Final Report: Promising practice approaches to improve the social and emotional wellbeing of young Aboriginal & Torres Strait Islander people with severe and complex mental health needs

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We would like to acknowledge the Aboriginal and Torres Strait Islander people, the traditional custodians of the land and seas of Australia and pay respects to elders' past, present and emerging. We recognise that Aboriginal and Torres Strait Islander people are not a homogeneous group, exhibiting important differences in culture, traditions and language. However, the term Aboriginal has been used interchangeably throughout this report for brevity.

We would like to thank the multiple stakeholders for their assistance with providing information for this report, including the participating Primary Health Networks and other key organisations.

We thank all participants that were involved over the course of this project. People gave generously of their time to participate and provide us with expert advice, enabling promising practice approaches to improve the social and emotional wellbeing of young Aboriginal & Torres Strait Islander people with severe and complex mental health needs.

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Contents

Executive Summary

Menzies School of Health Research was contracted by Orygen to undertake a project entitled *"Promising practice approaches to improve the social and emotional wellbeing of young Aboriginal & Torres Strait Islander people with severe and complex mental health needs".* This project aimed to identify and document 'promising practice' approaches aimed at improving the social and emotional wellbeing (SEWB) of this priority population.

Currently there is limited documented evidence about promising practice approaches aimed at addressing the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander (Aboriginal)[1] young people in Australia. There is a myriad of ways to address social and emotional wellbeing needs and mental health concerns of young people. However, there are scant evidence-based approaches and practices specifically tailored to the needs of young Aboriginal people. This makes it difficult to ascertain the best ways to design and implement services and programs that are culturally-responsive to this population. This has been a long-standing challenge for commissioners, policy makers and health services. This requires a much deeper understanding of, and willingness to respond to, the principles underpinning the social and emotional wellbeing of Aboriginal people; and principles associated with engaging young people.

This project involved four distinct phases. These included:

- The development of a scoping review about promising practices associated with the SEWB of young Aboriginal and Torres Strait Islander people;
- A desktop analysis of Primary Health Network (PHN) documents related to the commissioning of mental health services for young Aboriginal and Torres Strait Islander people across Australia;
- Identification and documentation of promising practice approaches to improve the SEWB of young Aboriginal and Torres Strait Islander people in organisations that are commissioned by PHNs for presentation as case studies; and
- The development of a promising practice guide associated with the SEWB of young Aboriginal and Torres Strait Islander people.

Working in close collaboration with selected PHNs from across Australia, each PHN was asked to nominate at least one promising program or service that their PHN had recently commissioned. Participating PHNs facilitated introductions with the services/programs they had commissioned, to enable more detailed case studies of promising practice to be developed. All phases of the project were used to inform the development of the subsequent promising practice guide (Appendix A).

[1] The term of 'Aboriginal' has used been used throughout the report to reflect Aboriginal and Torres Strait Islander, Indigenous or First Nations people for purposes of brevity. We respect the diversity among these populations.

Chapter 1: Introduction

1.1 Background

It is frequently recognised that Aboriginal and Torres Strait Islander societies provided the optimal conditions for mental health and social and emotional wellbeing (SEWB) prior to European settlement (1). However, the Australian Psychological Society has acknowledged that these optimal conditions have been continuously eroded through colonisation, with a parallel increase in mental health concerns. Indeed, current Australian data shows notably high rates of psychological distress and mental health conditions among Aboriginal and Torres Strait Islander people (2). Mental health and substance use disorders account for 19% of the disease burden among Aboriginal and Torres Strait Islander people (3). This includes anxiety disorders (23%), alcohol use disorders (22%), depressive disorders (19%), schizophrenia (8%) and drug use disorders (6%) (3). Mental health related conditions also account for 7% hospitalisations among Aboriginal and Torres Strait Islander people. In addition, suicide accounts for approximately 5% of all deaths among Aboriginal and Torres Strait Islander people, with 87% of suicides occurring before the age of 45. More specifically, mental health concerns have been noted more prominently among Aboriginal and Torres Strait Islander children and youth than their non-Indigenous counterparts. This includes higher rates of depressive symptoms, emotional and behavioural difficulties, and suicidal thoughts and tendencies. Evidence suggests these mental health concerns, if left unresolved, continue to have health and social impacts throughout adulthood (3).

As such, there have been calls for a sharper focus on addressing the social determinants that impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people (4). This includes a recognition of the impact of trauma, racism, unemployment, incarceration, educational attainment, poverty, and social and geographical isolation. Many Aboriginal Community Controlled Health Organisations (ACCHOs) have been attempting to address these concerns through the planning and delivery of social and emotional wellbeing programs and services that are built from, and resonate with, Indigenous knowledge systems tied to concepts of kinship, country and cultural identity. Program responses have increasingly involved a strengths-based approach focusing on community connectedness, strengthening the individual and rebuilding family, as well as culturally based programs (2).

