Closing the gap
clearinghouse

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Contents

Summary

What we know

- Indigenous Australians experience persistently poorer health outcomes for their entire lives than non-Indigenous Australians.

- Indigenous people also experience poorer social and emotional wellbeing outcomes than non-Indigenous Australians. For instance, among Indigenous adults high or very high levels of psychological distress are nearly 3 times the rate of non-Indigenous adults. Rates of intentional self harm among young Indigenous people aged 15–24 years are 5.2 times the rate of non-Indigenous young people.

- Ten per cent of the health gap between Indigenous and non-Indigenous Australians in 2003 has been linked to mental health conditions; another 4% of the gap is attributable to suicide.

- Indigenous views of mental health and social and emotional wellbeing are very different to those of non-Indigenous Australians. This affects the way in which policies, programs, early prevention and intervention initiatives need to be framed, formulated, implemented, measured and evaluated.

- The provision of mental health services for Indigenous people is both inadequate and inappropriate, and changes need to be implemented immediately (NMHC 2012).

- Current funding for dedicated Indigenous mental health programs and services is limited. Existing interventions focus on supporting families to prevent child abuse and neglect, harmful alcohol and substance misuse, and suicide.

What works

- There is evidence that programs that are developed or implemented in accordance with the 9 guiding principles underpinning the *National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009* (SHRG 2004) are more likely to be effective and have positive outcomes than those that do not.

- Programs that show promising results for Indigenous social and emotional wellbeing are those that encourage self-determination and community governance, reconnection and community life, and restoration and community resilience.

- Important program features include:
  - a holistic approach
  - a focus on recovery and healing from stress and trauma
  - a means of empowering people to regain a sense of control and mastery over their lives
  - strategies that are Indigenous-led, family focused, culturally responsive, and context specific
  - interdisciplinary approaches that provide outreach services and transport
  - partnerships with the Aboriginal Community Controlled Health Services sector and local communities.

- There is evidence that both mainstream and Indigenous-specific programs and services that adhere to the Closing the Gap service-delivery principles of engagement, access, integration and accountability are more effective than those that do not.

- 'Participatory action research' approaches provide an effective mechanism for involving Indigenous families and communities in developing, implementing and evaluating programs. Programs that adopt participatory action research tend to be more culturally responsive to local contexts and foster a culturally safe environment for program participants.

- Engaging in cultural activities is an indicator of positive cultural identity that is associated with better mental health among Indigenous Australians.

What doesn't work

- Programs that fail to take account of Indigenous values, lifestyles, aspirations, family and differing needs and capacities of Indigenous people in diverse, complex economic and social circumstances.
- Programs and services developed with inadequate timeframes, funding and program support that fail to address health in a holistic manner and focus on the individual without regard for the family and community context.
- Provision or adaptation of mainstream programs by mainstream providers for Indigenous people without Indigenous community involvement or consultation.
- Programs that are short-term, inflexible and designed and delivered without consultation, engagement and partnership with the community and the Aboriginal Community Controlled Health Service sector.
- Poor engagement with research evidence by the mainstream sector can lead to systemic racism, lack of cultural understanding and appropriateness, and a reliance on 'one size fits all' approaches.
- Performance indicators and reporting requirements, developed in accordance with the values and principles of the mainstream mental health system, that do not always align with Indigenous cultural ways of working and views of social and emotional wellbeing.

What we don't know

- The effect on mental health outcomes of culturally appropriate, early intervention programs maintained over the long term.
- The additional costs to health and mental health and wellbeing of not implementing programs in culturally responsive, appropriate and respectful ways.
- The long-term cost effectiveness of Indigenous-specific programs—there have been few program evaluations, and where evaluations have taken place, they have usually been conducted before the long-term effects could be assessed.
- The extent to which Access to Allied Psychological Services (ATAPS) Tier 2 is being delivered in accordance with the objectives and principles developed through the Aboriginal and Torres Strait Islander Mental Health Advisory Group.
- The significance of access barriers for young Indigenous people to web-based and telephone helpline services.

Introduction

The purpose of this paper is to draw on Aboriginal and Torres Strait Islander (Indigenous) perspectives, theoretical understandings, and available evidence to answer questions about what is required to effectively address Indigenous people's mental health and social and emotional wellbeing.

Social and emotional wellbeing is a multifaceted concept. Although the term is often used to describe issues of 'mental health' and 'mental illness', it has a broader scope in that Indigenous culture takes a holistic view of health. It recognises the importance of connection to land, culture, spirituality, ancestry, family and community, how these connections have been shaped across generations, and the processes by which they affect individual wellbeing. It is a whole-of-life view, and it includes the interdependent relationships between families, communities, land, sea and spirit and the cyclical concept of life–death–life (SHRG 2004). Importantly, these concepts and understandings of maintaining and restoring health and social and emotional wellbeing differ markedly to those in many non-Indigenous-specific (or mainstream) programs that tend to emphasise an individual's behavioural and emotional strengths and ability to adapt and cope with the challenges of life (AIHW 2012).

This paper explores the central question of 'what are culturally appropriate mental health and social and emotional wellbeing programs and services for Indigenous people, and how are these best delivered?'. It identifies Indigenous perspectives of what is required for service provision and program delivery that align with Indigenous beliefs, values, needs and priorities. It explores the evidence and consensus around the principles of best practice in Indigenous mental health programs and services. It discusses these principles of best practice with examples of programs and research that show how these values and perspectives can be achieved in program design and delivery.

This paper seeks to provide an evidence-based, theoretically coherent discussion of the factors that influence the effective development, implementation and outcomes of initiatives to address Indigenous mental health and wellbeing issues. It seeks to assess whether the current investment in Indigenous people's mental health is aligned with available evidence on what works. To this end, the paper reviews Australian literature and government health, mental health and social and emotional wellbeing policies and programs. The scope of programs and their criteria for inclusion in this paper are informed by the Key Result Area 4, Social and Emotional Wellbeing objectives, within the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–13: Australian Government Implementation Plan 2007–2013* (DoHA 2007).

This paper acknowledges the holistic nature of health, mental health and wellbeing, and the effects of Australia's colonial history and legacy on the contemporary state of Indigenous social and emotional wellbeing. It recognises that there is a complex relationship between social and emotional wellbeing, harmful substance misuse, suicide, and a range of social and economic factors. Although this paper encompasses the broad priorities identified within the key Indigenous mental health policies and frameworks, it does not provide a detailed discussion of programs and resources that, although relevant here, are covered in a number of existing Closing the Gap Clearinghouse resource sheets and issues papers (see Appendix 1). These interweavings and overlaps are not surprising given the complexity and interconnectedness of the issues and determinants that are being addressed to strengthen Indigenous mental health and wellbeing.

Background

The striking disparities in the health of Indigenous and other Australians are well documented and the overall picture is one of persistent gaps in health outcomes across the lifecourse.

In the areas of mental health and social and emotional wellbeing, there is a lack of reliable studies that have assessed the mental health and social and emotional wellbeing of Indigenous Australians (Garvey 2008: Zubrick et al. 2014). This is partly due to the difficulties in measuring mental health in culturally distinct populations as well as the inadequacy of existing measures. Nevertheless, the available evidence-base in mental health highlights that the gaps are pronounced and increasing in some areas. For example, nearly one-third of Indigenous adults report high or very high levels of psychological distress in their lives, which is nearly 3 times the rate reported by other Australians, and the level of reported stress among Stolen Generation survivors is even higher (ABS 2014; AIHW 2009). Youth suicide, anxiety and depression among young people, cognitive disability and mental health among offenders (Parker et al. 2014), and perinatal mental health (Marriott & Ferguson-Hill 2014) have all increased dramatically among Indigenous people in recent years. Based on data collected in New South Wales, Queensland, South Australia, Western Australia and the Northern Territory over the period 2008 to 2012, the rate of intentional self harm among young Indigenous people aged 15–24 was 5.2 times the rate for non-Indigenous young people (ABS 2014). This is compounded by challenges to address mental health issues in the juvenile justice system in which Indigenous young people are disproportionately represented (Heffernan et al. 2014) and also in the Indigenous adult prison population. A recent Queensland study detected at least one mental health condition in 73% of male and 86% of female Indigenous prisoners (Heffernan et al. 2012).

Only recently have we gained an understanding of the extent and cumulative impacts of mental health problems (AHMAC 2011). According to Vos et al. (2007), about 10% of the health gap between Indigenous and other Australians was linked to mental health conditions (including depression, anxiety and substance misuse disorders) in 2003; with another 49% attributable to suicide.

There are significant challenges for health providers because many of the complex, multiple and interrelated factors that affect Indigenous mental health and wellbeing need to be addressed at the same time to make a difference.

Providing effective mental health programs and services is further complicated by differences in the definition of mental health concepts and associated terminology between Western and Indigenous cultures (Garvey 2008; Gee et al. 2014). The traditions, values and health belief systems (and the social and cultural circumstances surrounding health and wellbeing) of Indigenous peoples are poorly understood by many policy and service providers and seldom taken into account in program development and implementation. The tendency to perceive and address mental health problems in individualistic rather than holistic terms is one example of the disjunction and ethnocentrism within the mental health and health sectors.

Key determinants

Mental health and wellbeing is shaped by a broad range of factors. Genetic history, biology and environmental exposures have a marked impact on wellbeing. They form part of the complex processes that lead to mental disorders (Keating & Hertzman 1999; Susser et al. 2006). Some aspects of mental wellbeing are shaped by environmental exposures *in utero* and even prior to conception. Many adverse impacts are preventable with appropriate early intervention and prevention strategies.

Issues such as lack of access to good nutrition, poor quality water, alcohol intake during pregnancy, overcrowding and persistent infections can result in developmental delay and poor physical and neurological outcomes (Parker et al. 2014). Parental mental health status in the perinatal period is another critical factor in the early development and wellbeing of children (Marriott & Ferguson-Hill 2014). Recent findings from Footprints in Time—The Longitudinal Study of Indigenous Children (LSIC) suggest that good parental mental health can buffer Indigenous children from the adverse effects of multiple stress events (Kikkawa et al. 2013).

Although genetics, biology and environment are generic considerations in models of healthy development, issues of culture are generally given less prominence. In contrast, culture has been argued to be a central determinant of wellbeing among ethnic and minority populations (Williams 1997) where issues of racism, place and the circumstances of history are essential to understanding how physical and mental health are formed.

The wellbeing of Indigenous populations cannot be fully understood without an appreciation of the events and processes that followed Australia's colonisation. Indigenous health is a product of a history of dispossession, exclusion, discrimination, marginalisation and inequality in various forms. Racism has affected a high proportion of Indigenous people in contemporary Australia. It has created a lack of trust between Indigenous and non-Indigenous people and impeded the process of healing and reconciliation (Paradies et al. 2008).

These legacies are implicated in the unique stress profile of Indigenous people. Stress is highly prevalent across the spectrum of Indigenous society today, irrespective of socio-economic status (Silburn et al. 2006). The stresses faced by Indigenous children commonly include serious events such as the death or incarceration of a close family member (Milroy 2004). Frequent and ongoing stress events in early life can have a damaging effect on the developing brain of a child and alter the functioning of important bodily systems. This type of stress can be particularly harmful to mental health and social and emotional wellbeing in childhood (Zubrick et al. 2005), with negative consequences for wellbeing throughout life (McEwen 2003).

The effects of stress and racism, and the related ongoing effects of colonisation, have created a burden that extends across generations of Indigenous families.

Policy context

Currently, there is no overarching framework of guidelines, policy and best practice for mental health in primary care at a national level, and there are few resources available for providing mental health assessment (Adams et al. 2014) and quality feedback and outcome measurement (Nagel 2005). Mental health policy and program initiatives and service delivery have been widely criticised in recent decades for failing to provide culturally appropriate programs and services at both macro and micro levels (Hunter 2013; Parker & Milroy 2014).

For decades, mainstream mental health services have been provided on the basis of an inherent ethnocentrism, resulting in widespread systemic failure to respond to the needs of Indigenous people. In 1989, the National Aboriginal Health Strategy (NAHS) Working Party (1989) stated that:

> Mental health services are designed and controlled by the dominant society for the dominant society. The health system does not recognise or adapt programs to Aboriginal beliefs and law, causing a huge gap between service provider and user. As a result, mental distress in the Aboriginal community goes unnoticed, undiagnosed and untreated (NAHSWP 1989:171).

Since then a number of commissions and enquiries have shaped the contemporary policy arena with regard to the mental health of Indigenous Australians, resulting in some significant changes (Zubrick et al. 2014):

- In 1991 the Royal Commission into Aboriginal Deaths in Custody report (RCIADIC 1991) highlighted the devastating legacy of Australia's colonial history on Indigenous people's mental health. It was also highly critical of the mental health system's treatment of Indigenous people.

- The Burdekin Inquiry in 1993 (National Inquiry into the Human Rights of People with Mental Illness 1993) also reported on the mental health and wellbeing of Indigenous Australians, highlighting the 'triple jeopardy' (Tarantola 2007) and the 'widespread mental health impacts' of persistent violations to human rights (Hunter et al. 2012). The report from that inquiry acknowledged that the dispossession of Indigenous Australians, the forcible removal of children, and ongoing social and economic disadvantage had led to widespread mental health problems. It also noted that mental illness among Indigenous Australians could not be conceived in the same terms as that among non-Indigenous Australians.

- In 1995, the *Ways forward: National Aboriginal and Torres Strait Islander Mental Health Policy: national consultancy report* (the Ways Forward Report, Swan & Raphael 1995) was the first national consultation and analysis to report specifically on Indigenous mental health. It confirmed that past policies of forced removal of children from their families, dispossession from land, and continuing social and economic disadvantage had resulted in transgenerational trauma, grief and loss and contributed to widespread social and emotional wellbeing problems. This report also contributed to the development of the first Indigenous national policy and plan underpinned by Indigenous people's views of health and mental health as holistic, involving spiritual, social, emotional, cultural, physical and mental wellbeing and issues related to land and way of life. This recognition of the specific issues that affect Indigenous people's mental health has coincided with some important policy developments at the national, state and territory level (Zubrick et al. 2014).

- In 1997, the *Bringing them home report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* described the impact of policies of forced removal and the continuing and pervasive effects of transgenerational trauma, grief, loss and psychological distress (HREOC 1997).

The Indigenous mental health policy context has also been strongly influenced by ongoing developments in international thinking about Indigenous rights to self-determination and equality and human rights, mental health, and recovery approaches.

Indigenous mental health policies

This section examines mental health policies that have been developed specifically to address the distinctive needs of Indigenous Australians.

Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan 1996–2000

This was the first national initiative to specifically address the social and emotional wellbeing of Indigenous Australians. It outlined a policy framework that aimed to establish a consistent and coordinated approach to mental health, including culturally appropriate and accessible Indigenous mental health services to address a range of critical issues identified in the RCIADIC (1991), the Burdekin Report (National Inquiry into the Human Rights of People with Mental Illness 1993), and the Ways Forward Report (Swan & Raphael 1995).

National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Well Being 2004–09 (the Framework)

The Framework was fundamental to reclaiming, legitimising and incorporating Indigenous understandings of health and social and emotional wellbeing in the health and mental health policy sector. It set out roles, responsibilities and timeframes for the implementation, monitoring and evaluation of the key objectives and policy directions. The Framework was fundamental in the development of policy and programs in both community and government sectors, including the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013 and the *Australian Government implementation plan 2007–2013* (DoHA 2007).

