilience and mental health.
- There are few well-conducted evaluations of Indigenous-specific programs whose purpose is to promote social and emotional wellbeing.
- A number of mainstream (non-Indigenous-specific) programs have been evaluated and shown to be effective in promoting the social and emotional wellbeing of Indigenous people.

What works

- The cultural healing programs Family Wellbeing, We Al-li and Marumali were effective in helping individuals work through their own issues and exert greater control over their own social and emotional wellbeing.



- The process evaluation of the Social and Emotional Wellbeing Program (previously the Bringing Them Home Program) found it delivered counselling to a large number of individuals, families and communities who would otherwise have been unlikely to have received such services. Clients were typically satisfied with the program, but the quality of the service varied across locations.
- Motivational care planning improved the mental health and decreased the substance dependence of Indigenous people with a mental illness in remote communities.
- A culturally appropriate model of mental health service provision was successful in engaging Indigenous young people.
- Indigenous hip hop programs increased young people's self-esteem, their preparedness to talk to family and friends about their own mental health issues and their ability to identify signs of depression in others.
- Adaptations of effective mainstream programs—the Triple P-Positive Parenting Program, the Resourceful Adolescent Program and MindMatters—were considered culturally competent and achieved positive outcomes with Indigenous Australians.

What doesn't work

- Good practice principles highlight that programs are unlikely to be effective when:
 - they are not culturally competent and do not have a high level of Indigenous ownership and community support
 - they operate in isolation from, or do not address the legacy of, past trauma, past and current racism and issues such as poverty and homelessness.

What we don't know

- Whether programs that teach Indigenous languages have a positive impact on the social and emotional wellbeing of Indigenous people.
- Whether KidsMatter, the effective mainstream primary school mental health promotion program, is culturally appropriate for Indigenous children and their families and promotes their social and emotional wellbeing.

Introduction

This resource sheet reviews programs that aim to promote social and emotional wellbeing and identifies those that have been evaluated and shown to be effective in relation to Indigenous people. Social and emotional wellbeing is a term that is synonymous with mental health and wellbeing, and is widely used in policy and program documentation related to Indigenous people, as well as in the literature.

The definition of social and emotional wellbeing used in this resource sheet is articulated in the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2004–2009*:

A positive state of wellbeing in which the individual can cope with the normal stress of life and reach his or her potential in work and community life in the context of family, community, culture and broader society (DoHA 2004:3).

A range of programs, including education, housing and employment programs, that do not have specific objectives related to promoting mental health, have the potential to positively affect social and emotional wellbeing. These programs are covered in other resource sheets published by the Clearinghouse. A link to these resource sheets is in Table A2 on page 11.



The focus of this resource sheet is on the promotion of social and emotional wellbeing and the prevention of mental illness. Treatment services specifically for people with a drug addiction and/or established mental illness are not considered in detail. Strategies to reduce alcohol and other drug-related harm are also not included as they are the subject of the resource sheet *Reducing alcohol and other drug related harm* (Gray & Wilkes 2010).

The association between mental illness and suicide is well established. A separate resource sheet *Strategies to minimise the incidence of suicide and suicidal behaviour* (CtG 2013) has been prepared, therefore programs whose primary purpose is suicide prevention are not considered in this resource sheet.

This resource sheet assesses the effectiveness of Australian and international programs whose primary purpose is to promote the mental health and wellbeing of Indigenous and non-Indigenous people in urban and remote locations.

Background

The impact of colonisation, relocation of Indigenous people to missions and reserves, the grief and trauma resulting from the removal of children, ongoing racism and continued socioeconomic disadvantage have had severe effects on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people (Swan & Raphael 1995). Trauma can also have transgenerational effects, whereby traumatised people may behave in dysfunctional and violent ways, which then contribute to traumatising subsequent generations (Atkinson 2002).

In 2008, nearly one-third (32%) of Indigenous people aged 18 and over reported high or very high levels of psychological distress, which was more than twice the proportion for non-Indigenous people (ABS 2010).

The following surveys undertaken in South Australia and Victoria estimated the prevalence of racism experienced by Indigenous Australians and its impact on their mental health and wellbeing:

- Almost two-thirds (64%) of respondents to the Adelaide Aboriginal and Torres Strait Islander Health survey reported that they experienced racism often or very often. Experiencing regular racism, particularly in informal settings, was associated with poor mental health (Gallaher et al. 2009).
- Almost all (97%) of the 755 Indigenous Victorians surveyed in two rural and two metropolitan areas of Victoria, reported that they experienced racism in the previous 12 months. It should be noted that the non-random sampling method used in this survey means the result may not have represented the experiences of all Indigenous Victorians. Two-thirds of those who reported that they experienced 12 or more incidents of racism reported high or very high levels of psychological distress (VicHealth 2012).