The past few years has seen an increased policy focus in relation to mental health, including the development of the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social Wellbeing 2014-2019*; the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy;* and the *Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013-2023.* Action to address Aboriginal and Torres Strait Islander child, adolescent and youth health needs has been a consistent narrative across these policy documents.

Unfortunately, there is a notable lack of suitable resources to educate and assist health professionals to improve the SEWB of Aboriginal and Torres Strait Islander people experiencing mental health concerns, across all stages of the life-course (5). In particular, there is scant information about how best to engage young Aboriginal and Torres Strait Islander people, specifically those with severe and

complex mental health concerns. That is, there is a notable 'know-do' gap between policy and practice in this arena (6, 7). This project addresses this concern by:

(a) building evidence-base about promising practice in this field; and

(b) developing a promising-practice guide that can be used by practitioners to better engage with young Aboriginal and Torres Strait Islander people with severe and complex mental health needs.

1.2 Study aim and objectives

This project aimed to identify and document 'promising practice' approaches to improve the SEWB among young Aboriginal and Torres Strait Islander people with severe and complex mental health needs.

The project involved four separate, but intertwined, tasks to achieve the aim. These included:

1. Conducting a scoping review about promising practice approaches aimed at improving the SEWB of young Aboriginal and Torres Strait Islander people (with severe and complex mental health needs).

2. In collaboration with Primary Health Networks (PHNs) across Australia, identify and document all PHN commissioned mental health services for young Aboriginal and Torres Strait Islander people.

3. Identify and document promising practice approaches to improve SEWB among Aboriginal and Torres Strait Islander young people in organisations that are commissioned by PHNs.

4. Based on the findings from 1-3, develop a promising practice guide to provide guidance to PHNs on commissioning services to improve the SEWB of Aboriginal and Torres Strait Islander young people with severe mental health needs.

1.3 Project Research Team

The project was led through Wellbeing and Preventable Chronic Diseases Division of Menzies School of Health Research (Menzies). Team members included:

- Professor James Smith (JS)
- Ms Donna Stephens (DS)
- Dr Himanshu Gupta (HG)
- Dr Noemi Tari-Keresztes (NTK)
- Mr Benjamin Christie (BC)
- Ms Tessa Wallace (TW)
- Ms Paris Caton-Graham (PCG)

The project team included staff with research and evaluation expertise in social and emotional wellbeing; Indigenous evaluation; alcohol and other drugs; vulnerable and marginalised youth; and Aboriginal and Torres Strait Islander health. The project team also has extensive experience in working at the research, policy and practice nexus in Aboriginal affairs contexts.

An overarching Project Management Group (PMG) was established to support the project. This included members the research team listed above and members of Orygen's Youth Enhanced Services Team. The PMG met monthly.

In addition, Menzies Social and Emotional Wellbeing Aboriginal Advisory Committee (SEWBAAC) provided cultural advice and guidance throughout the project. SEWBAAC met on a quarterly basis, whereby verbal feedback and up-dates were given as the project progressed.

Chapter 2: Methodology

2.1 Data collection

As described above the project involved four intersecting components. These are each described below.

2.1.1 Part 1 – Literature Review

In this part of the project a scoping review methodology was applied to map the relevant academic and grey literature to ensure a comprehensive coverage of the available literature in relation to social-emotional wellbeing of young Aboriginal and Torres Strait Islander people with severe and complex mental health needs. Relevant data was obtained through an electronic database search including several academic databases using a clear set of eligibility criteria, and a set of agreed search terms. An additional review of Google Scholar and relevant organisational websites was also undertaken to locate the grey literature as well.

Twenty-six articles met the full eligibility criteria. The review process involved HG, NTK and DS reading each article independently. This was guided by a framework analysis approach using the nine principles outlined in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. Framework analysis involves coding information against pre-selected themes. The scoping literature review was also reviewed by Orygen staff involved on the PMG. The review process included Aboriginal representation. The final draft was submitted to a reputable international peer-reviewed academic journal for publication (and remains under review at the time of completing the report).

2.1.2 Part 2 – Identification and documentation of PHN mental health services for young Aboriginal and Torres Strait Islander people

There are 31 PHNs nationally. Each of these were contacted by the research team for a list of mental health and SEWB services targeting young Aboriginal and Torres Strait Islander people. We requested the following information:

- A list of relevant services commissioned since the inception of PHNs (1 July 2015 to present);
- Commissioning or contracting documentation, such as Expression of interest (EOI) and Request for Quotation (RFQ) documents relating to SEWB programs and services, specifically those aimed at or involving Aboriginal and Torres Strait Islander young people
- Needs assessments relating to the topic (e.g. mental health; SEWB; youth; and AOD needs assessments); and
- Other relevant reporting and evaluation documentation, where this information was available.