The Framework set out 9 guiding principles underpinning the concept of social and emotional wellbeing. They were first proposed in the Ways Forward Report (Swan & Raphael 1995), and they acknowledge the critical importance of Indigenous Australians' cultural values:

1. health as holistic, encompassing mental, physical, cultural and spiritual health
2. the right to self-determination
3. the need for cultural understanding
4. recognition that the experiences of trauma and loss have intergenerational effects
5. recognition and respect of human rights
6. racism, stigma, environmental adversity and social disadvantage have negative impacts
7. recognition of the centrality of family and kinship and the bonds of reciprocal affection, responsibility and sharing
8. recognition of individual and community cultural diversity
9. recognition of Indigenous strengths (SHRG 2004).

The Framework also outlined strategic directions in 5 key areas to improve health and wellbeing outcomes:

1. a focus on children, young people, families and communities
2. strengthening Indigenous, community-controlled health services
3. improving access to and responsiveness of mental health care
4. coordinating resources, programs, initiatives and planning
5. improved quality, data and research.

These principles and key strategic directions were intended to enhance the mental health and social and emotional wellbeing of all Indigenous communities by building on their existing resilience and strength, improving access to primary health care services, building the capacity of the mental health and social and emotional wellbeing workforce, and providing responsive and accessible mental health services with cultural expertise.

Priority areas identified included youth suicide, trauma and grief counselling, communications, development of culturally appropriate mental health models, intersectoral activity, specialist regional centres in mental health training and service delivery, data collection, research and evaluation, and funding.

Australian government Implementation Plan 2007–2013 (DoHA 2007)

This implementation plan falls under the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013*. Under this initiative, social and emotional wellbeing objectives involve a social justice, across-government, coordinated and integrated approach to policies, programs and services. It has a focus on developing more culturally responsive and accessible mainstream services and a more culturally competent workforce (as well as traditional healers) to address the needs of Indigenous people with severe mental illness and substance use issues.

COAG Roadmap for Mental Health Reform 2012–2022 (the Roadmap)

The Roadmap (COAG 2012) provides a framework for the renewal of the National Mental Health Policy and the *Fourth national mental health plan 2009–2014* (AHMC 2009). Although 10 of the 45 strategies in the Roadmap refer directly to Indigenous people, there is not a close alignment with the 9 guiding principles first delineated by Swan & Raphael (1995) and set out in the Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan 1996–2000. Although the Roadmap refers to the 'frontline competence' of workers

and service providers, it does not directly address cultural competence, cultural security or racism. Although community-led healing programs are mentioned, the Roadmap does not talk about self-determination, Indigenous community-controlled services or partnerships between Indigenous and mainstream services.

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

Released by the Australian Government in 2013 (DoHA 2013b), this strategy's core objective is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities. The process of a national consultation and the subsequent principles incorporated in the strategy, including being community based and requiring Indigenous leadership, augur well for positive change.

National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (the Health Plan)

The Health Plan (DoHA 2013a) is a strategic evidence-based policy framework that aims to address the intersection of health, mental health and social and emotional wellbeing of individuals, families and communities. It adopts a holistic, whole-of-life approach to guide policies and programs to improve health access, care and outcomes over the period to 2023.

Importantly, the Health Plan is underpinned by a set of principles identified as fundamental to effective implementation of policies aimed at improving Indigenous social and emotional wellbeing. These principles include adopting a health equality and human rights approach, community control and engagement, partnership and monitoring and evaluation. The Health Plan has the potential for a genuine transformation in Indigenous health and mental health. Although the plan has the ingredients for success, it does not contain an implementation plan or a blueprint for action that specifies service models, funding accountability, workforce training and capacity building to ensure the effective implementation of policy. The Australian Government intends to develop an implementation plan by the end of 2014.

State government initiatives

Several jurisdictions have developed health plans and frameworks, guidelines and best-practice models to address the policy challenges facing Indigenous mental health. Specific mental health services, policies and bodies at the state level include:

- The *Victorian Aboriginal suicide prevention and response action plan 2010–2015* (Department of Health, Victoria 2010).

- The *Victorian Aboriginal affairs framework 2013–2018*, which aims to close the gap between Indigenous and non-Indigenous adults reporting high or very high levels of psychological distress by 2031 (Department of Planning and Community Development, Victoria 2012).

- The Western Australian state-wide specialist Aboriginal mental health service (2010–2014) (MHC WA 2010), which is an innovative arrangement that delivers whole-of-life mental health care. This culturally secure service model includes specialist clinical interventions, and it involves family and engages traditional healers. It is focused on delivering improved access to mental health services for Indigenous people and a career structure to encourage recruitment and retention of Indigenous staff.

- The *NSW Aboriginal mental health and well being policy 2006–2010* and the *NSW Aboriginal mental health worker training program* (NSW Health 2007).

- The Queensland Government's *Guideline for mental health services responsiveness for Aboriginal and Torres Strait Islander people* and a policy and accountability framework (Queensland Health 2012).

Healthy Futures: NACCHO 10 Point Plan 2013–2030

Produced by the National Aboriginal Community Controlled Health Organisation, a non-government organisation that receives funding from the Australian Government Department of Health, this plan (NACCHO 2013) provides a set of priorities and strategies for the community-controlled health sector and its partners. It focuses on guiding sustainable improvements in all aspects of Indigenous health, including social and emotional wellbeing, and ultimately aims to achieve equality of health status and life expectancy of Indigenous Australians with that of non-Indigenous Australians by 2030.

Current policy challenges

The Australian Government has asked the National Mental Health Commission to conduct a national Review of Mental Health Services and Programs. This review is examining existing mental health services and programs across all levels of government, and the private and non-government sectors. The focus of the review is to assess the efficiency and effectiveness of programs and services in supporting individuals experiencing mental ill health, and their families and other support people, to lead a contributing life and to engage productively in the community. The commission is scheduled to report the results of the review to the Australian government at the end of November 2014.

Recognition of racism and Indigenous cultural and social circumstances

The prevailing paradigms that inform mental health and wellbeing policy and service planning tend to be universal in their approach: they do not take into account Indigenous cultural and social circumstances. Failure to 'join the dots' can present a real obstacle to adequately responding to the many causes of poor mental health and wellbeing among Indigenous Australians. It can also be a form of institutionalised racism that can be difficult to reveal and challenge (Sweet & Dudgeon 2013). Few policy documents and mental health plans acknowledge the crucial need to address racism in services and the workforce, tending instead to frame such discrimination more broadly as a consequence of mental illness (Sweet & Dudgeon 2013).

An ongoing silo mentality around mental health and wellbeing policy formulation, as well as in the implementation of programs, service delivery and practice, sees efforts being primarily focused on the individual, with limited regard for family or community contexts. There is also a strong focus on formulating policy and programs around risk and protective factors linked through a program logic to a set of measurable outcomes—an approach that seldom takes account of the broad range of interconnected factors contributing to the mental health and wellbeing of Indigenous people. This approach has been criticised by Hunter et al. (2012), who note:

> Health, mental health, and well-being are inseparable, interconnected, and incorporate notions of balance and harmony … the disruption of that balance through dispossession and trauma in its myriad forms over generations has left a legacy of profound grief and psychological distress … the mental health needs of Indigenous Australians must be located in a human rights framework and can only be understood within an historical and social context—they cannot be reduced to the simple interplay of risk and protective factors (Hunter et al. 2012:455).

Psychologists and other mental health practitioners working with Indigenous people are often confronted with extremely complex presentations encompassing mental health issues, cultural disconnection and multiple stressors in the form of poverty or poor housing, child removal, as well as trauma, abuse and loss (Gee et al. 2014). This level of complexity requires:

- Different models of engagement and new approaches and ways of thinking about mental health when working with Indigenous people (Dudgeon et al. 2014a).
- Greater understanding about the determinants of Indigenous mental health and wellbeing.

- Recognition of the range of factors that Indigenous people have consistently identified as being critical to the design and delivery of effective services and programs aimed at improving their mental health and social and emotional wellbeing. These include Indigenous definitions of health and wellbeing as holistic and underscored by connections to culture, family, community and country.
- Changes in the cultural competence of mental health systems, services, professions, disciplines and individual practitioners (Walker et al. 2014).

Limitations of evidence used to inform policy

Part of the complexity and challenge with Indigenous mental health policy lies with the type of evidence used to inform it, how outcomes are measured, and what it aims to achieve.

There is a consensus that much of the evidence informing policy making is limited to statistical data, modelling and scientific research methods that do not adequately encapsulate Indigenous perspectives on mental health and wellbeing (Phipps & Slater 2010). The lack of available, timely, comprehensive and quality data about Indigenous health and social and emotional wellbeing that take account of cultural, historical, geographic and socioeconomic diversity has been identified as a significant obstacle to the government's understanding of and ability to address Indigenous mental health and wellbeing in a meaningful way (Nguyen & Cairney 2013).

There has been much written about the need to develop more meaningful indicators and measures of mental health and wellbeing for data collection and government reporting frameworks that capture the substance of what is important and meaningful to Indigenous people (ATSISJC 2011; Biddle 2011; Dudgeon et al. 2014a; Jordan et al. 2010; Taylor 2008; Yu 2012). Such concerns have been raised in regard to the distinctive notions of Indigenous wellbeing that were featured in the 6 targets in the COAG 'Closing the gap' initiative (Biddle 2011; Yap 2011). Others emphasise the need to develop Indigenous performance measurement systems to enable an increased responsiveness to cultural values and priorities and support effective service development (Nguyen & Cairney 2013).

Programs and service delivery

The history of limited program 'success' in Indigenous mental health and social and emotional wellbeing can be linked to a number of factors, including a 'one size fits all' approach; insufficient and *ad hoc* funding and rigid funding arrangements; lack of skilled staff; expectations of long-term outcomes being achieved within short timeframes; poorly coordinated and monitored programs and services; multiple and burdensome accountability requirements; and a lack of proper engagement and partnership with community-based organisations (CREAHW 2009; Hunt 2013).

Indigenous people in urban, rural and remote areas experience poor access to mental health services (Dudgeon et al. 2012). Some of this can be attributed to the lack of access to culturally appropriate health services within the mainstream and community-controlled mental health sector (Reibel & Walker 2009). Some experts have suggested that being identified as an 'at-risk' group within the broader mainstream population has resulted in the repeated delivery of selective and largely inappropriately conceived strategies and initiatives (ATSISJC 2008; Dudgeon et al. 2012).

Mainstream programs that are adapted for use with Indigenous communities require genuine engagement with communities, culturally competent staff, appropriate resources and greater flexibility and cultural responsiveness in order to be effective. Too often, programs and services do not take into account Indigenous people's understandings about the issues that affect mental health and social and emotional wellbeing. The programs are not designed in a manner that can support Indigenous people in addressing these issues (Dudgeon et al. 2012).

Access to Allied Psychological Services

The 2011–12 Budget included dedicated funds for mental health and suicide prevention services for Indigenous people under the (mainstream) Access to Allied Psychological Services (ATAPS) program that is delivererd through Medicare Locals. The funds are distrbuted based on Indigenous population size and relative need in each Medicare Local Region.

Currently, $8.2 million is being directed towards the ATAPS Tier 2 program in 2013-14. While the program has always priovided services for Ingenous people, the ATAPS Tier 2 program breaks new ground in that it includes Australian Government expenditure directed towards programs that are specifically aimed at Indigenous people. An Indigenous advisory group has supported the development of the program, which uses Indigenous definitions of health—incorporating connections to family, culture, land and wellbeing—and includes a focus on community engagement. Organisations that are funded through ATAPS (Medicare Locals) are required to form practical partnerships with Indigenous community-controlled primary health care services and to provide services in a culturally appropriate manner. This includes cultural competency training for non-Indigenous practitioners.

At the time of writing, there was some preliminary evidence to suggest increases in the numbers of Indigenous clients receiving services and experiencing positive outcomes. That said, further evaluation is required to identify the effectiveness of the program in reducing mental health problems.

Effective program and service delivery principles

Swan and Raphael's 9 guiding principles contained within the *National strategic framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional well being 2004–09* (SHRG 2004) remain pivotal in guiding the design and delivery of Indigenous mental health policy, programs and services. These take account of the important differences in Indigenous definitions and concepts of health and wellbeing (Smylie et al. 2006; Zubrick et al. 2014).

Taken collectively, the principles emphasise the importance of focusing on the physical, spiritual, cultural, social and emotional connectedness of the individual, family and community as a means of addressing people's mental health and social and emotional wellbeing. They reinforce the need for programs that strengthen cultural values and commitments, systems of care, and control and responsibility as an intrinsic aspect of healing and facilitating cultural, social and emotional wellbeing.

These principles reaffirm the importance of working in partnership with the Indigenous community-controlled sector and facilitating Indigenous people's fundamental right to determine the types of services they receive. Finally, these principles highlight the necessity of programs and initiatives recognising the profound effects of colonisation as the starting point for addressing Indigenous people's pervasive grief and loss, transgenerational trauma, and ongoing stress and dislocation.

1. Health as holistic

Situating mental health within a social and emotional wellbeing framework is consistent with Indigenous concepts of health and wellbeing that prioritise and emphasise wellness, harmony and balance rather than illness and symptom reduction (Milroy 2004; NAHSWP 1989). It is a holistic view of health that reflects Indigenous people's experiences and beliefs about the interconnectedness of health and wellbeing and the connections between the individual and their community, traditional lands, family and kin, ancestors and the spiritual dimension of existence.

Most research and government policy initiatives related to mental health are largely biomedical, focusing on specific conditions, their symptomatology and epidemiology. With the exception of Ngangkari (Indigenous traditional healers) being employed in some jurisdictions, there is a notable lack of programs and services that combine traditional treatments with western medical approaches and that seek to treat the wellbeing of the whole person.

2. The right to self-determination and control

Recognition of people's right to determine and develop policies and programs that are linked to their health is fundamental to the achievement of the principles and goals of self-determination. This is supported by the United Nations Declaration on the Rights of Indigenous People—in particular, Article 23 states that:

> …Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions (UN 2007: Article 23).

Indigenous self-determination and control extends to the formation of partnerships between Indigenous and mainstream health services as well as the increased use of community-governed health service delivery (Taylor & Thompson 2011). These partnerships must be based on respect for Indigenous control and decision-making and on priorities set by Indigenous people; be responsive to Indigenous needs and local decision-making; and have a willingness to share risks and foster innovation and flexibility, including in the use of the funding provided (Hunt 2013).

Fostering a sense of control is an effective strategy for enhancing Indigenous people's mental health and wellbeing. Important research highlights the numerous positive flow-on effects arising from programs that seek to empower Indigenous individuals, families and communities to cultivate and restore a strong sense of self and identity (Dudgeon et al. 2012; Tsey et al. 2010).

3. The need for cultural understanding

Designing and delivering effective programs and services requires an understanding of Indigenous concepts and values about mental health and social and emotional wellbeing. A growing number of Indigenous psychologists and mental health workers are starting to demonstrate the importance of incorporating Indigenous knowledge and ways into program services and practices and education courses to improve Indigenous access and mental health and wellbeing outcomes (Dudgeon & Ugle 2014).

Cultural understanding requires programs to be culturally safe and enable people to maintain a secure sense of cultural identity and exercise their cultural rights and responsibilities (rights and responsibilities that can be deeply rooted in sources of wellbeing such as connection to spirituality and land). Other features of culturally safe programs include:

- employment of Indigenous staff
- application of the principles of reflective practice by practitioners
- incorporation of local Indigenous ways of knowing and being in the world and acknowledging the past and learning together
- development of holistic, joined-up programs that meet the diverse physical, social, emotional, health and wellbeing needs of individuals and their families
- respect for familial, language and gender groups (Munns 2010; Walker 2010a, b).