Recent government initiatives

The section below provides further context for the reader regarding a range of national initiatives in place to promote the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. These initiatives are not examined within the body of the paper because they have not been evaluated or do not have publicly available evaluations.

The Aboriginal and Torres Strait Islander Healing Foundation

The community-based healing initiatives supported by the Aboriginal and Torres Strait Islander Healing Foundation aim to improve the emotional wellbeing of Indigenous people, in particular members of the Stolen Generations, and provide appropriate training for people delivering the healing. The Foundation has been funded for 4 years until 2012–13.



Programs supported by the Foundation aim to prevent suicide and improve mental health in Indigenous communities by providing healing services and access to traditional healing, education about trauma and how to manage grief and loss more effectively, as well as building a professional workforce that can better respond to loss, grief and trauma in these Indigenous communities.

Since its establishment in 2009, the Foundation has supported 323 wellbeing initiatives, 569 cultural activities and 692 activities that build pride in culture. Topics addressed by the activities include suicide prevention, depression, violence, incarceration, substance abuse, intergenerational trauma and pathways to healing.

Renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework

The Australian Government's Fourth Mental Health Plan (2009–2014) commits all Australian states and territories to implement a renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework. The Australian Department of Health and Ageing is leading the development of the framework, and a cross jurisdictional expert working group is guiding its development. The renewed framework is expected to be finalised in early 2013 following an extensive consultation process.

Indigenous-specific programs

There are few well-conducted evaluations of Indigenous-specific programs whose purpose is to promote mental health and wellbeing (Clelland et al. 2007). Based on the research and evaluations that have been reviewed for this resource sheet, the following conclusions were drawn:

- Cultural continuity and healing programs can have positive effects on the wellbeing of participants and be associated with low rates of youth suicide.
- Culturally competent mental health care programs can increase service usage and result in high levels of satisfaction with services and positive outcomes.
- The Indigenous Hip Hop Program increased self-esteem among young people.
- A small-scale evaluation of a parenting program found indications of improved interactions between mothers and children.

Details of these programs are provided below.

Cultural continuity and healing programs

International studies have consistently found that cultural affiliation and engagement by Indigenous young people are positively associated with their resilience and wellbeing (Wexler 2009). Aboriginal communities in British Columbia (Canada) in which at least half of the members reported a conversational knowledge of their own language experienced no or very low numbers of youth suicides over the period for which data were available (Hallett et al. 2007). A similar result was found in relation to Sami (Arctic Indigenous) youth, where native language competence and participation in cultural activities were found to be protective factors against mental health problems (Bals et al. 2011).

Australian research also suggests that cultural affiliation and engagement are protective of mental health. The Western Australian Aboriginal Child Health Survey found that children whose carers are Aboriginal language speakers are at lower risk of emotional or behavioural difficulties (Zubrick et al. 2005). An analysis of data from the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) found that 'Indigenous people with stronger cultural identification, who speak Indigenous languages and who partake in traditional economic activities are happy more often than others' (Dockery 2011:18). However, in non-remote parts of Australia, the



mental health benefits of cultural identification and activity are mediated by higher levels of psychological stress due to actual or perceived discrimination (Dockery 2011).

There is no published evidence of the impact of programs that promote cultural continuity on community wellbeing in Australia; however, there is evidence of the positive impact of healing programs on participants. The following programs have been evaluated and participants have reported positive experiences and effects. There have been no evaluations of the impacts of these or other healing programs on community wellbeing.

The Family Wellbeing Program was developed by Adelaide-based Indigenous Australians and has been implemented in several states and the Northern Territory. It is a cultural healing program that aims to enhance the capacity of participants to deal with the day-to-day stresses of life and to help others. It uses a group format. The survival experiences of the facilitators and participants are the main learning resource. Participants attend one 3 hour session each week and the program consists of four stages, each lasting 10 weeks (Tsey et al. 2009). It has been nationally accredited and provides participants with formal qualifications in counselling (Tsey & Every 2000).

A synthesis of seven formative evaluations of the program, which involved a total of 148 adult and 70 student participants, concluded that it increased the capacity of participants to exert greater control over their health and wellbeing (Tsey et al. 2010). There was no evidence presented of positive changes occurring at the broader, community level—that is, beyond the participants. The Family Wellbeing Program has been integrated into health and human service provision in northern Australia, including into community health promotion, school curricula, welfare reform wellbeing centres and primary health care programs (Tsey et al. 2009).