In addition, each PHN was asked to nominate and provide the contact details of at least one exemplar reflecting the most promising and/or effective services/programs it had commissioned. This mapping process helped to:

(a) ascertain the scope of planning and service delivery commissioned by PHNs across Australia; and

(b) start to identify areas of promising practice.
It was envisaged that some PHNs would not respond to this request, so a more targeted engagement approach with interested PHNs was adopted after initial contact had been made by the Menzies research team.

2.1.3 Part 3 – Documentation of promising practice approaches

Using the feedback provided by 12 PHNs in Part 2, the project team invited the services/organisations identified as 'promising' or 'effective' by the PHNs to participate in Part 3. A selection of services identified through the literature review process (i.e. that may not necessarily have been funded by PHNs) were also contacted based on publicly available information. We then requested for all program/service documentation, such as project/program plans, reporting documentation and evaluation documents from the participating PHNs. We also invited one person from each of the PHN nominated services to participate in an interview (n=7) about the features of design, implementation and evaluation of their program/service. We were particularly keen to explore why they thought their program/service was effective and/or labelled as a 'promising practice'. A targeted approach, which aimed for national diversity was adopted, with examples drawn from a broad geographical spread across multiple states and territories of Australia. Consideration was also given to including a mix of urban, regional and remote programs and services.

A purposive sampling method was used based on feedback provided by PHN representatives in Part 2. Each PHN representative was asked to provide initial email introductions with potential participants, including the CEO or Managing Director of each organisation. Menzies staff then followed-up with individual invitations to participate in an interview. Given this project was interested in identifying exemplars of promising practice, participants were informed that the organisation name, service/program name and aim, and service/program locale would be identifiable in all project outputs. However, the name/s of the individual/s providing the information on behalf of the organisation would remain anonymous, unless attribution was explicitly requested.

The interview process typically lasted between 45 and 90 minutes. These were recorded and transcribed verbatim by a professional transcription service. Participants were asked a series of questions about the service/program their organisation delivers (see Appendix B). These were then developed into case studies for use in Part 4. The research team communicated with senior representatives from each identified exemplar organisations to ensure transcripts and case studies accurately reflected the interview responses and organisational context.

2.1.4 Part 4 – Development of a promising practice guide

Part 4 was built on the evidence documented through Parts 1-3. It used key elements, themes and principles identified through Parts 1-3 to prepare a 'promising practice' guide to support PHNs to commission services to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people with severe and complex mental health needs. Special consideration was given to the cultural responsiveness, ethical sensitivity, and perceived usefulness of the 'promising practice' guide. The format resembled past similar documents developed by Orygen.

Feedback on the draft promising practice guide, and on the key findings identified through Part 1-3, was sought at a half day workshop co-facilitated by Menzies and Orygen on 27 November 2019 at the

Youth Enhanced Services Forum (organised by Orygen for PHNs and respective stakeholders). This information was used to refine the content and focus of the promising practice guide.

The following four chapters provide a chronological overview of the processes and findings associated with each of the four project components.

2.2 Ethics

An important part of conducting research with a high level of integrity involves obtaining ethics approval from a certified Human Research Ethics Committee (HREC). A detailed ethics proposal was prepared and submitted to the Northern Territory Department of Health and Menzies School of Health Research HREC in January 2019. This project was considered by the Fast Track Committee and granted full ethical approval on 8 February 2019 (HREC-2019-3296) (Appendix C). The ethics approval expires on 8 February 2020.

Chapter 3: Literature Review

The content of this chapter has been submitted for publication in an internationally academic peer-reviewed journal. As such, it is not to be reproduced without the permission of the report authors, Menzies School of Health Research or Orygen.

This chapter represents the findings from a scoping review about SEWB programs and services targeting young Aboriginal and Torres Strait Islander people with severe and complex mental health needs. A scoping review is defined as a literature review which aims to map the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as a stand-alone project, especially where an area is complex or has not been comprehensively reviewed before (8). We used framework analysis to analyse the information collected through the scoping review. Framework analysis involves coding information against pre-selected themes and is often perceived as a pragmatic approach to real-world investigations. In this instance, it involved mapping the relevant academic and grey literature against the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023.*

Authorship of the scoping review includes:

Himanshu Gupta, Noemi Tari-Keresztes, Donna Stephens, James Smith, Emrhan Sultan & Sian Lloyd

Background

Current literature provides a comprehensive and multi-faceted account about ways to address mental health concerns among Aboriginal and or Torres Strait Islander populations, with clear messages regarding preferred treatment options. One message is that effective mental health support must be embedded within a context of cultural understanding and knowledge (9, 10). A key aspect of this cultural understanding is a framing of mental health within a broader conceptualisation of social and emotional wellbeing (SEWB).