4. The impact of history in trauma and loss

The health and wellbeing of Indigenous people has been profoundly shaped across generations by the effects of colonisation. The enduring legacy of policies of exclusion, segregation and forced removal from family and country, and the effects of racism and discrimination experienced by generations of Indigenous people, has been pervasive. This has affected psychological, social, spiritual and cultural aspects of Indigenous wellbeing and sense of connection to land.

The forced separation of children from parents has had significant and enduring effects on Indigenous people: it has been linked to transgenerational trauma, grief and loss (Atkinson 2013) and disrupted attachments to family, place, and culture (Milroy 2014). Traumatic grief and loss has both cognitive and emotional effects on individuals, including numbness, disbelief, distrust, anger and a sense of futility about the future (Milroy 2014). There is a direct association between the ongoing effects of these experiences and the corresponding poverty, substance abuse, incarceration and mental health conditions (Holland et al. 2013).

The effect of colonisation on gender roles has also been profound (Yap 2011). Traditionally, men and women had defined, complementary gender roles in society defined in mythology and upheld by the group. They knew the range of behaviours expected of and permitted to them as men and women (Dudgeon & Walker 2011). Women had religious responsibilities to uphold the Dreaming; they were 'boss for themselves', a self-perception that was manifested in their economic, social, familial, spiritual and ritual roles (Bell 2002:11). Senior women held considerable authority according to their age and wisdom. Grandmothers had a special relationship with, and responsibilities to, their grandchildren to assist in their transition to adulthood and to assist with motherhood (Bell 2002). Indigenous women shared equal rights and responsibilities with men to provide a safe and healthy environment for women and children (Watson 2008).

Yap and others have noted how the impact of colonisation has been twofold—through the imposition of dominant Western values that give less weight to the position of women, and through the enduring disempowerment of men, the consequences of which women have sometimes had to bear (Yap 2011).

Despite all this, women still have contemporary roles as 'strong leaders, advocates and community visionaries at all levels, representing and addressing the various determinants of health and wellbeing in urban, rural and remote community contexts within a framework of social justice and human rights' (Dudgeon & Walker 2011:113). Dudgeon and Walker say that 'Aboriginal women's journey towards empowerment involves the reclamation and reconstruction of Aboriginal culture as determined by them, giving all Aboriginal people a rightful sense of place and pride' (Dudgeon & Walker 2011:113).

5. Recognition of human rights

Indigenous people have the right to full and effective participation in decisions that directly or indirectly affect their lives (see the *United Nations Declaration on the Rights of Indigenous People* UN 2007). They have the right to:

- 'acknowledgment that the health care needs of Aboriginal and Torres Strait Islander people may be the subject of special programs
- be involved in decision making
- culturally appropriate health services
- enjoy the highest standards of physical and mental health' (Howse 2011:18).

The importance of working within a human rights framework is frequently overlooked in health and social policy making (Hunter et al. 2012). Violations of these rights are now recognised as a major cause of mental disorders. Furthermore, Indigenous people's health and wellbeing are bound to their collective rights—such as rights to land and cultural practices, and maintenance and application of traditional knowledge. Recognition of these rights is fundamental to improving the health circumstances of Indigenous people in Australia.

Recognition of human rights requires a greater commitment by governments to uphold Indigenous people's individual rights to health, as well as their collective right to maintain and use their own health systems and practices in pursuit of their right to health. Article 12 of the International Covenant on Economic, Social and Cultural Rights states that:

> Indigenous people have the right to specific measures to improve their access to health services and care. These services should be culturally appropriate, taking into account traditional preventive care, healing practices and medicines. States should provide resources for Indigenous people to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health (UN CESCR 2003).

Improving access to effective service delivery for Indigenous people requires the development or adaptation of mainstream services to ensure they are culturally responsive and accessible. Failure to do so can be seen as an abrogation of Indigenous people's human rights and can itself become another source of stress and alienation.

6. The impact of racism and stigma

Racism has been shown to affect the health and wellbeing of a high proportion of Indigenous people in contemporary Australia, creating a barrier to accessing health services and to the process of healing and reconciliation (Paradies et al. 2008). Racism and discrimination has been cited as a direct cause of psychological distress as well as negatively influencing wellbeing via pathways such as smoking and alcohol and substance misuse (Paradies 2006; Priest et al. 2011a, 2011b). Racism also affects people's ability to seek health, housing, welfare or other services from providers they perceive to be unwelcoming or negative towards them.

Addressing racism at both an individual, organisational, and system levels is critical to achieving the effective provision of mental health services. This requires providing training and education to enhance staff cultural competence; consulting with Indigenous people and facilitating their genuine input and advice in policy, planning, service delivery and resource allocation; and demonstrating a commitment by service providers and funders to Indigenous knowledge, ways of working and decision making that acknowledges and is respectful of Indigenous cultures (Walker et al. 2014).

7. Recognition of the centrality of kinship

The integration of family and community into all aspects of mental health planning is essential in order to incorporate the social and cultural realities of Indigenous people's lives, beliefs and circumstances (Gee et al. 2014; Guerin & Guerin 2012). Of particular importance is recognition of the role of strong social and familial relationships as determinants of mental health and social and emotional wellbeing.

8. Recognition of cultural diversity

Indigenous cultural beliefs and understandings about mental health can vary according to place of living: urban, rural or remote. Different groups have very different experiences in relation to maintaining languages, accessing traditional lands, and reclaiming and practicing traditional cultural ways and laws, governance and kinship structures (Dudgeon et al. 2014b). The diversity within Indigenous sub-populations in urban contexts and the difficulties that different groups experience in accessing mainstream health and mental health services are often overlooked (Dudgeon & Ugle 2014).

Implications of recognising cultural diversity include responding to the large variation and increasing complexity of Indigenous identity, and acknowledging the significance of different language and family groups (including moiety or skin group systems) and gender relationships. These different groups can entail complex avoidance relationships that determine the nature and extent of interaction between different family and kin members. It also requires identifying the different forms of distress experienced by Indigenous people and the different pathways of healing and recovery required, depending on people's belief systems and experiences (Milroy et al. 2014, and see 'Categorisation of the programs' section for more detail on the pathways to recovery).

9. Recognition of Indigenous strengths

Indigenous Australians continue to display resilience despite the extent of disadvantage and adversity they still experience. This resilience is an important feature that can help to moderate the impact of an array of stressful circumstances on the social and emotional wellbeing of individuals, families and communities (Dodson 1994).

Research has shown the importance of family, community, culture and environment in promoting resilience. The term 'cultural resilience' is now used to denote the role that culture and a strong cultural identity can play as a source of strength, identity, structure and continuity for whole communities in the face of ongoing change, stress and adversity, and as a protection against suicide (Fleming & Ledogar 2008). Evidence shows that health benefits are likely to accrue for Indigenous people from maintaining key aspects of their culture and heritage (Biddle 2011; Chandler & Lalonde 1998; Rowley et al. 2008).

Program review

This section outlines the literature review methodology and discusses in-scope programs and initiatives that aim to address Indigenous mental health and social and emotional wellbeing.

Sources and search terms

The literature searches were limited to articles published between 1992 (following the publication of the Royal Commission into Aboriginal Deaths in Custody) and November 2013.

The main sources of the academic literature for this paper were Scopus, CINAHL Plus and OVID platform databases (MEDLINE, EMBASE, Global Health, PsycEXTRA and PsycINFO). In addition, we examined the Database of Abstracts of Reviews of Effects (DARE), Project Cork, The Campbell Library and Cochrane Library for relevant systematic reviews, clinical trials and intervention literature.

The substantial body of grey literature on Indigenous health issues was accessed via the Indigenous Australian Health *InfoNet*, a range of index databases on Informit (including APAIS-ATSIS, Indigenous Australia, AIATSIS Indigenous Studies Bibliography, FAMILY-ATSIS and Austhealth) and other relevant websites. We also drew on studies identified in other Clearinghouse papers and related reviews (Day & Francisco 2013; Day et al. 2013). Consultation with Indigenous researchers with expertise in issues of social and emotional wellbeing yielded other relevant articles.

Three sets of key search terms formed the foundation of the search across the range of literature sources: they included terms related to the population group; the subject matter; and the study type. Generic keywords for the target population group included 'Indigenous', 'Aborigines', and 'Torres Strait Islander.' We included a broad range of subject matter terms related to issues of social and emotional wellbeing, including (but not limited to) summary descriptors ('mental health', 'mental illness', 'mental disorder', 'social and emotional wellbeing'), specific conditions and events ('depression', 'anxiety', 'grief', 'stolen generation', 'psychosis', 'suicide', 'schizophrenia', 'bipolar', 'personality disorder'), proximal determinants ('substance abuse', 'drug abuse', 'alcohol abuse'), and issues central to the holistic notion of Indigenous wellbeing ('spirituality', 'connection to country', 'connection to land', 'connection to 'culture', 'identity', 'healing'). Study types keywords included 'evaluation', 'intervention', 'prevention', 'patient education', 'health promotion', 'randomised control', 'control trial', 'gatekeeper', 'participatory action', 'empowerment' and 'program'.

These terms were used as keywords and in combination with identified database subject headings, and truncated as appropriate to each source. The searches were constructed to identify articles that had at least one population keyword AND at least one subject matter term AND at least one study type keyword.

Search results

Following the removal of duplicates and clearly out-of-scope articles, 711 articles were considered potentially relevant and were subsequently independently reviewed by 3 experienced researchers. In total 49 studies describing 42 programs or initiatives satisfied the criteria for inclusion in this review.

Articles were included in this review if they contained some information on the effectiveness of a service, program or initiative to address a social and emotional wellbeing outcome in an Indigenous population group. Studies with qualitative and quantitative assessments of effectiveness were included, as were studies where Indigenous people were identified as a group within a broader program. This inclusive approach captured a wider set of perspectives on social and emotional wellbeing programs than if the review had restricted itself to the limited number of empirically evaluated mental health interventions for Indigenous people.

Assessment of the programs

All of the studies included in this review have been assessed as having a high level of program relevance and providing sufficiently credible evidence to determine the extent to which they are both culturally appropriate and effective.

The review assessed:

- the cultural appropriateness of the programs in terms of the extent to which they were aligned with the core areas in the 9 guiding principles as set out in the Framework, and rated programs on an appropriateness classification scale (see Appendix 2)
- the quality of the program evaluations using an evidence classification scale (see Appendix 3 for the classification scale and for details on how the quality of studies was assessed)
- whether the program achieved an effective outcome.

A summary of program evaluations, including evidence rating, level of appropriateness and whether there were effective outcomes is in Appendix 6.

Study characteristics

Some of the 49 studies included in the review have limitations relating to the study design or analytic techniques (these limitations are indicated in the evidence classification rating they receive). These studies have been included where they appear relevant and are able to adequately demonstrate whether program outcomes have been achieved.

The majority of evaluation studies were conducted using a qualitative framework (38 of 49 evaluations), with 18 of those classified as mixed methods studies (using both qualitative and quantitative methods). The qualitative evaluations used a wide array of data collection techniques, including self-reported questionnaires, one-on-one interviews (in-person and over the phone; structured and informal), and focus groups. These data were usually gathered from program participants, supplemented by information from program staff (reflections, observations and in-depth interviews and surveys), teachers and carers (where the participant was a child), and staff conducting the evaluation (field work notes, literature reviews) (see Table A6 in Appendix 6).

Eleven of the 49 evaluation studies based their findings on information collected anecdotally (7) or post-intervention only (4) (where participants were asked to reflect on whether the program aims had resulted in a positive change in some aspect of social and emotional wellbeing). Thirteen studies compared responses pre- and post-intervention: 8 of these extended to observations up to 6-months after the program was delivered, and 5 studies repeated the measures at 12–24 months. Only 3 studies used a control group to assess the effectiveness of a program—one of these was a randomised controlled trial (RCT). The limited number of studies conducting RCTs is not surprising given the complexity of the contexts and the issues and nature of the interventions. It has been suggested that RCTs are generally not appropriate for many program evaluations (American Evaluation

Association (AEA) 2003, 2008). The complexity of causality and context requires different methods. Indeed, many of the authors highlight the need, benefits and ethics of conducting community-based participatory action research to ensure ongoing responsiveness to the needs of families and communities (Phipps & Slater 2010; CREAHW 2009).

Types of programs

Many of the programs were designed specifically for Indigenous Australians. Some of these programs had been adapted from programs that were demonstrated to be successful in the general population. At least half of the programs were conducted among populations in remote or regional settings; a few were tailored to urban Indigenous groups. There was a wide spread of programs delivered in urban, rural and remote areas across Australia.

Some programs targeted specific age groups—infants, children, young people and adults, including specific programs for men and women. Other programs catered for all age groups with a focus on families and communities.

Four programs were focused on improving access to mental health services by ensuring they were more culturally secure and appropriate, and 7 programs were designed to enhance the mental health workforce to improve mental health and wellbeing outcomes for Indigenous Australians.

Importantly, more than half of the studies reported that Indigenous people had been involved in the design, development and implementation of the intervention; however, fewer studies reported Indigenous involvement in the design or conduct of the evaluation itself.

Categorisation of the programs

A pathways to recovery framework has been proposed by Milroy et al. (2014) to address the impacts of colonisation and the trauma, grief and loss experienced by Indigenous families and communities. The 3 pathways are:

1. self-determination and community governance
2. reconnection and community life
3. restoration and community resilience.

This framework has been used to categorise reviewed programs for analysis and discussion, and provides a useful way to summarise the extent to which the programs contributed to recovery and the improved mental health and emotional wellbeing of Indigenous Australians. The types of programs that can be categorised under each of the 3 pathways are set out in Appendix 4, and the vast majority of reviewed programs fell under at least 1 of these pathways.

The reviewed programs have also been mapped against the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* Key Result Area 4, Social and Emotional Wellbeing dimensions and objectives (Table A5 in Appendix 5). There are 5 dimensions in Key Result Area 4 that address program approaches, responsive and accessible services and workforce and quality improvement. The first of these dimensions, social justice and across-government approaches, aims to reduce the intergenerational effects of past policies, social disadvantage, racism and stigma and increase the resilience and stronger social and emotional wellbeing within individuals families and communities. The second, population health approaches, aims to enhance social, emotional and cultural wellbeing for individuals, families and communities, particularly through the reduced prevalence and impact of harmful alcohol, drug and substance use on individuals, families and communities. The 3 pathways to recovery fit well within the Key Result Area 4 program approaches, and both have been used to categorise the programs and initiatives identified in the literature review.

The full range of reviewed programs is discussed in Summary of program outcomes.

Summary of program outcomes

The following summary categorises the program outcomes under the 3 pathways to recovery headings (Milroy et al. 2014) as well as the separate headings within Key Result Area 4 dealing with access to services and the mental health workforce.

Self-determination and community governance

There is a range of programs that support self-determination and enhance community governance (elements that are both deemed critical to wellbeing). These programs address community structure, governance, representational and participation levels, individual and family models of decision-making, problem solving and relationship structures. Also relevant are educational, economic and career programs that aim to enhance individual, family and community potential and strengthen capacity, as well as those addressing issues such as alcohol and drug misuse and other proximal determinants that impact on mental health and social and emotional wellbeing outcomes.

Empowerment, assertiveness and leadership programs

The Family Wellbeing Program is an exemplar of comprehensive programs that focus on enhancing people's sense of empowerment and control over their lives, as well as a community's collective esteem, efficacy, control and self-determination. It uses a participatory action research approach to work with Indigenous communities to focus specifically on addressing the trauma and dysfunction experienced by Indigenous communities; increasing self-worth; developing problem solving, conflict resolution and communication skills (especially with family); and goal setting, mentoring and leadership.