We Al-li is a healing program developed by Emeritus Professor Judy Atkinson, as part of her doctoral and post-doctoral research. It uses a workshop format and incorporates Indigenous cultural practices and therapeutic skills to assist participants to recover from transgenerational trauma (ANTaR 2012). The program has been delivered in communities and at the Gnibi College of Indigenous Australian People. We Al-li provides graduates with the skills to work through their own issues and to support positive changes in Indigenous communities, either directly or by training community members (Caruana 2010).

The positive effects of We Al-li on the social and emotional wellbeing of workshop participants have been documented (Atkinson 2002); however, there have been no published evaluations of the impact of the program at the community level.

Marumali is a workshop-based program that trains counsellors to help Indigenous people who were removed from their families as children. All workshop participants are required to have previous formal training or work experience as counsellors. As well as training Indigenous counsellors, workshops have been developed to train non-Indigenous mental health practitioners to work in partnership with Indigenous counsellors.

The program has provided training for more than 1,000 Indigenous workers and counsellors, almost all of whom (93%) have rated the Marumali training as excellent (Purdie et al. 2010).

In the Bringing Them Home evaluation report, Marumali was identified as a best practice program for meeting the social and emotional wellbeing needs of the Stolen Generations (Wilczynski et al. 2007).

A **women's healing camp**, at which guided meditation, reconnecting with past generations, narrative therapy and individual counselling were the therapies used, was found by the 17 participants to have been effective in increasing their sense of self-worth and assertiveness (Galloway & Moylan 2005).

The **Aboriginal Family and Community Healing Program** was based in Adelaide, hosted by the regional primary health care Aboriginal outreach service. It operated from three primary health care sites across the region. The program worked with the community, women, men and young people and incorporated a wide range of strategies, including the Family Wellbeing Program, courses at local high schools, a nutrition program and crisis support. An evaluation of the program reported clients' positive experiences but did not track client progress or demonstrate outcomes (Kowanko et al. 2009). The program is no longer funded.



Mental health services

Indigenous people are less likely than non-Indigenous people to receive help from mainstream health services for mental health problems (De Leo et al. 2012; Sveticic et al. 2012). Qualitative research undertaken in Perth and the Kimberley region of Western Australia found that Aboriginal people with a mental illness tend to use traditional treatments first (Vicary & Westerman 2004). If these are not successful, then they may access mainstream mental health services, most commonly in-patient care (Sveticic et al. 2012).

Beliefs about mental illness may also affect Indigenous people's timely access to mental health services. Almost three-quarters of the 70 Indigenous people interviewed in Perth and the Kimberley did not perceive depression as a state that could be treated using either traditional or mainstream methods. They also tended to delay treatment because of the shame associated with mental illness and fear of the mainstream mental health system. As a consequence, they accessed mental health services only when the illness had become acute (Vicary & Westerman 2004).

The following Indigenous-specific mental health care programs have been evaluated in terms of service usage, their engagement of the client population, the cultural appropriateness of programs and their impact on the social and emotional wellbeing of participants.

The Social and Emotional Wellbeing Program

Analysis of data from the 2008 NATSISS found that Indigenous people who reported that they had been removed from their families had lower general mental health and vitality, and were more likely to experience psychological stress than the overall Indigenous population (Dockery 2011).

The Social and Emotional Wellbeing Program (previously the Bringing Them Home Program) provides counselling to individuals, families and communities affected by the forced removal of children from their families. An evaluation of the program found it provided counselling services to a large number of Indigenous people, many of whom would have been unlikely to receive services otherwise. Between July 2001 and June 2005, Bringing Them Home counsellors had a total of 142,000 client contacts. This number is likely to be an underestimate, as some services were unable to report data (Wilczynski et al. 2007).

Indigenous men accessed the program less frequently than women, with two female client contacts for every male client contact. The consultations that were part of the evaluation found that Indigenous men were more reluctant than women to approach either Bringing Them Home or mainstream counsellors (Wilczynski et al. 2007).

Clients of the program generally reported high levels of satisfaction and positive outcomes as a result of the program, though the nature and strength of these changes and their sustainability over time are not known. However, the evaluation also found an undesirable level of variation in the skills and qualifications of counsellors and a lack of access to training and professional support, resulting in staff burnout and turnover (Wilczynski et al. 2007).