For Aboriginal and Torres Strait Islander people SEWB includes specific and culturally defined relationships with family and community. These elements are embedded in roles and relationships within families, communities and spiritual connections to country, and ancestors (9, 11, 12). Therefore, the structure of the sense of self for Aboriginal and Torres Strait Islander people is complex and includes the family and extended clan group, within a complex set of relational bonds and reciprocal obligations. It may also incorporate 'a profound sense of continuity through Aboriginal law and dreaming' (9) .

Over the past few decades, multiple frameworks have emerged in relation to supporting the SEWB of Aboriginal and Torres Strait Islander people in Australia (9, 10, 13-15). These visual frameworks are useful for understanding how these interconnected aspects of Aboriginal and Torres Strait Islander ways of being, knowing and doing can be incorporated within promising, and culturally informed, models of practice (9, 10, 16-22). Table 1 outlines the key aspects incorporated into many of these frameworks (See Appendix D).

One of the most comprehensive frameworks is the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023,* which has a foundation of development over many years (22). It has nine guiding principles:

1. health as a holistic concept;
2. the right to self-determination;
3. the need for cultural understanding;
4. the impact of history in trauma and loss;
5. recognition of human rights;
6. the impact of racism and stigma;
7. recognition of the centrality of kinship;
8. recognition of individual and community cultural diversity; and
9. recognition of Aboriginal strengths (15, 17)

The culturally-oriented frameworks, programs, and services appear to have some common elements, principles and methods. Yet, few attempts have been made to distil these common elements into an integrated set of guidelines for policy and practice settings. An exception was *YouthLink* - a successful initiative providing a state-wide mental health service to 13-24 year old people in Western Australia. This program is designed for young people with complex mental health needs, who are homeless or experience some barriers accessing mainstream health services because of their Aboriginal and Torres Strait Islander, sexual and/or gender identity. Around 50 percent of its referrals are Aboriginal and Torres Strait Islander young people (23).

The mobility of some Aboriginal and Torres Strait Islander people, both within their tribal song lines and into and out of remote, regional, and or urban areas, includes being connected as an 'effective exercise of collective self-determination and cultural continuity' (12). Promising practices recognise the need to address community collaboration and relationships and understand that 'spirituality has been changed both through colonisation and purposeful connection to a range of other systems that sit alongside of, and together with, cultural and spiritual beliefs and values' (9). Outcomes may be compromised if they do not address connections between mobility, family, culture and spirituality; although this alone does not measure success nor clearly determine links to measurable outcomes (24).

Young people with severe or complex mental health issues experience a range of symptoms, behaviours and triggers that are often extreme and life threatening (25). Dudgeon and Holland state that Aboriginal and Torres Strait Islander young people are five times more likely to die by suicide than their non-Aboriginal peers arising from a 'complex web of interacting personal, social, political and historical circumstances' (12:166). Stressors affecting individuals, families and communities include interpersonal conflict; involvement with the justice system; poor access to education; and unemployment, all of which intersect with cultural and gender identity formation (26). This can derive from complex disadvantage which is usually intergenerational and associated with the dispossession of land, policies of discrimination, and child removal associated with colonisation (27) . Barriers to help-seeking among young Aboriginal Australians, include shame, fear and low mental health literacy (28). This is further compromised by the need to navigate understandings of health, and health services and systems, from both Western and cultural paradigms (26).

Impact of social disadvantage due to lack of consistent access to quality food; malnutrition; alcohol and or drug use; interactions with legal systems; developmental or acquired cognitive impairment; and a range of chronic illnesses are often disproportionately noted among Aboriginal and Torres Strait Islander peoples, which frequently masks the early detection of mental health issues (29). This requires collaborative and inter-sectoral solutions. However, Tsey et al. (30) suggest that social disadvantage does not automatically account for excess morbidity. They suggest that a deeper exploration of the social gradient in relation to patterns of morbidity and the amount of control people have over their lives - while 'notoriously difficult to research, resource intensive and requiring a long-term commitment as well as the development of appropriate methodologies' – is severely important (30).

While we advocate for a collective approach to mental health for Aboriginal and Torres Strait Islander people, there is also a genuine need to focus on the individual with a specific focus on individual client pathways and effective individualised care. Armstrong et al. (2018), in recognising the higher prevalence of suicide rate among Aboriginal and Torres Strait Islander young people, state that it is more essential to make the individual feel comfortable, respected and cared for, than to do all the 'right things' and follow all the 'rules' when communicating with an Aboriginal and Torres Strait Islander person (27). For example, although often described as a useful tool, yarning, used without an understanding of how to 'best engage and communicate mental health messages with Aboriginal adolescents' (28) provides limited outcomes in addressing how an Aboriginal adolescents conceptualise 'their world, including mental health, family, relationships and identity (ibid28)'. In this scoping review, we aim to examine the existing evidence base relating to promising practices and

principles associated with the planning and delivery of SEWB programs and services involving Aboriginal and Torres Strait Islander people, including young people.