The implementation of the Family Wellbeing Program in several Indigenous community groups in Queensland and the Northern Territory during the past 10 years has led to improvements in self-worth, resilience, problem-solving abilities, respect for self and others, capacity to address social issues, and cultural and spiritual identity (Haswell et al. 2010; Nguyen & Cairney 2013; Tsey & Every 2000; Tsey et al. 2010). The evaluations in different sites suggest that the Family Wellbeing Program can be transferred and adapted to a wide range of contexts and that this program can be implemented to address a wide range of determinants. Importantly, the program has also demonstrated a reduction in family violence, alcohol and substance use and, in some communities, substantially reduced suicide. The Family Wellbeing Program provides an exemplar for working in accordance with the Framework's 9 guiding principles.

Healthy lifestyles and health promotion

Programs that focused on education health promotion appeared to have a broad range of benefits, from improving relationships, fostering pride and self-esteem, reducing substance use, supporting people to live healthier lifestyles, and increasing access to mental health care. The study by Phipps & Slater (2010) highlights the importance of cultural festivals as a means of cultural renewal and celebration, and it affirms culture as a critical starting point for addressing the determinants of mental health and social and emotional wellbeing. They note that:

> Increasingly, agencies with responsibilities for Indigenous health, education, employment and other wellbeing outcomes are realising that cultural festivals are a powerful space for working effectively with communities on their own terrain: opening dialogue, engaging participation and working in partnerships to both imagine better futures and deliver results in these crucial areas (Phipps & Slater 2010:8).

Parenting programs and child development

Both parenting skills workshops and programs aimed at early childhood development were able to support the adoption of healthier behaviours and reduce stress. Many of these programs addressed a number of the elements of the 9 guiding principles concurrently. For example, Mares & Robinson (2012) assessed the application and adaptation of the mainstream *Let's Start* parenting program in a remote Indigenous community. They noted that Indigenous families need high quality, professionally structured and managed programs that work in culturally accessible ways. This includes a good understanding of the way parenting, patterns of child-rearing and relationships between community and kin members are shaped by cultural and social contexts. They acknowledge that the effectiveness of programs depends on their ability to 'fit' with patterns of interaction and relationships within a specific community while maintaining 'therapeutic fidelity and efficacy' (Mares & Robinson 2012:106).

Robinson et al. (2009) highlighted the difficulties of attempting to implement the Let's Start program in other diverse contexts, including in urban settings. The low completion rates by Indigenous parents (especially in urban contexts) highlights the challenges of adapting mainstream programs and the need for culturally competent engagement with families and other agencies to increase the program's effectiveness. The Boomerang Parenting Program was another trial adaptation of the circle of security program, which involved a trained Indigenous early childhood health professional and was delivered at a cultural camp. Although 3 families completed the intervention and experienced obvious benefits, further work is needed to explore the feasibility of scaling-up the program (Lee et al. 2010).

Life skills development

Many of the in-scope programs concentrated on the development of personal skills and abilities. The evidence from a range of evaluations suggests that practical programs targeted toward developing problem solving, self-management, conflict resolution and communication skills can support people to better cope with life and relationships. One study from the Family Wellbeing program indicated that life skills development could also improve people's sense of connectedness and belonging, to both family and the broader community (Con Goo 2003).

Many Indigenous people and families reported increased confidence, greater ability to recognise and intervene in suicide in their community, feeling better as parents, and feeling reaffirmed in their identity and culture.

Reconnection and community life

Indigenous mental health programs and services that aim to redress the effects of loss and disconnection from family, culture and country have to be responsive to the effects of forced removal, racism, social exclusion and discrimination. This must be seen as a key and necessary first step in addressing grief, trauma, abuse, substance misuse, family breakdown, psychological distress and suicide. According to Milroy et al. (2014), strengthening connections to culture, community, family and spirituality, reclaiming their history and creating ancestral and community connections to family and country will help to restore a sense of cultural continuity. These programs can look at family and community relationships, identify processes to affirm a strong cultural identity, restore community and individual narratives, re-integrate and promote family and community reunion, and deal with grief and loss issues. It could be important to hold particular ceremonies to address historical losses and promote recovery.

The importance of recording oral histories, conducting community cultural celebrations and supporting and facilitating strong men's, women's and Elders' groups, and engaging with young people is critical for cultural reclamation and reconnecting communities. The programs in this pathway identified in the review are grouped below.

Reconnecting family

The evaluation of a suite of programs delivered across Australia under the Bringing Them Home and Indigenous Mental Health Programs Initiative indicated there were generally positive outcomes for participants, particularly for those involved in the programs aiming to trace and reconnect family members and counsel Stolen Generation members (Wilczynski et al. 2007).

Cultural renaissance programs (language nests, dance groups, art forums)

Programs that engaged participants in creative arts ventures were also seen to benefit aspects of their social and emotional wellbeing:

- a dance and performance workshop improved students' understanding of mental health issues, with benefits for self-esteem, behaviour and relationships with peers and family (Hayward et al. 2009)
- a community singing program appeared to support resilience and social and emotional health, and reduce levels of stress and depression (Sun & Buys 2013b)
- a community arts-based program had social inclusion benefits for those with mental health problems (Leenders et al. 2011).

Mother, infant and family support programs

The Halls Creek Community Families Program—'Ynan Ngurra-ngu Walalja'—is a unique community-based maternal and child health prevention and education program designed for Indigenous families in Halls Creek and surrounding communities in the East Kimberley, Western Australia. It is delivered in a complex environment where a range of cultural, social, economic, historical and geographical factors contribute to the poor health and social and emotional wellbeing of many Indigenous families. Primarily, the program aims to increase the sense of self-control, self-efficacy and empowerment among parents and improve child health outcomes (Walker 2010a).

The program started in June 2008 as an outreach program to provide Indigenous women who are pregnant, or mothers and families with young children, with a series of semi-structured home visits, using culturally appropriate processes and resources to facilitate information exchange and discussion of parenting ideas and strategies. Importantly, there was substantial community involvement and discussion throughout the establishment of the program and in determining the implementation, monitoring and evaluation processes (Munns 2010; Walker 2010a). The program provided ongoing training to local experienced Indigenous mothers and grandmothers (and later fathers and grandfathers) who are employed as Community Care Workers to provide a range of culturally appropriate activities including home visiting support for Indigenous parents.

An evaluation of the program conducted over 2 years identified that participation in the program increased parents' knowledge and appreciation of the important roles they play in their children's development, health and wellbeing. The study found that mothers were also more empowered to make informed decisions about their own health and behaviours during and after pregnancy and in the first 3 years of their child's life when they have access to culturally appropriate education and social support networks. The findings from this program confirm that maternal and early childhood interventions are likely to be effective if they include community-based (and or community-controlled) services; provision of continuity of care; integration with other services; outreach activities; home visiting; a welcoming safe environment; flexibility in service delivery and appointment times; a focus on communication, relationship building and development of trust; respect for Indigenous culture and family involvement; acknowledging gender, familial and language group issues; valuing Indigenous staff; an appropriately trained workforce; provision of transport; and provision of childcare or playgroups (Walker 2010a).

Restoration and community resilience

A range of programs aimed at addressing the effects of trauma and helplessness was identified in the review as primarily supporting the pathway to restoration and community resilience. This includes programs with a focus on child emotional development, family violence and drug and alcohol misuse through counselling programs, mental health programs and recovery-focused rehabilitation, offender programs, and child protection programs.

Increasing the social and emotional wellbeing of children and young people

The Take Two project provides training to Indigenous communities (Yarning up on Trauma) and enlists their participation in providing therapeutic interventions for children who have experienced severe abuse and neglect. The evaluation found a significant reduction in trauma-related symptoms among Indigenous children—including for anxiety, depression, anger and post-traumatic stress—as a result of the program. The DRUMBEAT program uses drumming as a way of engaging young people who are alienated from school. The program combines musical expression and cognitive behaviour therapy.

The Stronger Families Safer Children program is a mainstream program designed to support vulnerable families and prevent family breakdown, by addressing family difficulties at different stages of the child protection and alternative care system. Between 20–30% of families in the program streams were Indigenous, and the study questioned the appropriateness of the service model for Indigenous families. A difference in perceptions of the quality and appropriateness of services was linked to different workers and locations. The need for a service model with more permeable boundaries to allow for families with complex and chronic issues to return was noted (Department for Communities and Social Inclusion 2012).

Community healing initiatives

Community healing initiatives were seen to have beneficial outcomes in terms of reducing the effects of stress and trauma, improving relationships, and supporting people to deal with the challenges of daily life and live a healthier lifestyle.

Red Dust Healing is an example of a program that addresses these issues and the determinants of wellbeing head-on. It provides a culturally safe environment, mechanisms for healing, a shared discourse and language, and tools to enable people to gain a sense of understanding and control over their lives. The program has been successfully used to address reoffending and family violence (Powell et al. 2014).

Since 2000, the Marumali Journey of Healing has been providing a unique healing program for survivors of forced removal and their families (Peeters et al. 2014). This highly successful program is grounded in Indigenous knowledge systems; it is an example of a truly holistic approach with its consideration of the historical, social, cultural and spiritual factors at an individual, family and community level integrated throughout the healing journey. The program is based on recognition of the diversity of Indigenous identity. It also asserts that clients must be in control of their own healing journeys. The development and implementation of the *Marumali Program* was based on consultation processes and protocols that were endorsed as best practice in this field.

Increasing and improving access to mental health services

This section includes programs and initiatives in Key Result Area 4 that are designed to increase the access to and cultural appropriateness of mainstream services that seek to meet the social and emotional wellbeing needs of Indigenous people, particularly those living with severe mental illness and chronic substance misuse. The review included programs geared toward increasing Indigenous people's access to mental health services, especially care planning, coordinated services and referral to relevant services for people with co-morbidities.

The results for large-scale referral initiatives were mixed. The evaluation of the Access to Allied Psychological Services (ATAPS Tier 2) program suggested that there was a small increase in the number of general practitioners delivering services for Indigenous people across Australia but not a substantial change in the number of referrals (Fletcher et al. 2012). The evaluation of the Aboriginal Youth Mental Health Partnership Project provided evidence of an increase in the number of Indigenous young people in South Australia receiving long-term intervention targeted toward improving social and emotional wellbeing (Dobson & Darling 2003).

Another program tailored to young people (although not specifically for Indigenous people) was Kids Helpline, which provided counselling services over the phone and by internet and email. Almost 700 Indigenous children and young people accessed Kids Helpline in 2011. Of these, 9% used pay phones, confirming that many young Indigenous children do not have access to mobile phones or the internet. There has been no published evaluation of the effectiveness of Kids Helpline in assisting Indigenous children and young people to resolve mental health and other issues.

Reach Out! is a web-based mental health service for young people, which has been accessed over six million times since its launch in 1998. The number or proportion of Indigenous callers is not known and this is a critical gap in knowledge about the access barriers for young Indigenous people.

Mental Health Workforce Initiatives

A key objective of the Key Result Area 4 is a workforce that is resourced, skilled and supported to address mental health, social and emotional wellbeing and substance misuse issues for children, adults, families and communities across all Indigenous settings.

The Marumali program runs workshops for practitioners as well as clients. A number of workshops have been developed to support the training of Indigenous counsellors and other Australian mental health practitioners to work together in partnership. The program aims to equip counsellors to aid Indigenous people who are suffering from grief and trauma as a result of forced separation. An important aspect of the training is to respect the rights of the survivors of forced removal policies and to allow them to control the pace, direction and outcome of their own healing journey. The overwhelming response from participants of the program is a feeling of being empowered by the workshops and the model of healing it offers.

The program provides a basis for identifying and understanding common symptoms of long-standing trauma and an overview of the healing journey and how it may unfold. It offers clear guidelines about what type of support is required at each stage. It identifies core issues to be addressed and some of the risks associated with each stage (including misdiagnosis), suggests appropriate strategies to minimise the risks, and offers indicators of when the individual is ready to move on to the next stage of the healing journey (Peeters et al. 2014).

An independent evaluation of the Australian Indigenous Psychologists Association (AIPA) *Cultural Competence workshops* was undertaken to assess their effectiveness, including cost-effectiveness in delivering cultural competence training to mental health practitioners. Workshops were held in 5 states and delivered to more than 118 participants. Twenty AIPA members were trained to deliver the workshops ensuring their sustainability, cultural relevance and cost-effectiveness in providing localised delivery. A key objective of the workshops was to develop the capacity and commitment of participants (the practitioners) to become champions so they could enhance the cultural competence of their organisations. The aim was for Indigenous clients to have better access to culturally responsive mental health services and programs to improve their social and emotional wellbeing and mental health. The evaluation findings confirmed that the AIPA workshops—which were underpinned by adult learning principles, an evidence-based theory of transformative pedagogy and the incorporation of Indigenous content and values within curriculum materials—were able to successfully integrate cultural competence as a crucial component of effective professional practice. Workforce participants felt more confident, gained greater understanding and awareness of the range of determinants impacting on Indigenous people, gained new skills and tools, and expressed a commitment to support the cultural safety of Indigenous clients (Walker 2010b).

The *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* book (Purdie et al. 2010) was developed as part of the COAG initiative. It is a key resource for increasing the knowledge, understandings and skills of Indigenous and other mental health professionals and service providers in providing more effective, and culturally appropriate and competent assessment, referral and treatment, including traditional healing. A comprehensive evaluation regarding the quality, readability and usefulness of the *'Working together'* book and a post-test with workshop participants confirmed positive changes in their understanding and practice as a consequence of using the resource (Walker 2011). The book encompasses the Framework's 9 guiding principles, has been widely disseminated (more than 50,000 hard copies and a similar number of online copies downloaded), and is a core text for many courses and required reading for all psychology and social work registrations. The second edition has been published.

While both of the above initiatives have been shown to be effective in terms of achieving their intended purpose of improving understanding by practitioners, there are no evaluations of the Indigenous individuals and groups that were intended to benefit from the programs or services.

Themes for effective practice

The evaluations have highlighted a number of common, interrelated themes for program and service delivery success. The most effective programs were those that focused on both process and outcomes. Many of these program evaluation findings emphasised the need:

- for Indigenous participation in the design and delivery and evaluation of programs—Participatory Action Research methods were used as an effective mechanism for involving Indigenous families and communities in developing programs that were culturally responsive to local contexts
- to work collaboratively with Indigenous services and the community—enabling strong Indigenous community control and ownership, building community partnerships and networks, and building relationships and trust were seen as pivotal principles in the process of effective collaboration
- for programs to commit to being (and to demonstrate that they are) culturally appropriate, competent and respectful of Indigenous culture—this includes but is not limited to valuing Indigenous involvement, ensuring staff are appropriately trained, promoting cultural continuity and renewal, focusing on effective communication, and engaging in activities that promote pride and identity
- for a strong capacity building focus where knowledge, resources and skills are shared and developed and Indigenous experience and knowledge is recognised
- to work together with other (mainstream and Indigenous) services to support the delivery of a holistic and integrated program or service
- to foster a culturally safe environment for program participants
- for flexibility, including having structures and components that cater to local need. Depending on the program, this could involve, for example, providing transport and childcare or playgroups for program participants, home visiting and outreach activities
- to enhance existing services and resources to enable program continuity
- to take account of gender, family and kinship systems, language groups and the involvement of community Elders in program development and delivery.

Discussion

This paper has explored what is required to effectively address Indigenous people's mental health and social and emotional wellbeing. It draws on the findings of the published and grey evaluation literature on programs and interventions that seek to improve Indigenous mental health and wellbeing.