Model for engaging Indigenous youth in mental health services

A culturally competent model of engagement with mental health services by Indigenous youth was implemented in a metropolitan and a rural/remote location in Western Australia. The model included consideration of the location and manner of the therapy, allowing time to introduce and contextualise the therapist, the use of an appropriate cultural consultant, negotiating what information would remain private, and working within the belief system of the patient (Westerman 2010).

Implementation of the model with 111 Aboriginal youth aged between 13 and 17 in a metropolitan location (43 young people) and a rural/remote location (68 young people), found it to be effective in engaging 97% of them (Westerman 2010). No definition of what constituted engagement was provided in the paper nor the process used to recruit the young people involved.



The Working Both Ways Program

This program aimed to develop the role of Aboriginal mental health workers (AMHWs) as members of community-based mental health teams and thereby to provide more culturally competent and effective mental health services. It was implemented in six remote Indigenous communities in the Northern Territory and funded the employment of eight AMHWs (Robinson & Harris 2005).

An evaluation of the program by Charles Darwin University found that while AMHWs performed a valued service in increasing the understanding of cultural issues by non-Indigenous health centre staff, a lack of clarity about their roles, inadequate record-keeping by all health centre personnel (including GPs and nurses), a lack of training and a lack of professional and management support meant that the implementation of the program could not be adequately evaluated (Robinson & Harris 2005).

Motivational care planning

A culturally adapted brief intervention comprising motivational care planning (MCP) was developed in collaboration with AMHWs and implemented in three remote communities in northern Australia. The client group comprised Indigenous people with a chronic mental illness. The intervention consisted of two 1 hour sessions, which occurred 2 to 6 weeks apart. The sessions facilitated the development of skills in problem solving and self-management and provided motivational therapy. The treatment was conducted by an experienced female consultant psychiatrist, an Aboriginal research officer and, where possible, a local AMHW (Nagel et al. 2009).

A randomised controlled trial of MCP was conducted, involving 49 health centre clients, more than half of whom (28 people) were male. About half of the clients (24 people) were randomly allocated to the MCP group and about half (25 people) received treatment as usual (Nagel et al. 2009). The evaluation found that MCP improved wellbeing and decreased substance dependence compared with treatment as usual. This improvement was maintained during follow-ups at 6, 12 and 18 months post-treatment (Nagel et al. 2009).

Other Indigenous-specific programs

Indigenous Hip Hop

This program uses traditional culture fused with hip hop, rap, beat boxing and break dancing to foster positive mental health and leadership skills in remote communities. A longitudinal qualitative and quantitative evaluation of the program based on a sample of 76 young people, five community organisations and 17 local stakeholders found that young people responded well to the mental health promotion messages and had some recall of the messages related to depression and self-respect. Although their recall of the messages decreased after 6 months, young people reported higher levels of self-esteem. After the program, nearly three-quarters of young people (72–73%) were comfortable talking with friends or family if they themselves were experiencing tough times. The ability of young people to identify the signs of depression in someone they knew also improved as a result of the program (beyondblue 2009).

Parenting program

Improving parenting competence is recognised as an effective way of improving the health and wellbeing of children (Hoghughli & Long 2004). The **Boomerangs Parenting Program** is an early intervention targeting families who are experiencing discord. It uses activities such as interviews, videotaping, information sessions and camps to strengthen the care-giving capacity of Indigenous families. An exploratory study based on the experiences of three mothers with pre-school aged children who lived in urban New South Wales found that the program increased the mothers' sensitivity and awareness of their interactions with their children (Lee et al. 2010).



Non-Indigenous-specific programs

The following mainstream programs have been evaluated and shown to be effective in promoting mental health and wellbeing. They include a parenting program, programs that promote resilience among young people and school-based programs. Most of the programs have been adapted for Indigenous people and evaluated regarding their cultural competence.

The **Triple P-Positive Parenting Program** is a behavioural family intervention based on social learning principles. It has been evaluated via randomised controlled trials and shown to be effective in improving child behaviour and parent-child interactions (Sanders et al. 2003). The quality of the parent-child relationship has been shown to have an impact on children's emotional development and on adult mental health and wellbeing (Stewart-Brown & McMillan 2010).

A group-based version of Triple P tailored for Indigenous families has been developed and evaluated using a randomised clinical trial in four urban sites. Indigenous parents who undertook the program reported significant decreases in problem child behaviour in comparison to parents on the wait list. Parents were very satisfied with the program and found it to be culturally acceptable in terms of content, resources and format (Turner et al. 2007).