Method

A scoping review methodology was applied to map the relevant academic and grey literature to ensure a comprehensive coverage (breadth) of the available literature (31) in relation to social-emotional wellbeing of Aboriginal and Torres Strait Islander young people with severe and complex mental health needs. A scoping review is defined as a literature review which aims to map the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as a stand-alone project, especially where an area is complex or has not been comprehensively reviewed before (8).

Building on a similar search strategy used by Murrup-Stewart et al (32), we conducted an electronic database search to enable a multidisciplinary search outcome (Fig. 1). The databases included PubMed, Informit-Indigenous Studies database, Web of Science, ProQuest, SCOPUS, Ovid Medline, HealthInfoNet, and PsycInfo. The search was informed by the following eligibility criteria:

1. written in English language;
2. articles published between 2003 and 2018 (to ensure currency);
3. studies focusing on Aboriginal or Torres Strait Islander populations;
4. studies that included interventions, programs, projects, or services targeting SEWB among Aboriginal and Torres Strait Islander people; and
5. both qualitative, quantitative, and mixed methods studies. Studies that did not meet the eligibility criteria were excluded from further consideration.

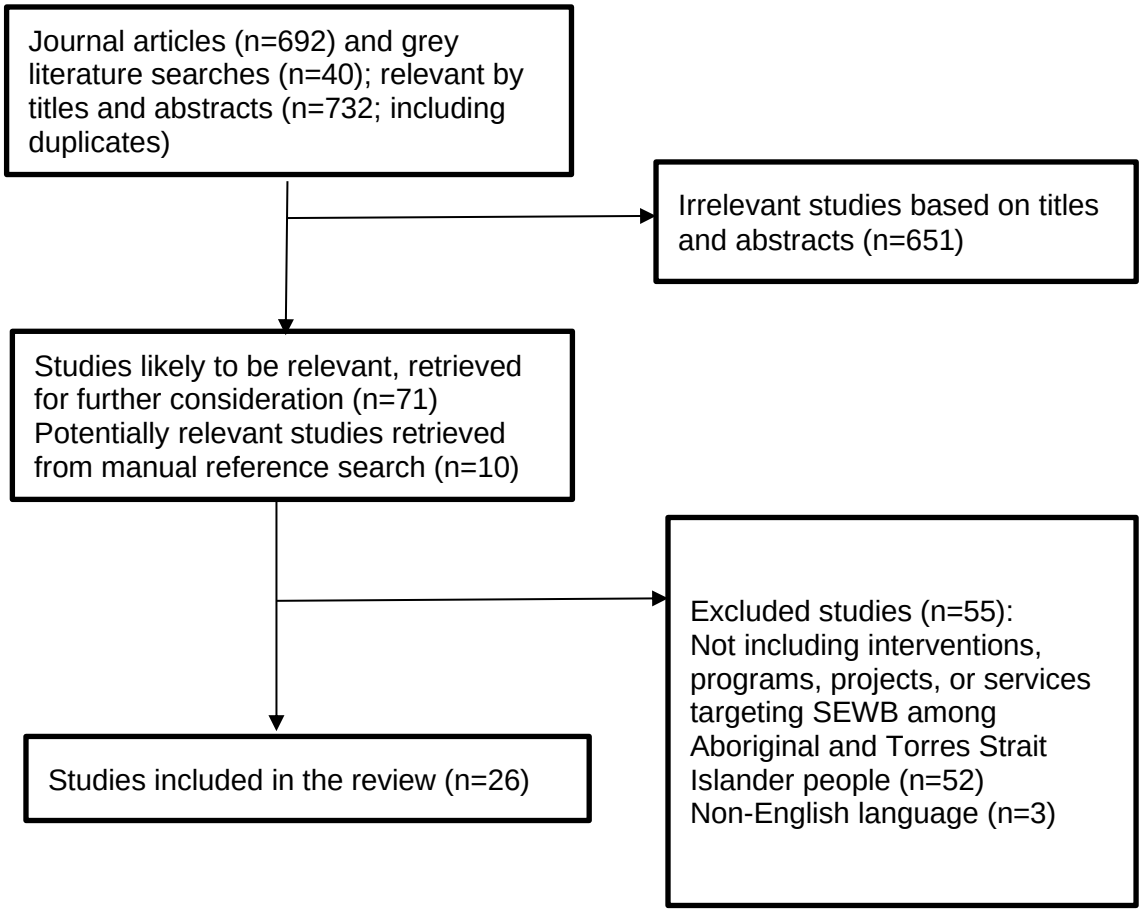
To balance specificity and sensitivity of the search terms, we used a set of key search terms, truncated as appropriate to each database. A combination of the following terms were used and searched for in the title, abstract, and keywords: Aborigin* OR Indigen* OR “First Nations” “Torres Strait”; AND youth OR “young people”; AND Evaluat* OR program OR project OR intervention OR service; AND wellbeing OR well-being OR social OR emotion* OR SEWB OR psychological OR trauma OR stress* OR suicide OR grief OR loss OR healing OR identity OR “mental health” OR “severe and complex mental health needs” OR cultur* OR empowerment OR racis* OR shame* OR discriminat* OR stigma OR disillusion* (33).