Themes for success

The program review has highlighted a number of inter-related themes that are evident in program and service delivery success. The review findings suggest that the most effective programs and services were those where the processes were strongly aligned with many of the 9 guiding principles underpinning the N*ational strategic framework for Aboriginal and Torres Straits Islander people's mental health and social and emotional well being 2004–2009* (SHRG 2004). For instance, many of the review findings emphasised the need to recognise and incorporate Indigenous experience and knowledge and participation in the design and delivery and evaluation of programs.

- In addition, effective programs generally expressed a commitment to work collaboratively with Indigenous services and communities to support Indigenous self-determination. They often included strategies to enable strong community control and ownership through community partnerships, networks, relationships and trust. Such programs generally had a strong focus on capacity building and effective communication in order to share and develop knowledge, resources and skills.

- Overall, the programs and services included in this review were culturally appropriate, competent and respectful of Indigenous culture. The review confirms the importance of being culturally responsive to diverse Indigenous contexts and circumstances, which includes but is not limited to: valuing Indigenous involvement; ensuring staff are appropriately trained; promoting cultural continuity and renewal; engaging in activities that recognise and strengthen identity and pride; and providing flexible structures and components that cater to local issues and needs. Depending on the program, these elements included providing transport and childcare or playgroups for program participants, home visiting, and outreach activities.

- The findings confirm the need to support the delivery of holistic and integrated programs and services by working with other (mainstream and Indigenous-specific) services and to enhance resources to enable program continuity.

- Importantly, the review confirmed that Participatory Action Research approaches provided an effective mechanism for involving Indigenous families and communities in developing, implementing and evaluating programs. Programs that adopted Participatory Action Research were more culturally responsive to local contexts and fostered a culturally safe environment for program participants.

Several of the study findings emphasise the need to recognise and work with the complex interplay of factors that affect everyday lives of individuals where connection to family and community are an essential aspect of the self. A number of evaluations highlight the crucial role of addressing the social determinants of Indigenous health, while others emphasise that cultural determinants are a starting point in improving Indigenous social and emotional wellbeing. Several programs focused on more complex, holistic interventions or preventative strategies and others affirmed the need for healing initiatives to address transgenerational grief and loss. Evaluations that included client perceptions and experiences of racism confirmed the need to address racism in program and service delivery through enhanced cultural competence training.

Funding issues

The evidence drawn from effective programs and strategies points to a need for more investment in culturally appropriate, locally and family based, community controlled and delivered programs, and interventions aimed at enhancing the mental health and social and emotional wellbeing of Indigenous communities. Although only two studies included an economic or cost-benefit analysis, they both identified significant net benefits. For example, Phipps & Slater (2010) make the point that cultural festivals of various scale (local to national) provide a raft of benefits for Indigenous people, and demonstrate a range of social and emotional wellbeing outcomes. Moreover, continued investment directed at programs that are effective in supporting Indigenous cultural, social and emotional wellbeing would increase the quality of life of Indigenous people and likely to result in significant and sustainable cost savings to the Australian government.

We note that many programs are not funded past the pilot phase. Policies, programs and mental health planning and investment directed towards supporting and sustaining locally-based, culturally-relevant programs and services could bring sustainable change in mental health and wellbeing outcomes in Indigenous populations. A more intense and integrated approach to strengthening young people, families and communities would also bring benefits. A first step to this is supporting the healing and empowerment of individuals, families and communities, along with concurrent and sufficiently intensive initiatives to improve the health and wellbeing of individuals and families. The consistently positive results of empowerment focused programs (such as the Family Wellbeing Program) suggest that longer-term investment should be directed towards ensuring such programs are both widely available and tailored to the particular needs, priorities and aspirations of communities in diverse contexts across Australia.

The effective coordination between Indigenous-specific and non-Indigenous-specific services can enable multifaceted interventions capable of delivering the necessary care and support that is crucial to enhancing the wellbeing of Indigenous Australians. Indeed:

> longstanding well-funded mainstream service delivery and Indigenous-specific services show great potential to identify what works to address Indigenous disadvantage … and deliver positive outcomes to improve the wellbeing of Indigenous Australians (Stewart et al. 2011:12).

Evaluation processes

The program review revealed that few evaluations effectively and accurately measured the extent to which a program affected Indigenous mental health and wellbeing outcomes. Most evaluations attempted to measure the number of clients and their level of engagement in a program, without regard to the perceptions of clients and the reasons for some programs not achieving their targets. Very few evaluations attempted to measure the relationship between the cultural appropriateness of programs and services, the level of individual or community engagement, and the effectiveness of mental health and wellbeing outcomes. By focusing only on indicators that can be easily measured and are supposedly 'objective', the findings of many evaluations tended to mask the value-based and political nature of the paradigms that inform much evaluation.

Several writers emphasise the importance of Indigenous values, perspectives and priorities being taken into account in evaluations of policies and programs that affect their lives. This extends to using evaluation measures and methods that are of sufficient scope and relevance to enable program providers to critically assess how well programs and services meet the differing needs of Indigenous people in different complex circumstances. This requires more relevant indicators and appropriate processes that will enhance the validity, applicability and policy relevance of evaluations of programs and interventions in Indigenous contexts (Walker et al. 2002, 2003). It requires taking Indigenous cultural issues and interests into account and including the input of Indigenous stakeholders into developing the evaluation methods and indicators to measure the effectiveness of programs and interventions. It also requires more resources to be directed at intervention evaluation research with regard to Indigenous mental health programs and services (Azzopardi et al. 2013; Onemda 2008).

In terms of evaluating the effectiveness and cultural responsiveness of mental health and service delivery, there is growing evidence of the benefits of incorporating a continuous quality improvement approach to evaluation in primary and tertiary health services (Bailie et al. 2007). The use of cultural competence audits, for example, can assist services to enhance cultural responsiveness and cultural safety (Walker 2010b). Continuous quality improvement can directly assist in supporting and sustaining those initiatives that have the confidence and trust of community by embedding them within organisational standards.

Limitations of this review

There are some limitations to the findings of this review paper. Although the authors employed a comprehensive, systematic search strategy to locate literature on programs and interventions relevant to Indigenous mental health and social and emotional wellbeing and determinants, it is possible that not all relevant studies were found. In addition, the review has focused on Australian programs and initiatives, however there is a body of international literature that is relevant and deserving of further research.

As the review shows, the available evaluations were of variable methodological quality. While most of the qualitative studies drew their conclusions from sound data collection and analysis methods, there were some with weak study designs, a reliance on self-report measures, variable follow-up rates, and low numbers of participants. To offset these limitations the authors have clearly outlined considerations for assessing the program appropriateness and criteria for assessment of the evidence to provide a transparent process.

Conclusion

Indigenous people continue to experience considerably poorer social and emotional wellbeing outcomes than other Australians. This signifies a number of persistent stumbling blocks in the process of formulating and implementing good policy and practice guidelines in this field. Decision-making processes continue to exhibit an ambivalence to and lack of understanding of Indigenous experiences and perspectives, and do not adequately recognise the holistic nature of Indigenous wellbeing. This has perpetuated a universalising approach to addressing Indigenous mental health issues that discounts Indigenous difference and experiences. This situation has been described as a form of institutionalised racism that is difficult to reveal and challenge (Sweet & Dudgeon 2013).

In view of the high level of burden, the diminished community capability, the multifactorial nature of the issues and range of risk factors experienced by Indigenous families and communities, programs need to be sensitive to the realities of the everyday lives of Indigenous Australians. A range of programs is necessary to address the unresolved transgenerational trauma associated with forced removal from family and country, loss of self-determination and identity, and poor economic development and diminished human capital available to support families (Silburn et al. 2006). The ongoing effects of this legacy require healing before contemporary issues can be successfully dealt with. The underlying issues of trauma, grief and loss need to be dealt with separately as well as collectively to repair the social fabric, re-establish community and cultural norms and support the safe development of children and young people. Indigenous-led strategies need to address the existing chaos and work toward longer-term sustainable solutions.

These ongoing challenges are not easily addressed. The Australian Government's current Health Plan however—if genuinely embraced and implemented—offers a promising way forward. With adequate funding, it provides the potential to develop high quality, cost-effective and culturally responsive services that can support population-wide improvements in Indigenous social and emotional wellbeing. The Australian Government's National Mental Health Commission Review of Mental Health Services and Programs may also highlight further opportunities for improvement.

Our program review suggests that investing in the sustainability, development, adaptation and reach of both preventative and early intervention programs and initiatives in Indigenous mental health and social and emotional wellbeing would be a key contribution to the success of the Australian Government's Closing the Gap agenda. Social and emotional wellbeing outcomes are inextricably linked to improved outcomes in education, employment and many aspects of physical wellbeing. Reducing the pervasive, existing disparities is an essential step to achieving positive and lasting change across all Closing the Gap targets and an important enabler to parity in life expectancy and general wellbeing between Indigenous and other Australians.

This paper provides an evidence-base to support current directions in policy and strategies that aim to improve Indigenous mental health and wellbeing. It provides details of interventions that work, and it features important insights into how policies, program and service directions should be conceptualised, developed, delivered, measured and evaluated, and how this differs to current mainstream approaches. It confirms that interventions are most effective when they are based on Indigenous concepts of holistic health, mental health and social and emotional wellbeing; enhance self-determination and control through strong community leadership and governance; and foster connectedness to country, culture and identity to build on Indigenous strengths, enhance resilience and promote cultural continuity.

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Appendix 1: Related Clearinghouse issues papers and resource sheets

Table A1 below contains a list of Closing the Gap Clearinghouse issues papers and resource sheets related to this paper's topic.

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

Table A1: Related Clearinghouse resource sheets and issues papers

Title	Year	Author
Supporting healthy communities through arts programs	2014	Ware V-A
What works? A review of actions addressing the social and economic determinants of Indigenous health	2013	Osborne K, Baum F & Brown L
Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level	2013	Wise S
Improving the accessibility of health services in urban and regional settings for Indigenous people	2013	Ware V-A
Housing strategies that improve Indigenous health outcomes	2013	Ware V-A
Supporting healthy communities through sports and recreation programs	2013	Ware V-A & Meredith V
Trauma-informed services and trauma-specific care for Indigenous Australian children	2013	Atkinson J
Programs to improve interpersonal safety in Indigenous communities: evidence and issues	2013	Day A, Francisco A & Jones R
Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people	2013	Closing the Gap Clearinghouse
Strategies to minimise the incidence of suicide and suicidal behaviour	2013	Closing the Gap Clearinghouse
Effective practices for service delivery coordination in Indigenous communities	2011	Stewart J, Lohar S & Higgins D
Engaging with Indigenous Australia—exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities	2013	Hunt J
Engagement with Indigenous communities in key sectors	2013	Hunt J
Mentoring programs for Indigenous youth at risk	2013	Ware V-A

Appendix 2: Assessing program appropriateness

Assessment considerations

The following considerations were taken into account to assess the appropriateness of the approach of the program, service, initiative to achieve its goals/aims/ purpose for the group intended to benefit. We asked **to what extent**:

- Does this program, initiative or service focus on **all or some aspects** of the physical, spiritual, cultural, emotional and social wellbeing of the individual, family and community in addressing Indigenous people's mental health and social and emotional wellbeing?

- Do workforce initiatives encourage and resource mental health practitioners to focus on the physical, spiritual, cultural, emotional and social wellbeing of the individual, family and community?

- Does this program, initiative, service or workforce initiative or resource recognise transgenerational trauma and align with the 9 social and emotional wellbeing guiding principles?

- Does this program, initiative or service aim to strengthen cultural values and commitments, family and kinship systems of care, and Indigenous control and responsibility as an intrinsic aspect of healing and facilitating cultural, social and emotional wellbeing?

- Does the service, program or workforce initiative acknowledge and work in partnership with the Indigenous community-controlled sector and facilitate Indigenous people's right to determine the types of services they receive?

- Does the service, program or workforce initiative work to address racial discrimination etc.?

- Does this program or initiative support human rights and social justice principles?

Table A2: Appropriateness classification

Classification	Definition
Strong (S)	The program, service, initiative has a strong alignment with the core areas in the 9 principles and is considered highly appropriate in its design, delivery and impact
Moderate (M)	The program, service, initiative has a moderate alignment with the core areas in the 9 principles and is considered moderately appropriate in its design, delivery, conception and impact
Low (L)	The program, service, initiative has a limited or low alignment with the core areas in the 9 principles and limited or low appropriateness in its design, delivery, conception and impact
None (N)	The program, service, initiative has no alignment with or runs counter to the core areas in the guiding principles in its design, delivery, conception and impact

Appendix 3: Criteria for assessment of evidence

To assist in establishing a sound evidence base, the level of evidence provided in the studies was assessed using an evidence classification scale adapted from the National Health and Medical Research Council guidelines used by McTurk et al. (2008). This classification is summarised in Table A2 below and includes a ranking of the quality of the studies. It differentiates between (a) program evaluations based on mostly anecdotal qualitative data and (b) program evaluations based on quantitative or qualitative data collected and analysed with greater methodological rigour (these are usually empirical).

In assessing the quality of the studies, it was considered whether:

- the method was appropriate to the purpose of research or evaluation
- the study described an explicit theory about causation or association in addressing mental health and wellbeing issues
- the aims and objectives of the study were clearly stated
- there was a clear description of the context, the fieldwork or methodology, and some validation of the data analysis
- there were sufficient data to support the interpretation and findings (Patton 1999).

Table A3: Evidence classification scale

Classification	Definition
A	Systematic review—systematic location, appraisal and synthesis of evidence from scientific studies
B1	Randomised controlled trial—subjects are randomly allocated to intervention and control groups; outcomes are compared
B2	Pseudo randomised controlled trial— subjects are allocated to intervention and control groups using a non-random method; outcomes are compared
C1	Pre/post intervention case series—a single group of subjects are exposed to intervention; outcomes are measured before and after for comparison
C2	Post intervention case series—a single group of subjects are exposed to an intervention; only outcomes after the intervention are recorded, no comparison can be made
D1	Representative survey study—a representative sample of a population is surveyed; generalisation of outcomes is possible
D2	Key informant survey—opinions and experiences of key subjects are recorded in a survey
Q1	Methodological qualitative study—qualitative data are methodically/systematically collected, analysed and reported
Q2	Anecdotal qualitative study—qualitative data are collected and reported without methodological rigor; no formal data analysis was undertaken
M1	Mixed methods study—qualitative and quantitative data are methodically/systematically collected, analysed and reported

Source: Adapted from both the NHMRC guidelines and the criteria adapted by McTurk et al. 2008.