The **Resourceful Adolescent Program** (RAP) aims to build resilience and promote positive mental health in teenagers. It is based on research on successful treatments for adolescent depression and known psychosocial risk and protective factors at the individual, family and school levels. Results of randomised controlled trials indicate that RAP is effective in preventing adolescent depression (Shochet et al. 2001).

RAP has been adapted for use with Indigenous communities and has been implemented in Kempsey (New South Wales) and Broome (Western Australia). Communities found the Indigenous adaptation of RAP to be culturally appropriate (Rowling et al. 2002).

MindMatters is a national mental health promotion initiative for secondary schools, comprising a kit of resources and professional development for staff. A national evaluation surveyed the development of participants and undertook key informant interviews and case studies in 15 schools, including a Koori community school and two schools with high proportions of Indigenous students (Hazell 2005). All schools involved in the evaluation had implemented at least some aspects of the program, and 13 of the 15 schools were still implementing the program after 3 years (Hazell 2005).

The case study schools agreed that MindMatters had helped them to focus on student wellbeing by providing a comprehensive framework, training and curriculum resources (Hazell 2005). Based on data from student questionnaires, a pattern of improvement was detected across the case study schools at the 3 year assessment relative to baseline for 'autonomy experience', 'school attachment' and 'effective help seeking'. There was a trend for the number of days of use of alcohol and marijuana to be lower at the 3-year assessment than at baseline (Hazell 2005).

MindMatters has been implemented at a school on Palm Island (Queensland) and key players considered the implementation to be a success. The aims identified by the school with respect to professional development and curriculum development were considered to have been met in such a way that the school could take ownership of them. This evaluation did not assess the impact of MindMatters on the social and emotional wellbeing of Palm Island students (Sheehan et al. 2002).

The **Let's Start project** was a trial implementation of the Exploring Together Preschool Program (ETPP) for Indigenous and non-Indigenous children and parents in urban and remote schools in the Northern Territory. The ETPP was adapted to facilitate the engagement of Indigenous parents and children (Robinson et al. 2009).



Children aged between 4 and 6 with behavioural problems were referred to Let's Start by teachers, other practitioners or by family members. The program consisted of 8 weeks of content, together with an introductory and a concluding session. Children and parents attended a joint group session for 1 hour each week and separate parents' and children's groups for a second hour (Robinson et al. 2009).

An evaluation of the project found statistically significant reductions in problem and risk behaviours among participating children both at home and at school. These behavioural improvements were found to have increased at the 6 month post-implementation follow-up. However, completion rates by Indigenous parents and children were low, especially in urban areas. Fewer than 1 in 5 (18%) of urban and less than half (45%) of remote referred Indigenous children and parents completed at least half of the program sessions (Robinson et al. 2009).

Save-a-Mate Our Way is an Indigenous adaptation of two mainstream programs, Save a Mate and Talk Out Loud. It aims to provide young people with strategies to help themselves and their peers to identify and prevent mental health issues as they emerge (Talk Out Loud) and to prevent, recognise and respond to emergencies resulting from alcohol and other drug use (Save-a-Mate) (Australian Red Cross 2007).

Save-a-Mate Our Way operates in 14 Indigenous communities in South Australia, Western Australia, the Northern Territory and Queensland. An independent evaluation of the program is currently underway (beyondblue 2012).

A program that has not been adapted for Indigenous people

KidsMatter is an Australian national primary school mental health promotion, prevention and early intervention program which has the following four components:

1. positive school community
2. social and emotional learning for students
3. parenting support and education
4. early intervention for students experiencing mental health difficulties.

An evaluation of the impact of KidsMatter in 100 trial primary schools, found statistically and practically significant improvements in children's mental health. The impact was greater for children who had more mental health difficulties at the start of the trial (Slee et al. 2009).

The trial schools comprised government, Catholic and independent schools located in metropolitan, rural and remote parts of Australia. All states and territories were represented. The schools varied in size from 11 to 1,085 students, with some schools having no Indigenous students, while in others more than three-quarters of the students identified as Indigenous. The overall proportions of Indigenous students were 1.5% for the 50 schools that implemented KidsMatter in the 2007 and 2008 school years, and 1.9% for the 50 schools that implemented the program in 2008 only (Slee et al. 2009).

The results achieved in the trial may not be representative of results for Indigenous students, as they were under-represented in the sample and fewer Indigenous children and their parents elected to participate in the trial (Slee et al. 2009).