Relevant articles were selected in three stages based on the eligibility criteria described above. Articles that did not mention mental health, SEWB, or Aboriginal and Torres Strait Islander people in the titles were not included for further consideration. The next step involved removing articles deemed to be irrelevant based on abstract content. This included abstracts that did not explicitly discuss interventions, programs, projects, or services targeting SEWB among Aboriginal and Torres Strait Islander people.

In addition, Google Scholar and websites of relevant organisations were searched to locate grey literature, such as reports and conference papers. The organisational websites included Indigenous Health*Info*Net, Closing the Gap Clearinghouse, Beyond Blue, and The Lowitja Institute. The overall search strategy retrieved 732 potentially relevant articles, which comprised 692 journal articles and 40 grey literature publications. Seventy-one articles were deemed relevant by titles and abstracts. Full texts articles were then obtained for further review. Ten additional relevant articles were identified

following the manual scanning of reference lists of these articles. Of the 81 articles identified, 26 met the full eligibility criteria discussed above. The results of the search strategy are illustrated in Figure 1 below.

Figure 1. Results of search strategy



The review process involved HG, NTK and DS reading each article independently. This included Aboriginal and Torres Strait Islander representation. This was guided by a framework analysis approach. Framework analysis involves coding information against pre-selected themes and is often perceived as a pragmatic approach to real-world investigations (34-36). It has previously been used successfully in health and education policy contexts (26, 36). In this instance, we used the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* as a benchmark (15), we assessed the extent to which studies identified in the review aligned to the principles of the framework (15, 22). This framework was chosen because (1) it is a nationally recognised framework to guide and inform policy development, research, and evaluation into Aboriginal and Torres Strait Islander mental health and wellbeing reforms, and (2) it was developed under the auspice of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (15).

Results

Many studies valued the influence of holistic interventions on SEWB among Aboriginal and Torres Strait Islander people. They strongly advocated for SEWB programs that were informed by Aboriginal perspectives, rather than Westernised biomedical models (2, 17, 23, 37-48). For the programs to be effective, studies highlighted the need for Aboriginal ownership and leadership to be reflected throughout the design, implementation, and evaluation phases; and for the use of culturally-sensitive screening and assessment instruments (49, 50).

Aboriginal cultures are often collectivistic therefore, the mental, physical, emotional, and spiritual health and wellbeing of the whole community is vital for the health and wellbeing of the individuals that comprise it (17, 23, 37, 40, 42-48, 51). Drawing on this, an all-inclusive and multidisciplinary approach based on the restoration of harmony and balance, rather than the reduction of symptoms or restoring of function, was identified as a significant factor in developing resilience, life skills, and improved SEWB (23, 24, 52, 53). Studies indicated that programs should address social, emotional, physical, spiritual, and cultural needs through a focus on familial and community interconnectedness as well as connections to the environment and the spiritual realm (16, 54, 55). This was nicely summarised in a qualitative study conducted with Aboriginal young people (56),

> "…unless you were absolutely aware of Aboriginal culture, Aboriginal health, the whole history, socioeconomic conditions and so on, and if you just approached this strictly from a mental health or emotional social wellbeing [viewpoint] without taking all the other issues into account, you could make the wrong decision and therefore subject not only the child, but the parents and everybody, to needless hours of the wrong way of treating it." (56:604)

Threaded throughout the commentary was the significance of using culturally-appropriate terminology to describe mental illness (45, 46, 56, 57). A general lack of awareness of the symptoms of mental illness in the community, and the use of technical language by mainstream health services, were identified as barriers to recognise mental illness and health service uptake,

> "I don't think a lot of people know, I think it's got to be more talked about within the Community. There's a lot of talk about drugs, a lot of Ice and stuff like that, but you don't see much about say...bi-polar or…depression or schizophrenia" (57:410).

Other factors included a lack of discussion about mental health problems both within and outside the community; little recognition of the impact of history and intergenerational trauma; and a paucity of culturally informed health services (2, 16, 23, 42-44, 58).

Barriers to discussing problems with family and/or the community included the fear of being ostracised from the community (57) and stigma attached to mental illness (17, 45, 50, 59). Participants in Isaac et al's study (53) mentioned the fear of being labelled 'mental' by one's own community if they consulted mental health services,

> "As soon as people say, 'Oh you've got a mental health issue!' there's an automatic barrier come up... Hey this guy is a little bit freaky and they kind of put you in that little category of black sheep over there" (53:410).