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Appendix 4: Pathways to Recovery

Types of programs addressing trauma, grief and loss

Self-determination and community governance

Programs aimed at addressing the sense of powerlessness and loss of control (Theme 1) include:

- empowerment, assertiveness and leadership programs
- governance and management training
- Elders forums
- community forums to enhance identity
- community life, harmony and celebration events
- community life skills programs
- family mediation and conflict resolution
- parenting programs
- child development and school/education programs
- healthy lifestyles, healthy choices and promotion of health and wellbeing activities
- individual and clinical programs to support problem solving, coping skills, self-esteem, motivation and responsibility
- economic development, career and work programs
- understanding and dealing with racism and discrimination

Reconnection and community life

Programs aimed at addressing the effects of loss and disconnection (Theme 2) include:

- Bringing Them Home and Link-up Services
- family re-unification programs
- grief counselling, individual and family
- community grief programs and ceremonies
- recording of oral histories
- community cultural celebrations
- strong men's groups/ strong women's groups
- Elders' groups
- cultural renaissance programs, for example, language nests, dance groups, art forums
- family support programs
- mothers' and infants' support programs

Restoration and community resilience

Programs aimed at addressing the effects of trauma and helplessness (Theme 3) include:

- restoring the cultural narrative and promoting strengths in the community
- mental health first aid education
- child emotional development programs
- community protocols promoting cultural values
- drug and alcohol programs
- counselling programs
- mental health programs including individual and family intervention
- recovery focussed rehabilitation
- offender programs
- support groups
- family violence programs
- child protection programs
- safe houses
- restorative justice programs
- relaxation, sport and recreational programs
- healing centres
- cultural healing programs (Milroy et al. 2014)

Appendix 5: Framework of program evaluation outcomes

Table A5: Mapping programs against the National Strategic Framework for Aboriginal and Torres Strait Islander Health (Key Result Area 4 Social and Emotional Wellbeing Objectives)

Dimension	Objectives	Comment	Evaluated programs, initiatives, services
Social justice and across-government approaches	Reduced intergenerational effects of past policies, social disadvantage, racism and stigma Increased resilience and stronger social and emotional wellbeing in individuals families and communities	The majority of the programs in this review focused on improving the resilience and social and emotional wellbeing of individuals, families and communities	The Family Wellbeing Program (total 4 programs) The Family Wellbeing Empowerment Programme We Al-Li program The Take Two program Indigenous Group Triple P Positive Parenting Program Ynan Ngurra-ngu Walalja: Halls Creek Community Families Program Let's Start: Exploring Together Ngaripirliga'ajirri Exploring Together The Boomerrang Parenting Program CNAHS Family and Community Healing Program Creative Recovery project Red Dust Healing The Mungali Falls Indigenous women's healing camp Marumali Bringing Them Home and Indigenous mental health programs Drumbeat Indigenous Hip Hop Projects A community singing programme Ngaripirliga'ajirri Community participative singing programme
Population health approaches	Promotion and prevention approaches that enhance social, emotional and cultural wellbeing for Indigenous people, including families and communities Reduced prevalence and impact of harmful alcohol, drug and substance use on Indigenous individuals, families and communities	Several programs feature the reduction of drug and alcohol dependence as a primary aim Cultural festivals were generically seen to be beneficial to mental health on the basis that they support cultural celebration and identity, and enable prevention and education messages to be heard The Pathway to Resilience program is intended to build capacity within the community	The Family Wellbeing Program Aminina Nud Mulumuluna ('You Gotta Look After Yourself') The Stronger Families Safer Children Program (Stages 1 & 2) Karalundi Peer Support and Skills Training Program Indigenous Cultural Festivals Motivational care planning The Resourceful Adolescent Program (Yiriman Project) Pathways to Resilience: Rural and Remote Indigenous Communities Suicide Prevention Initiative Mind Matters (School and Community Resources) Mental Health First Aid training Three stage community intervention program Indigenous community gatekeeper training Alive and Kicking Goals!

Dimension	Objectives	Comment	Evaluated programs, initiatives, services
Service access and appropriateness	Accessible mainstream services that meet the social and emotional wellbeing needs of Indigenous people, particularly those living with severe mental illness and chronic substance use Coordination of policy, planning and program development between mental health, social and emotional wellbeing and drug and alcohol agencies that provide services to individuals and families with specific attention to individuals and families with mental health conditions and co-morbidities to ensure care planning, provision of coordinated services and referral to services as required	Four programs generally highlight that mainstream programs and services can be successfully adapted to support social and emotional wellbeing of Indigenous people	Access to Allied Psychological Services (ATAPS Tier 2) Stronger Families Safer Children program Social and Emotional Wellbeing Program Headspace Aboriginal Youth Mental Health Partnership Project
Workforce	A workforce that is resourced, skilled and supported to address mental health, social and emotional wellbeing and substance use issues for children, adults, families and communities across all Indigenous settings	A series of programs have highlighted ways to improve the ability of professionals and community members to assess and appropriately respond to mental health problems in Indigenous people	Marumali Working together Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice Dudgeon, Milroy & Walker 2014a The AIPA Cultural Competence Workshops—Working Together: Journey Toward Cultural Competence with Aboriginal and Torres Strait Islander People Australian Integrated Mental Health Initiative training Yarning about Mental Health KidsMatter Early Childhood Service Mind Matters (school workforce) Mental Health First Aid training
Quality improvement	Improved data collection, data quality and research to inform an evaluation framework for continued improvement in services, policy and program review, and the development and promotion of best practice	None of the review programs specifically addressed this dimension	CTG papers of what works ATAPS reporting Health Performance Reports One21Seventy Audit Tool

Appendix 6: Summary of assessment of appropriateness and effectiveness of programs

Table A6: Summary of program evaluations

Self-determination and community governance—empowerment, assertiveness and leadership programs

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
The Family Wellbeing Empowerment Program	Con Goo (2003). *Self-development in order to improve community development*	A family wellbeing course that aims to facilitate empowerment by developing analytical and problem-solving skills to address life challenges. The course is delivered in 5 stages, including a 1-week intensive course in the final stage. Target: Adults	Evaluation used participatory action research and was based on participant feedback and interviews post-course and at 6-months later	Feedback suggests that participants were better able to cope with adversity, change and therefore attain self-reliance; course reinforced feelings of connectedness and belonging. Anecdotal evidence that the course could benefit whole community with the potential to change the way the Indigenous social and health issues are addressed. Provided a safe and supportive environment for learning	C1	S	yes
	Tsey & Every (2000). *Evaluation of an Aboriginal empowerment program*	Family WellBeing is a cultural healing program that increases people's capacity to deal with everyday life stresses and to help others using a group format to empower participants through personal transformation, harmonising physical, emotional, mental and spiritual aspects of life and applying this practical, day-to-day living	Participant observation and analysis of project documentation and participants' personal narratives	Family WellBeing enhanced participants' sense of self-worth, resilience, ability to reflect on root causes of problems and problem-solving ability, as well as belief in the mutability of the social environment. Family WellBeing has been nationally accredited and provides participants with formal qualifications in counselling. There was no evidence of organisational and community empowerment, such as stronger social networks and systems-level changes. Evaluation reports of programs across four settings have confirmed that many participants learned to deal with emotions and avoid conflict, and found more peace in their lives. They were able to analyse situations more carefully, take better care of themselves, give and demand more in their relationships, and participate more actively	Q1	S	yes

(continued)

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
	Tsey et al. (2010). *Empowerment and Indigenous Australian health: a synthesis of findings from Family Wellbeing formative research*	A community support and healing program using meditation and visualisation to improve self-esteem, confidence and psychosocial development. It addresses a range of issues through interpersonal and problem-solving Target: school-aged children and communities, including schools	Questionnaire (pre-intervention) and semi-structured interviews (6–12 months post-intervention)	Evidence of changed attitudes and skills for reducing stress and dealing better with the challenges of daily life, resulting in the adoption of healthier lifestyles, better relationships and more active participation in society. Participants spoke of being less judgemental, having a greater sense of hope, learning to think for themselves, and being more able to deal with anger and other emotions For children, the program promoted friendship and connectedness, resulting in less bullying	C1	S	yes
	McEwan et al. (2009) *The role of spirituality in social and emotional wellbeing initiatives: the Family Wellbeing Program at Yarrabah*	An empowerment and suicide prevention program that focuses on the development of self-worth, communication and problem-solving skills, conflict resolution, ability to take greater control and responsibility for themselves and their family, work and community life	Evaluation based on participant interviews, within a participatory action research approach	Self-reported changes in attitudes, emotions and behaviour, leading to improved communication with family members and a better ability to avoid or manage conflict in a constructive manner	Q1	S	yes
Family Life Promotion Program	Hunter et al. 2001. *An analysis of suicide in Indigenous communities of North Queensland: the historical, cultural and symbolic landscape*	A holistic, culturally appropriate approach to suicide prevention, intervention, aftercare and healthy life promotion in the community of Yarrabah	Qualitative and quantitative methods, including a longitudinal analysis of the number of suicides	After the implementation of the program, there were fewer suicides in Yarrabah and also fewer than in the two comparison communities Although the small sample sizes mean that tests of statistical significance are inconclusive and firm conclusions cannot be drawn, the Yarrabah Family Life Promotion Program is a promising approach	M1	S	yes

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Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Self-determination and community governance—*healthy lifestyles and health promotion*							
Aminina Nud Mulumuluna ('You Gotta Look After Yourself' and Wungai Ngunga (Women's business)	Davis et al. (2004). *Aminina nud mulumuluna ('You gotta look after yourself'): evaluation of the use of traditional art in health promotion for Aboriginal people in the Kimberley region of Western Australia*	A preventive health promotion and education resource (including 2 booklets and a video) Target: West Kimberley communities, WA	Evaluation based on a survey of community members following the distribution of resources, and feedback and interviews (by email, phone and face-to-face) at between 3–7 months Qualitative feedback from community members, health workers and educators	Anecdotal evidence that resources fostered health discussions and contributed to the pride and self-esteem of community Modest changes toward health-enhancing behaviours	Q1	S	yes
Karalundi Peer Support and Skills Training Program	Gray et al. (1998). *Evaluation of an Aboriginal health promotion program: a case study from Karalundi*	A range of 10 health promotion, education and support programs aimed at reducing or delaying the uptake of smoking, drinking and other drug use Target: school students in Karalundi community, WA	Participant survey (pre- and at 1 and 2 years post-intervention)	Indications that the program re-enforced existing attitudes among most students and resulted in positive changes among at least some. Anecdotal evidence of enhanced self-confidence, greater empowerment of female students, increased awareness of health and substance use issues, and reduced use of analgesics within the community	C1	S	yes
Indigenous Cultural Festivals	Phipps & Slater (2010). *Indigenous cultural festivals: evaluating impact on community health and wellbeing*	A wide range of Indigenous cultural festivals across Australia. Although these festivals differ in scale, they share aims of cultural renewal, reconnection, and celebration, generating pride, dignity, employment, and promoting health and social and emotional wellbeing	Qualitative research comprising over 100 structured and informal interviews, observations at 20 festivals, field visits in urban and remote locations and analysis of public statements, policy documents and reports, social mapping, data collection, and empirical and conjunctural analysis	The evaluation concluded that festivals contribute to the wellbeing of Indigenous communities. The study provided evidence to demonstrate that festivals are generically beneficial to mental health on the basis that they support cultural celebration and identity, reaffirm culture and enable prevention and education messages to be heard Using Indigenous indicators of wellbeing the study asserts the significance of culture as the starting point for addressing education, employment and economic and social and emotional wellbeing and mental health outcomes—linking these to the social processes in organising and participating in cultural festivals	M1	S	yes

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Self-determination and community governance—*parenting programs and child development*							
Indigenous Group Triple P–Positive Parenting Program	Turner et al. (2007). *Randomised clinical trial of a group parent education program for Australian Indigenous families*	Triple P is a behavioural family intervention based on social learning principles. This group-based version of Triple P was developed for Indigenous families	Indigenous Group Triple P was evaluated using a randomised clinical trial in four urban sites	Indigenous parents who participated in Indigenous Group Triple P 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	B1	S	yes
Let's Start: Exploring Together	Robinson et al. (2009). *Let's Start: Exploring Together. An early intervention program for Northern Territory children and families: final evaluation report*	A trial, 10-week parenting and early child developmental program adapted for implementation in the Northern Territory that focuses on the developmental needs of children and their parents' concerns and understanding parents Target: Indigenous and non-Indigenous children aged 4–6 in urban and remote schools whose behaviour was a concern	The evaluation used a quasi-experimental design. Children were assessed at referral, on completion of the program and at 6 months post-completion. Parents and teachers were interviewed at referral and 6 months after the children completed the program	Using multiple measures in the mainstream population, the evaluation found substantial, statistically significant reductions in problem and risk behaviours among participating children at home and at school. These behavioural improvements were found to have increased at the 6-month post-implementation follow-up. There were strong reductions in parental distress However, completion rates by Indigenous parents and children were low, especially in urban areas. Fewer than 1 in 5 (18%) of urban and fewer than half (45%) of remote referred Indigenous children and parents completed at least half of the program sessions. The pilot identified the need to improve the cultural fit of the program to have greater cultural understanding and values. This highlights the complexity of adapting the program to meet the diverse cultural, geographic and individual needs and at the same time retain program fidelity. Research provided insight into the critical processes of delivery and a framework for culturally and professionally competent engagement that must underpin all future efforts to develop evidence of program effectiveness	C2	L	Limited

Table A6 (continued): Summary of program evaluations

Program/Initiative	Evaluation title	Notes on program/initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropriateness	Effective outcome
Ngaripirliga'ajirri: Exploring Together	Robinson & Tyler (2008). *Ngaripirliga'ajirri: implementation of Exploring Together on the Tiwi Islands*	A 10-week referral program targeting children whose behaviour was a concern. Focuses on child social skills training and parenting management training. Target: children aged 4–6 (with 1 parent)	Parent and teacher-reported questionnaires (validated for use in Indigenous settings) at referral and 6-month follow-up; some qualitative data	Evidence that the program can produce measurable improvements in child behaviour that are sustained at and beyond 6-months' follow-up. Quantitative data also provide evidence of a reduction in parental anxiety after participation in the program. Qualitative evidence affirms that most parents have improved communication with child. Evaluation suggests that intervention strategy needs to be responsive to issues and problems encountered in the Tiwi social and cultural context	C1 + Q1	M	yes
The Boomerangs Parenting Program	Lee et al. (2010). *The Boomerangs Parenting Program for Aboriginal parents and their young children*	This is an early intervention targeting families experiencing discord. It uses activities such as interviews, videotaping as a therapeutic tool, information sessions and camps to strengthen the care-giving capacity of Indigenous families	A qualitative exploratory study was undertaken using case studies of the experiences of 3 mothers with pre-school aged children who lived in urban New South Wales	The program increased the mothers' sensitivity and awareness of their interactions with their children. It also increased their confidence in their ability and capacity to provide positive parenting experiences and to establish positive relationships and secure the mother–child relationship base	Q2	S	yes
Reconnection and community life—Increasing the social and emotional wellbeing of children							
The Take Two program	Jackson et al. (2009). *Exploring outcomes in a therapeutic service response to the emotional and mental health needs of children who have experienced abuse and neglect in Victoria, Australia*	A developmental mental health service that provides training to Indigenous communities (Yarning up on Trauma) and enlists their participation in providing therapeutic interventions for children who have experienced severe abuse and neglect. It aims to intervene at multiple levels to harness resources available to the children and to build on their strengths. Target: children in contact with child protection services	Mixed methods evaluation, using a repeated measures design comprising clinical assessments, questionnaires, social network maps and surveys of stakeholders and clinicians	The evaluation found a significant reduction in trauma-related symptoms among Indigenous children, including for anxiety, depression, anger and post-traumatic stress and a reduction in the percentage of children with one or more scales in the clinical range	M1	S	yes