Conclusion

International studies indicate that cultural affiliation and engagement, including being able to converse in their native language, were positively associated with Indigenous peoples' social and emotional wellbeing.

There are few well-conducted evaluations of Indigenous-specific programs whose purpose is to promote social and emotional wellbeing (Clelland et al. 2007). The Family Wellbeing Program has been evaluated and shown to increase the capacity of participants to exert greater control over their own health and wellbeing. Marumali and We Al-li have also been identified as good practice programs.

The Social and Emotional Wellbeing Program (previously the Bringing Them Home Program) delivered counselling to a large number of individuals, families and communities who would otherwise have been unlikely to have received counselling services. While clients were typically satisfied with the program, the quality of the service varied across locations.

A culturally competent model of mental health service provision was successful in engaging Indigenous young people in Western Australia, and a culturally adapted brief intervention comprising motivational care planning improved Indigenous people's wellbeing in three remote communities in the Northern Territory.

The Indigenous Hip Hop Program has been evaluated and shown to increase self-esteem among young people.

Evaluations of a number of mainstream programs that have been adapted for Indigenous people have shown them to be effective in promoting social and emotional wellbeing. They are the Indigenous Group Triple P-Positive Parenting Program, the Resourceful Adolescent Program and MindMatters.

Appendix

The Closing the Gap Clearinghouse Assessed collection includes summaries of research and evaluations that provide information on what works to overcome Indigenous disadvantage across the seven Council of Australian Governments building block topics.

Table A1 on the following page contains a list of selected research and evaluations that were the key pieces of evidence used in this resource sheet. The major components are summarised in the Assessed collection.

To view the Assessed collection, visit <http://www.aihw.gov.au/closingthegap/assessed/>.

Table A1: Assessed collection items for *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people*

Title	Year	Author(s)
Trauma trails, recreating song lines: the transgenerational effects of trauma in Indigenous Australia. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9427&type=ac >	2002	Atkinson J
Searching for evidence: what works in Indigenous mental health promotion? Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9463&type=ac >	2007	Clelland NA, Gould PM & Parker EA
Traditional culture and the wellbeing of Indigenous Australians: an analysis of the 2008 NATSISS. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9457&type=ac >	2011	Dockery AM
MindMatters: evaluation of the professional development program and school-level implementation: final report. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9458&type=ac >	2005	Hazell T
Summary report on the evaluation of Indigenous Hip Hop Projects by beyondblue. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9420&type=ac >	2009	Hayward C
Approach to treatment of mental illness and substance dependence in remote Indigenous communities: results of a mixed methods study. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=4993&type=ac >	2009	Nagel T, Robinson G, Condon J & Trauer T
Let's Start—Exploring Together: an early intervention program for Northern Territory children and families. Final evaluation report. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=5292&type=ac >	2009	Robinson G, Zubrick SR, Silburn S, Tyler W, Jones Y, D'Aprano A et al.
Randomised clinical trial of a group parent education programme for Australian Indigenous families. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=4901&type=ac >	2007	Turner KMT, Richards M & Sanders MR
Engaging Australian Aboriginal youth in mental health services. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=8715&type=ac >	2010	Westerman T
Evaluation of Bringing Them Home and Indigenous Mental Health Programs. Clearinghouse summary: < http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=2339&type=ac >	2007	Wilczynski A, Reed-Gilbert K, Milward K, Tayler B, Fear J & Schwartzkoff J



Table A2 contains a list of related Closing the Gap Clearinghouse resource sheets.

To view the publications, visit <<http://www.aihw.gov.au/closingthegap/publications/>>.

Table A2: Related Clearinghouse resource sheets

Title	Year	Author(s)
Community development approaches to safety and wellbeing of Indigenous children	2010	Higgins DJ
Reducing alcohol and other drug related harm	2010	Gray D & Wilkes E
Strategies for the prevention of suicide and suicidal behaviour	2013	Closing the Gap Clearinghouse
Trauma-informed services and trauma-specific care for Indigenous Australian children	2013	Atkinson J

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Abbreviations

AMHW	Aboriginal mental health worker
ETPP	Exploring Together Preschool Program
MCP	motivational care planning
RAP	Resourceful Adolescent Program
NATSISS	National Aboriginal and Torres Strait Islander Social Survey

Terminology

Indigenous: 'Aboriginal and Torres Strait Islander' and 'Indigenous' are used interchangeably to refer to Australian Aboriginal and/or Torres Strait Islander people. The Closing the Gap Clearinghouse uses the term 'Indigenous Australians' to refer to Australia's first people.



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