Central to not engaging with health services was past negative experiences such as shame and discrimination. The commentary ranged from feeling stereotyped by non-Aboriginal staff, through to anxiety, stress, and fear experienced when accessing mental health services (42, 45-48, 57, 59). In contrast, the inclusion of Aboriginal staff in health services and mental health programs emerged as a powerful predictor of health service use by Aboriginal and Torres Strait Islander people. This is nicely summarised in Baba et al's study (60),

> "I've come to this horrible, negative space [the hospital], but coming here [to the program] is helping me get back… it's like, for me coming to this program is like I'm on a journey, a journey of healing for me, yeah, to get healthy, stronger and live longer" (60:7).

The above mentioned experience often led to reluctance among Aboriginal and Torres Strait Islander people to use mental health services. They also resulted in feelings of mistrust and discomfort; a lack of meaningful communication and engagement with health service providers; non-disclosure of information to staff; misdiagnosis or inappropriate treatment; and non-adherence with treatments/program (17). To build trust and respectful relationships with clients, and thus improving access to services, studies highlighted the need for staff cultural education of Aboriginal history; placements within Aboriginal organisations; and mentoring with Aboriginal Elders or staff (23, 24, 60, 61),

> "I was going to a doctor in Cleveland, and I didn't feel comfortable there, but being here, where there's other Aboriginal people around, yeah I felt so comfortable when I came here the first time… there were Aboriginal nurses as well… and you could relate to them a bit more. As if you're talking to your own daughters or sisters" (60:6).

However, it was argued that even cultural training for non-Aboriginal and Torres Strait Islander people would not always work: *"If you are a highly trained professional who has done cultural competency training that doesn't mean you are an expert"* (24:57).

The inclusion of capacity building in programs directed at improving SEWB constituted powerful influences on SEWB (17, 40, 42-48). The results from the Men's Groups and Sheds study suggested that Aboriginal men were enthusiastic about participating in formal education, and career and personal development or training (49). However, participants indicated that training programs needed to dovetail well with their culture and traditions or be cross-cultural in focus (49). There was also an emphasis on the trainers being Aboriginal or those who understand Aboriginal cultures, as voiced by participants in the Men's Groups and Sheds study, *"We want Aboriginal men to be educated as counsellors...we need a culturally specific program"* and *"we've got to be smart...if we are better educated we can do better for our families"* (49:612). This suggests there is a compelling evidence base of the need for a strong Aboriginal and Torres Strait Islander workforce.

Enhanced confidence, self-esteem, and a sense of belonging were discussed positively as outcomes from participation in SEWB programs and services. They were found to be central to the development of resilience; had a positive effect on identity and motivation; assisted in recognising the causes of problems, including an enhanced sense of self-control; and thus, resulted in improved SEWB. As Jersky et al. reported,

> "It's helping me, giving me encouragement...and willpower to actually get out and do something...I have started to think about my life and what's ahead of me" (62:S118).

Building relationships with the services, and the need for integrated services, such as Centrelink, Medicare, and Housing, and providing services focused on addressing the social determinants of health, was valued in improving people's health in a holistic sense. This was also recognised as a conduit for addressing the gap between Aboriginal and non-Aboriginal people's social, economic, cultural, and political development and aspirations. This, in turn, was found to be conducive to maximising health and wellbeing outcomes, particularly among Aboriginal and Torres Strait Islander men (49, 63, 64). This was reflected in below participant quote from an Indigenous Men's Groups and Sheds study,

> "...we need men in trouble to be referred to men's groups...don't send them to prison...we want to run programs for them in the Sheds' but to do that...you guys need a relationship with Magistrates" (49:611)

Another theme that emerged across multiple studies was the concept of yarning. Talking in yarning circles was found to be both enjoyable and comfortable for participants (16, 17, 42, 44, 45, 51). Sharing the vicissitudes of life, through various activities, resulted in a feeling of belonging and encouraged people to express their emotions without shame or getting 'labelled'. Activities such as storytelling, painting, art, and music, which are central to Aboriginal culture, also helped people to develop coping mechanisms learned from others in the circle, and thus facilitated social and emotional wellbeing (50, 65):

> "We wouldn't tell anybody about our secrets, what is happening in community, but lately when [we] have been doing the workshops, everyone is telling stories openly; bringing it out and telling sad story, lonely story and Tjukurpa [Law]. It makes us comfortable, happy. We feel it that way" (49:724).

However, this approach did not appear to work in situations where Aboriginal and Torres Strait Islander people were talking to non-Aboriginal people. It seemed non-Aboriginal people had difficulty in relating to the language and cultural differences of their Aboriginal and Torres Strait Islander counterparts. As Poroch notes "it is harder for Aboriginal people to be able to talk to white people as they do not relate to Aboriginal people" (66:42). In these instances, Aboriginal and Torres Strait Islander people were required to develop coping behaviours, which ultimately contributed to a reduction in SEWB (57, 66).