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Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Reconnection and community life—Cultural renaissance programs							
A community singing programme	Sun & Buys (2013). *Participatory community singing program to enhance quality of life and social and emotional well-being in Aboriginal and Torres Strait Islander Australians with chronic diseases*	A community arts training course designed to enhance quality of life and social and emotional wellbeing in Indigenous people with chronic diseases Target: adults in south-east Qld communities	Mixed methods evaluation, questionnaires (pre- course and 6-month follow-up) and qualitative feedback. Focus groups Two rounds of surveys were conducted with the treatment and comparison groups at baseline and at 12 months and included measures of quality of life However as there was not random allocation to the treatment and comparison groups	Improvements in resilience scores, social and emotional health, reduced stress, and depression Participants in the singing group reported significantly improved quality of life after 12 months and compared to the comparison group The results suggest that participants in the singing group were more likely to access primary health services for health checks and they were more likely to implement health professionals' advice regarding medication and prevention and reduced need for medication use	M1 + C1	S	yes
Reconnection and community life—Reconnecting family							
Bringing Them Home and Indigenous mental health programs	Wilczynski et al. (2007). *Evaluation of the Bringing Them Home and Indigenous mental health programs : final report*	A series of programs, focused on tracing and reconnecting family members, counselling those affected by forced removal, and social and emotional wellbeing services and support	Evaluation based on field work feedback, phone interviews, submissions, survey responses and literature review	The programs generally resulted in positive outcomes for participants (high levels of participant satisfaction), particularly the programs aiming to trace and reconnect family members and counsel members of the Stolen Generation Culturally appropriate services were provided to a large number of Indigenous clients who were unlikely to have otherwise received services	Q1	S	yes

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Restoration and community resilience—*Mothers' and infants support programs*

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Ynan Ngurra-ngu Walalja: Halls Creek Community Families Program	Walker (2010a). *An evaluation of Ynan Ngurra-ngu Walalja: Halls Creek Community Families Program, final report*	Prevention and education home visiting program for pregnant Indigenous women and mothers and families with young children, to facilitate information exchange and discussion of parenting ideas and strategies Target: Families with children aged 0–3 in Halls Creek and surrounds, WA	Program assessed using Most Significant Change technique (interviews with participants, program staff and other stakeholders) Drew on reports and other data	Evaluation highlights that program staff often able to accurately recognise mental health-related problems, provide immediate and ongoing social support to address a family's crises or isolation, and then encourage them to link with the appropriate services Important program components include community-control, continuity, integration with other services, creating a safe environment, flexibility, a focus on communication, relationship building and development of trust, respect for Indigenous culture and family involvement, good staff training, provision of transport, and provision of childcare or playgroups	Q1	S	yes

Restoration and community resilience—*child and family interventions to increase SEWB of children and families*

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
DRUMBEAT	Faulkner et al. (2012). *It is not just music and rhythm… evaluation of a drumming-based intervention to improve the social wellbeing of alienated youth*	A therapeutic program using drumming to engage at-risk youth who are alienated from school. To address issues relating to healthy relationships with others, self-esteem and antisocial behaviour. The program combines musical expression and cognitive behaviour therapy Target: Students in Years 6 and 7 in schools in the wheat belt region, Western Australia	A mixed methods evaluation, using informal discussions with staff and participants, observation, questionnaires, and school attendance and behavioural incident records Included 60 year 6 and 7 young people in 3 schools, (approximately 40% were Indigenous) Data were collected immediately pre- and post-intervention, on self-esteem, school attendance and anti-social behavioural levels of co-operation and collaboration	The results suggest that combining the therapeutic potential of musical expression with basic cognitive behaviour therapy can be used successfully to deliver a range of social learning outcomes, including emotional control, improved relationships and increased self-esteem, improved attendance rates (significantly higher for students in DRUMBEAT than for the comparison group) Teachers reported classroom incidents warranting teacher intervention had fallen significantly for students in DRUMBEAT. Sixteen of the 27 DRUMBEAT participants (59%) increased their co-operation, compared with 11 of the 30 comparison group students (37%) There was positive feedback regarding the involvement of an Indigenous DRUMBEAT presenter	C1 + M1	M	yes

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Indigenous Hip Hop Projects	Hayward et al. (2009). *Evaluation of Indigenous Hip Hop Projects*	This project fuses traditional culture with hip hop, rap, beat boxing and break dancing to foster positive mental health and leadership skills in remote communities. Workshops in dance skills and performance events, deliver messages about social and emotional wellbeing, and healthy lifestyles. The project focuses on a proactive, preventative approach to depression and anxiety. Target: students aged 0–17 in Pilbara and Kimberley regions, WA	A qualitative and quantitative evaluation of the program was based on a sample of 76 young people, 5 community organisations and 17 local stakeholders. Questionnaires, one-on-one interviews and focus groups were used during, post and 6 month post interventions	Evaluation highlights that the program had myriad benefits, including: a better understanding of mental health issues (depression and anxiety; although less evident at 6-months) and associated signs; impacts on self-esteem, behaviour and respecting each other; the need to talk with friends and family if experiencing tough times; and feeling more comfortable listening to a friend or family member who was experiencing tough times (although still a large number of young people who said they remain uncomfortable with this) Indigenous hip hop also increased young people's preparedness to talk to family and friends about their own mental health issues and their ability to identify signs of depression in others	Q1 + C1	S	yes
Mind Matters	Osborne (2012). *MindMatters 'Anangu Way': a community led approach to mental health and wellbeing*	MindMatters was introduced to the Nyangatjatjara College through the Keeping Safe work in 2010. A̲nangu Pitjantjatjara Yankunytjatjara. The communities with the college use the MindMatters tools and materials as a basis for taking action around mental health and wellbeing with schools, students and communities	Descriptive observation Initial data have been collected through partnership with Ninti One, who delivered and collated student mental health and wellbeing surveys using language	The MindMatters Implementation Model is a key organiser for mental health and wellbeing planning. Greater connections with medical clinic staff. Students feel more comfortable to report issues and accept referral pathways Regular updates on mental health and wellbeing at staff and leadership meetings. MindMatters and mental health and wellbeing lessons feature as a daily or weekly feature of the school timetable. Local Council policies were updated to incorporate mental health and wellbeing issues	Q2	S	yes
The Stronger Families Safer Children program	Department for Families and Communities South Australia (2011). *Stronger Families Safer Children Evaluation: First stage report*	An early intervention service to support vulnerable families and prevent family breakdown Target: South Australian families in metropolitan and rural areas	The evaluation used both qualitative and quantitative methods	Substantial reduction in rates of contact with the child protection system and a positive impact on functioning for some families and children, although not specific to Indigenous populations The evaluation confirmed the value of early intervention and the importance of engaging families before problems escalate or become entrenched. Program model could be refined with greater focus on the needs and characteristics of Indigenous populations	D2 + C1 + M1	L	limited

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
	Department for Communities and Social Inclusion South Australia (2012). *Evaluation of the Stronger Families Safer Children Program: Stage 2*	The SFSC program commenced in April 2009 with 3 service streams to address family difficulties at different stages of the child protection and alternative care system: 1). Targeted early intervention (TEI) 2). Intensive placement prevention (IPP) 3). Reunification Support Services (RSS). Nearly a third of families in TEI and RSS and approximately one fifth in IPP were Indigenous	The evaluation used both qualitative and quantitative methods. Data included interviews with key stakeholders, client exit surveys and a comparison of administrative data pre- and post-intervention and cost benefit analysis

The low response rates for client surveys and among staff in some areas limited the ability to carry out statistical analysis to examine some issues related to key aims of the program | The program had a positive impact on functioning for some families and children, with less complex and entrenched problems. The evaluation confirmed the value of early intervention and the importance of engaging families before problems escalate or become entrenched. Nearly 1 in 3 of the families in the targeted early intervention and re-unification support services components of the program and about one in five of those provided with intensive placement prevention services were Indigenous

The Stronger Families Safer Children (SFSC) program is a mainstream program, designed to support vulnerable families and prevent family breakdown, by address family difficulties at different stages of the child protection and alternative care system. Between 20–30% of families in the 3 different program streams were Indigenous. An evaluation study after 2 years found that overall, family functioning improved for some families following SFSC intervention where they had less significant and entrenched issues at entry and were able to complete the program successfully. Indigenous families had a lower success/completion rate compared to non-Indigenous families. The study questions the appropriateness of the service model for Indigenous families. A difference in perceptions of the quality and appropriateness of services was linked to different workers and locations. The need for a service model with more permeable boundaries to allow for families with complex and chronic issues to return was noted | D2 + C1 + M1 | Variable M to L depends on context | Limited compared to other groups |

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/Initiative	Evaluation title	Notes on program/initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
The Resourceful Adolescent Program (RAP)	Rowling et al. (2002). *Mental health promotion and young people: concepts and practice*	RAP is a universal high school-based program that aims to build resilience and promote positive mental health among students. RAP has been adapted for use with Indigenous communities and has been implemented in Kempsey (New South Wales) and Broome (Western Australia)	The universal RAP has been evaluated via randomised controlled trials, but has not indicated if Indigenous students participated in the program	Although results of randomised controlled trials reported by Shochet et al. (2001) indicate that RAP is effective in preventing adolescent depression, The results of 3 trials confirm RAP-A's efficacy in the short and medium term. There is also evidence of effectiveness, but effects dilute at follow up. There was no separate reporting on Indigenous children

However, an evaluation of an Indigenous adaptation of the RAP program in Indigenous communities in Kempsey and Broome reported that the adaptation of RAP was culturally appropriate

The RAP Indigenous Parent Program is an adaptation of RAP-P. The RAP-P program was not developed specifically for Indigenous families. Although some of the main ideas are relevant, it was found that the adaptation of the program was required if it was to be relevant and useful for Indigenous communities

There is also an Indigenous RAP-A Supplement. This manual is used in conjunction with the RAP-A Group Leaders Manual and provides guidelines for the adaptation of RAP-A for Indigenous adolescents | Q2 | Yes for young people | unknown |

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Restoration and community resilience —*Cultural Healing Programs*							
CNAHS Family and Community Healing Program	Kowanko & Power (2008). *CNAHS Family and Community Healing Program: final external evaluation report* Kowanko et al. (2009). *An Aboriginal family and community healing program in metropolitan Adelaide: description and evaluation*	Suite of 10 health promotion and intervention programs aimed at developing effective responses to family violence (using courses, activities and groups) Incorporated a range of strategies, including the Family Wellbeing Program, courses at local high schools, a nutrition program and crisis support Target: workers and clients at primary health care Indigenous outreach services in Adelaide	This qualitative evaluation was based on interviews and focus groups, and evaluator observations and reflections (at 12 and 24 months post-intervention) The evaluation provided qualitative narratives based on interviews with staff and course participants	Clients and workers were unanimous in their support for the program. Feedback suggests that there were beneficial impacts on Indigenous clients, families and community (including increased self-worth, empowerment, coping, trust and peer support) Interviews with workers provided many stories of how participation in the Aboriginal Family and Community Healing program led to increased capacity to support safe families. Clients who had completed the 8-week women's structured program went on to study at TAFE and gain satisfying employment; they now promote their learnings in their daily lives and through their networks as role models. Similarly, individuals who had increased sense of self-worth found employment and addressed other issues in their lives Workers talked about the 'client journey', that is, the pathways clients travel as a result of being involved in the AFCH Program. This journey takes a client from a crisis, usually the trigger for entering the program, through to continued individual support as new issues arise, and development of self-confidence and strategies for family and community safety	Q1	S	yes
Red Dust Healing	Powell et al. (2014). *Red Dust Healing: Acknowledging the past, changing the future*	Group healing program that examines the intergenerational effects of colonisation on the mental, physical and spiritual wellbeing of Indigenous families and encourages individuals to confront and deal with the problems, hurt and anger in their lives Target: adults	Participant feedback and survey pre- and at 4–6 weeks post-intervention	Responses overwhelmingly indicate that the content and tools were useful and likely to be effective Some evidence of positive impact on people's social and emotional wellbeing sustained after participation	C1	S	yes

(continued)

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropriateness	Effective outcome
Creative Recovery project	Leenders et al. (2011). *From Creative Recovery to Creative Livelihoods: 'It's not just art…it's a healing thing.' The benefits of an arts based health initiative in remote Indigenous communities—Evaluation Report 2011*	A community arts-based wellbeing and mental health recovery project Target: rural and remote communities	Mixed methods evaluation, including yarning and unstructured interviews, activity reports, and the production of documentaries, questionnaire, audio tape recording, unstructured interviews, Indigenous storytelling, record keeping, site visit field notes, and workshop reports	Evidence that the program supported participation and inclusion among people with mental health problems The project has resulted in improved mental health among participants, a large body of 300 artworks, 4 major public exhibitions, 8 community launches/ exhibitions, and 15 emerging artists generating a regular income from the sale of their work	M1	S	yes
We Al-li program	Atkinson (2001). *Lifting the blankets: the transgenerational effects of trauma in Indigenous Australia* Atkinson et al. (2014) *Addressing individual and community transgenerational trauma*	We Al-li is a community-based healing program which uses a workshop format and incorporates Indigenous cultural practices and therapeutic skills to assist participants to recover from trans-generational trauma. It uses traditional ceremonies of healing at sites of cultural significance, combining experiential and cognitive learning practices, reflection and emotional release to allow for the expression of anger and sorrow within a safe and supportive context	Evaluation based on participant feedback (post-intervention)	Feedback consistently suggests reductions in the trauma symptoms experienced by participants at course completion Strong support for the program's focus on cultural tools for healing The positive effects of We Al-li on the social and emotional wellbeing of workshop participants have been documented There have been no published evaluations of the flow-on effects of the program at the community level	C2	S	yes
The Mungalli Falls Indigenous women's healing camp	Galloway & Moylan (2005). *Mungalli Falls Indigenous women's healing camp*	The camp used a culturally appropriate guided meditation, reconnecting with past generations, and country, narrative therapy and individual counselling, and engage with an analysis of the historical, socio-political contexts of their lives	Interviews with participants	The 17 participants considered the camp to have been effective in increasing their sense of self-worth and assertiveness, feeling reconnected to country and spirituality This had positive impacts on their attitudes to their experiences of violence providing participants with understanding and resolve to overcome negative experiences	Q2	S	yes

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Restoration and community resilience—*individual and family interventions*							
A community participative singing approach program	Sun & Buys (2013). *Participatory community singing program to enhance quality of life and social and emotional well-being in Aboriginal and Torres Strait Islander Australians with chronic diseases*	A community arts training course designed to enhance quality of life and social and emotional wellbeing in Indigenous people with chronic diseases Target: adults in south-east Qld communities	Mixed methods evaluation based on questionnaires (pre-course and 6-month follow-up) and qualitative feedback	There were statistically significant improvement in resilience scores, social and emotional health, stress, and depression The study concluded that a community based research approach can foster a sense of self-determination, create greater commitment and can ultimately improve self-esteem and increase a sense of belonging	M1+C1	S	yes
Restoration and community resilience—*restoring promoting cultural connections*							
The Yiriman Project	Palmer (2013). *'We know they healthy cos they on country with old people': demonstrating the value of the Yiriman Project*	A community cultural connectedness program designed to assist young people to reduce risk-taking and self-harm behaviours and move into meaningful employment Target: Young people	Qualitative methods, incorporating an audit review and interviews	Anecdotal evidence that young people gained a greater appreciation of customary practices, stayed drug and alcohol free during the program, and they had improved confidence and self-esteem	M1	S	yes
Restoration and community resilience—*mental health programs including individual and family crisis interventions*							
Mental Health First Aid (MHFA) training program	Kanowski et al. (2009). *A mental health first aid training program for Australian Aboriginal and Torres Strait Islander peoples: description and initial evaluation*	Trains people in early recognition of (and intervention to prevent) mental illness in others in their social network Initial program subsequently developed for use with Indigenous clients through a process of cultural sensitivity training and expert reference groups, with relevant local communities providing comment on the proposed adaptations Target: youth and adults	Evaluation based predominantly on feedback from participants in workshops and interviews (post-training)	Qualitative data indicated that the courses are culturally appropriate, empowering for Indigenous people, and important in assisting Indigenous people with a mental illness Other evaluations (not Indigenous-specific) have highlighted improvements in knowledge, attitudes and first aid behaviours (initially; maintained over a 6-month follow up); positive effects on mental health. Some difficulties in evaluating program (problems obtaining information about the recipient of the first aid, as distinct from the person providing first aid)	C2	S	yes

(continued)

Table A6 (continued): Summary of program evaluations

Program/Initiative	Evaluation title	Notes on program/initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropriateness	Effective outcome
	Jorm & Hart (2008). *Aboriginal & Torres Strait Islander Mental Health First Aid (AMHFA) National Pilot Program: 2008 evaluation report*	As above	Evaluation based predominantly on feedback from participants in workshops and interviews (post-training)	The training program increased participants' mental health knowledge and confidence to help people with mental illness (Jorm & Hart 2008). Participants stated that the programs were culturally appropriate, empowering for Indigenous people and provided information that was relevant and important (Kanowski et al. 2009)	C2	S	yes
Pathways to Resilience Rural and Remote Indigenous Communities Suicide Prevention Initiative	Livingstone & Sananikhone (2010). *Pathways to Resilience: Rural and Remote Indigenous Communities Suicide Prevention Initiative. Final report*	An initiative that includes a series of 20 (mostly community education) projects The Initiative promoted the development of local approaches to enhance self-esteem and support people who are at risk of suicide Target: members of 6 Qld communities	Qualitative research methodology, comprising community consultations, focus groups (post-intervention), interviews, site visits, and telephone interviews with key stakeholders	The vast majority of programs increased community awareness of, and responses to, issues of suicide, including the ability of communities to intervene effectively to Indigenous people who are displaying suicidal behaviour Important program components include community ownership and empowerment, culturally appropriate, capacity building focus, community partnerships and networks, and flexibility	Q1	S	yes

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/Initiative	Evaluation title	Notes on program/initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Indigenous community gatekeeper training	Deane et al. (2006). *Two-year follow-up of a community gatekeeper suicide prevention program in an Aboriginal community*	Aimed to determine long term effects of the Shoalhaven Aboriginal Suicide Prevention Program (SASPP), which used community gatekeeper training as its primary strategy	The evaluation used a combination of qualitative and quantitative methods, comprising structured interviews with participants on completion of the training and after 2 years. Forty participants participated in the follow-up study; 24 participants agreed to in-depth interviews	A 2-year follow-up of 40 participants in community gatekeeper training workshops in an urban Indigenous community found that participants' intentions to help, and confidence in their ability to identify someone at risk of suicide, remained high Fifteen of the participants reported that they had helped someone at risk of suicide since participating in the training A significant relationship was found between intentions to help prior to the workshop and whether participants had actually helped someone at risk of suicide. Correlations suggested a link between intentions to help, and subsequent help provision The study also confirmed that increased confidence in identifying someone who is suicidal and intentions to help obtained in the initial workshops were sustained at the 2-year follow-up It is unclear whether workshop attendance contributed to this effect Future prevention programs need to be customised to specific Indigenous communities to reduce barriers to individuals and families seeking help from relevant services Participants strongly connected their participation in the SASPP gatekeeper training workshops with their work with individuals at risk of suicide in the community. These preliminary findings show some promise for gatekeeping strategies along with the need for further refinement of workshop content and further ongoing evaluations	M1	L	yes

(continued)

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Motivational care planning	Nagel et al. (2009a). *Approach to treatment of mental illness and substance dependence in remote Indigenous communities: results of a mixed methods study*	A culturally adapted Motivational care planning intervention for Indigenous people with chronic mental illness using elements of problem-solving, motivational therapy and self-management in a cultural context Target: remote island communities of the NT	Mixed methods evaluation, including nested randomised controlled trial involving 49 health centre clients; 24 clients were randomly allocated to motivational care planning; and the remaining 25 clients received treatment as usual	Evidence that the adaptation was undertaken in a culturally appropriate way and that Indigenous people were involved throughout all phases of the development and evaluation of the trial. Evidence that program is an effective treatment for Indigenous people with mental illness. The trial provided insight into the experience of mental illness in remote communities The evaluation found that motivational care planning improved wellbeing and decreased substance misuse compared with treatment as usual. There were corresponding reductions in domestic violence, self-harm behaviour and mental illness and improvements in life skills. This improvement was sustained during follow-ups at 6, 12 and 18 months post-treatment	B1+M1	S	yes

Restoration and community resilience—*sport and recreational programs / and education (links to Theme 1)*

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Alive and Kicking Goals!	Tighe & McKay (2012). *Alive and Kicking Goals!: preliminary findings from a Kimberley suicide prevention program*	The program aims to prevent Indigenous youth suicide through the use of football and peer education, one-on-one mentoring, and counselling. The project is initiated, managed, and led by Indigenous people in the Kimberley	Administrative data, observations and reflections	At the conclusion of the pilot, 16 young men had become peer educators, learning practical skills in suicide awareness and prevention. Preliminary findings from the pilot suggest that process factors were positive and will support the development of a sustainable intervention. The pilot project is ongoing, but its impact on suicide rates numbers has not been evaluated at this stage	Q2	S	yes

Increasing the Access and Appropriateness of Services

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Allied Psychological Services (ATAPS Tier 2)	Fletcher et al. (2012). *Evaluating the Access to Allied Psychological Services (ATAPS) program*	Mental health referral service that enables GPs to refer patients with high prevalence disorders (for example, depression and anxiety) to allied health professionals for low-cost evidence-based mental health care (most commonly cognitive behavioural therapy)	Evaluation based on administrative data and survey of participants (pre- and post-intervention)	Small increase in number of GPs delivering services for Indigenous people, but there was not a substantial change in the number of referrals and sessions used overall Evidence of effect on mental health outcomes could not be ascertained for Indigenous participants because of small sample size	C1+M1	L	unknown

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
	Bassilios et al. (2013). *Evaluating the Access to Allied Psychological Services (ATAPS) program: Ten year consolidated ATAPS evaluation report*		The evaluation used both qualitative and quantitative methods. Data were collected via surveys, forums and interviews, and reports and administrative data were also analysed	Although the number of referrals of Indigenous people to Tier 2 ATAPS services has increased from 39 in 2009–10 to 842 in 2012–13. This is below what would be expected based on the Indigenous population No data are provided on the mental health outcomes achieved by ATAPS	M1	L	unknown
The Social and Emotional Wellbeing Program (Bringing Them Home)	Wilczynski et al. (2007). *Evaluation of the Bringing Them Home and Indigenous mental health programs: final report*	Social and emotional wellbeing services and counselling support for Indigenous individuals and families affected by forced removal	Evaluation based on field work feedback, phone interviews, submissions, survey responses and literature review	The evaluation found that the program had provided culturally appropriate services to a large number of Indigenous clients who were unlikely to have otherwise received services. Indigenous men accessed the program less frequently than women Clients of the program generally reported high levels of satisfaction and positive outcomes; but there was a wide variation in the skills and qualifications of counsellors, which with a lack of access to training and professional support, resulted in staff burnout and turnover	Q1	M	limited

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Headspace	Muir et al. (2009). *Headspace evaluation report: independent evaluation of headspace: the National Youth Mental Health Foundation*	Headspace provides support, information and assistance to young people aged 12–25 who are experiencing emotional or mental health issues, including substance abuse	Analysis of qualitative and quantitative data including document analysis, interviews and surveys of young people and stakeholders and the analysis of headspace administrative data	Headspace has increased the number of young people who access mental health services at an early stage of their illness and overall. The service has been effective in improving some young people's mental and physical health, in decreasing their use of alcohol and other drugs and in increasing their engagement with education and work Although about 1 in 10 (9.5%) headspace clients identified as Indigenous, an analysis of sites suggests variable levels of the effectiveness or cultural appropriateness of the service for Indigenous young people with a mental health issue Staff identified a need to tailor health promotion materials for Indigenous young people, particularly where there were high numbers of young people (some young Indigenous people found the materials confusing). In some sites, Indigenous young people were identified as hard to reach. Sites that were effective in engaging Indigenous young people generally had active contact with community-based services and implemented culturally appropriate strategies that need to be shared to all sites. In some services, there was a high level satisfaction where culturally appropriate services; in other sites, staff expressed concerns regarding their inability to engage with Indigenous young people	M1	Varied by sites from S- L	limited

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/Initiative	Evaluation title	Notes on program/initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Aboriginal Youth Mental Health Partnership Project	Dobson & Darling (2003). *Aboriginal Youth Mental Health Partnership Project: evaluation report*	An intervention and referral service that aims to increase access to appropriate mental health services and supports for Indigenous young people who are involved, or at high risk of involvement, in the juvenile justice system Target: youth	The evaluation analysed qualitative and quantitative data collected in focus groups, interviews with key stakeholders, staff questionnaires, supplemented with analysis of administrative data including case file audits and referral data	Evidence of an increase in numbers of Indigenous young people receiving long-term intervention targeted toward improving social and emotional wellbeing, at least in some segments of the community Staff reported increased awareness and understanding of Indigenous mental health and social and emotional wellbeing issues and the importance of working collaboratively with the Indigenous community, and had increased the number of clients they referred to other services Project had begun to develop more culturally appropriate mental health services. Perception that mental health programs were building trust and becoming more accessible The proportion of clients assisted by metropolitan and country mental health services who identified as Indigenous increased from 2.7% to 4.1% during the 3 years of the project	M1	M	limited
Mental Health Workforce Training Initiatives							
Marumali	Peeters et al (2014) *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice—dissemination and evaluation: final report*	Marumali is a workshop-based program that trains counsellors to help Indigenous people who were removed from their families as children	Analysis of workshop evaluations completed by participants	The program has provided training for more than 1,000 Indigenous workers and counsellors, almost all of whom (93%) rated the Marumali training as excellent	Q2	S	yes

(continued)

Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice	Walker (2014). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice—dissemination and evaluation: final report*	A textbook was developed as one of five key COAG initiatives to improve mental health workers understandings and cultural competence to ultimately improve assessment, advocacy, referral and access. The book is underpinned by the 9 guiding principles	Online survey, face-to-face and phone interviews with stakeholders, and submitted feedback from educators, teachers, students and mental health workers	Over 50,000 copies of the book were distributed to mental health professionals and students. Interview and survey responses from over 1,000 users indicated that 95% agreed or strongly agreed that the book was very valuable. Extensive feedback from academic staff and students demonstrated that the resource increased their knowledge and understanding, and enabled them to develop new skills, to be more conscious and have a greater understanding of working with transgenerational trauma, grief and loss. Feedback from health professionals and stakeholders in the health sector and social services sectors indicated that they were more confident in making referrals and assessments	D1	S	yes
AIPA Cultural Competence workshop	Walker (2010b). *Evaluation of the Working Together: Journey Toward Cultural Competence with Aboriginal and Torres Strait Islander People workshop*	Cultural competence training for non-Indigenous mental health practitioners	Evaluation based on questionnaires and interviews with workshop participants	This evaluation was limited to issues of process (and not effectiveness). The training was rated very highly by the vast majority of participants. Training successfully integrated cultural competence as a crucial component of effective professional practice. Practitioners had greater confidence in working in culturally diverse environments, and better skills and knowledge to apply in practice	D2+Q1	S	yes
Australian Integrated Mental Health Initiative training	Nagel et al. (2009b). *Two way approaches to Indigenous mental health training: brief training in brief interventions*	Short training workshops in culturally appropriate mental health service provision	Questionnaires (pre- and post-workshop)	Evidence that program significantly improved participants' confidence in assessing and treating Indigenous people with mental illness	C1	S	yes

(continued)

Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri- ateness	Effective outcome
Yarning about mental health	Hinton & Nagel (2012). *Evaluation of a culturally adapted training in Indigenous mental health and wellbeing for the alcohol and other drug workforce*	Yarning about mental health workshops provide culturally appropriate training in mental health and wellbeing for alcohol and other drug workers	Pre- and post- workshop questionnaires were administered to workshop participants	Participants stated that the workshops had increased their confidence in assessing and treating Indigenous people with a mental illness	C1	S	yes
KidsMatter	Slee et al. (2012). *KidsMatter Early Childhood evaluation in services with high proportions of Aboriginal and Torres Strait Islander children*	Professional learning program for early child care services workers that aims to improve the mental wellbeing of children from birth to school age Target: Staff in early child care services in NSW, Qld, NT and ACT	This is a separate study within a larger evaluation in 111 services, it is based on qualitative case studies in five services where there were more than 25% Indigenous enrolments and in-depth analysis of data interviews at 10 sites with greater than 25% Indigenous enrolments. The review acknowledged the 9 guiding principles	Substantial increases in staff abilities to articulate ideas relating to mental health Significant increase (46–82%) in the number of staff reporting substantially improved interactions with children and parents, enhanced knowledge of children's mental health, fostering children's mental health and wellbeing, and being more responsive to children experiencing difficulties All sites reported that engagement and useability depended on adopting and adapting the KidsMatter Early Childhood in culturally appropriate ways, catering specifically for children with extreme learning and behavioural difficulties and participating in two-way learning between Indigenous and non-Indigenous staff. The adaptation empowered all staff, enabled them to address early child-care issues affecting mental health and wellbeing and was aligned with Indigenous families and communities. Indications that there would be benefits from greater involvement of Indigenous people in the staff development process.	MI	S	Yes

(continued)

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Table A6 (continued): Summary of program evaluations

Program/ Initiative	Evaluation title	Notes on program/ initiative	Evaluation methodology	Relevant findings of evaluation	Evidence rating	Appropri-ateness	Effective outcome
MindMatters	Hazell (2006). *MindMatters: evaluation of the professional development program and school-level implementation: final report*	MindMatters is a national mental health promotion program for secondary schools, comprising a kit of resources and professional development for staff	The national evaluation of MindMatters used both qualitative and quantitative methods, including surveys of participants and key informant interviews and case studies in 15 schools, including a Koori community school and two schools with high proportions of Indigenous students	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 The case study schools agreed that MindMatters had helped them to focus on student wellbeing by providing a comprehensive framework, training and curriculum resources	MI	Unknown	yes
	Sheehan et al. (2002). *'This was a great project!': reflections on a 'successful' mental health promotion project in a remote Indigenous school*	MindMatters was adapted to meet the community identified priorities at a school on Palm Island (Queensland)	A qualitative evaluation of the implementation of MindMatters at Bwgcolman School on Palm Island was undertaken by a senior Indigenous group, Youngal Yagah, involved community consultation regarding priorities for the project and their implementation	Community stakeholders considered the implementation of MindMatters at Bwgcolman School 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 and inform their behaviour management plan. Staff were more able to acknowledge the history of colonisation and the ongoing impacts such as grief, loss and trauma on the wellbeing and attitudes of community parents and students. (Sheehan et al. 2002) The evaluation highlighted the importance of using ongoing action research to evaluate the outcomes of the Mind Matters implementation. It highlighted that, although the adaptation generated local ownership, it also placed additional demands on staff and resources in adapting the MindMatters to meet local priorities. The new curriculum unit 'coping with hard times' provides a blueprint to ensure new teachers coming to the school are able to draw on the knowledge now embedded in the unit with respect to dealing with issues of suicide, grief and loss and bullying	Q2	S	yes

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Abbreviations

AIPA   Australian Indigenous Psychologists Association

ATPS   Access to Allied Psychological Services

RCT   randomised controlled trial

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.

Social and emotional wellbeing: this term reflects the broader, holistic view of health that is an intrinsic part of Aboriginal and Torres Strait Islander cultures. It incorporates concepts of mental health and mental illness but also recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect individual wellbeing.

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