Discussion

Having examined the promising practices associated with SEWB programs and services for Aboriginal and Torres Strait Islander people, we now discuss the extent to which these programs and services align with nationally recognised principles repeatedly articulated in multiple SEWB and mental health policy documents. While different frameworks have been identified during the review process (9, 10, 13, 14) we have opted to use those articulated in the *National Strategic Framework for Aboriginal and*

Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023, which as discussed earlier, have a foundation of development over many years (15, 22). The principles used in this framework shape the SEWB concept and describe the core values and elements in relation to Aboriginal and Torres Strait Islander cultures (9).

Element 1 (Health as holistic): *Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist*

Elements of the aforementioned principles were reflected in the shortlisted academic and grey literature. For example, in a SEWB program delivered in Queensland, the holistic concept of health was incorporated into the program design through focus areas relating to 'being healthy'; 'being loved and safe'; 'personal growth' and 'cultural and spiritual healing'. Program components therefore modelled holistic health, with suicide prevention training sessions for young people including activities relating to physical activity and on healthy diet and nutrition education (67).

Element 2 (The right to self-determination): *Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.*

Although, other scholars have argued that successful suicide prevention activities and social-emotional wellbeing programs should also have a focus on community functioning, collective self-determination and cultural continuity (12, 68). Yet, the principle about the right to self-determination was only partially embedded in a practical sense into programs identified through the review process. Instead, this principle was more commonly discussed in theoretical studies focusing on frameworks (12, 68).

Element 3 (The need for cultural understanding): *Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems in particular*

The need for 'cultural understanding' surfaced across all of the reviewed articles, but it was discussed in different ways, including the application of culturally-sensitive screening and assessment instruments (49, 50); and the employment of Aboriginal trainers and staff (69).

Element 4 (The impact of history in trauma and loss): *It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects*

The experience of trauma and loss and its direct outcomes to wellbeing have been long recognised, and well documented, in Aboriginal and Torres Strait Islander health scholarship (18). Enduring forms of trauma (historical, cross generational and intergenerational) have harmful effects on the SEWB of Aboriginal people and can lead to, and exacerbate, mental illness (39). Effective work with Aboriginal clients, therefore needs to acknowledge trauma, but within a culturally safe environment, and in a culturally competent and trauma informed manner (12).

Element 5 (Recognition of human rights): *The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes*

continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.

Recognition of human rights as a basic guiding principle in SEWB services and programs was only partially evident throughout the review. Rees et al's (2004) article relating to family violence was particularly illuminating. They repositioned family violence among Aboriginal people as a human rights issue. They argued that the family wellbeing empowerment program - implemented in Alice Springs between 1996 and 2002 - could be enhanced by the explicit inclusion of human rights norms and standards into the program as a mechanism to further support participants to challenge health inequality, including violence (70).

Element 6 (The impact of racism and stigma): *Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing*

Accessing mental health services is a stigmatising practice for many Aboriginal people. They may be perceived as 'abnormal' by their own community; and pigeon-holed as 'ill' by the broader community. More specifically, Aboriginal men believed that contacting psychiatric services was a 'shame job' (18). Moreover, many Aboriginal clients reported that discrimination, shame and mistrust experienced in relation to mental illness ultimately increased their reluctance to use services (24, 57, 60, 61). The intersection between racism and stigma is also perceived as one of the main barriers in discussing problems with family and/or the community (57).

Element 7 (Recognition of the centrality of kinship): *The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.*

Aboriginal and Torres Strait Islander people's SEWB is determined by a range of inter-related domains such as: body, mind and emotions, family and kinship, community, culture, country, and spirituality (68). Among the articles, commentary about kinship and extended Aboriginal family systems were reflected in articles relating to a SEWB framework (68) and in a qualitative study (56). The latter clearly emphasised the importance of the extended family and kinship to support mental health and wellbeing of Aboriginal young people.

Element 8 (Recognition of cultural diversity): *There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living*

Description about cultural diversity really only surfaced in studies discussing SEWB frameworks (13, 68). This was articulated through statements implying that wellbeing is supported by locally defined, culturally safe primary healthcare services. The need to acknowledge the diversity between and within Aboriginal and Torres Strait Islander communities was also mentioned, but according to participants, was often overlooked (13). While multiple culturally adapted screening tools are available (71), there is a concern that screening should occur as just one part of a broader culturally competent assessment process (72). In another study, low screening rates suggest that SEWB concerns may be under-diagnosed, and that the gateway to SEWB service provision is therefore limited (73). In some articles a strengths-based approach was clearly articulated and applied through program delivery (24, 74, 75).

For instance, Gibson's (2018) approach included the following key dimensions, listen respectfully to the person; build genuine relationships; use appropriate communication skills; critically reflect on Australia's political, historical and social context; apply a human-rights based approach; and finally, evaluate the processes and outcomes (74).

Element 9 (Recognition of Aboriginal strengths): *It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment*

Murphy et al's (2004) appreciative inquiry of the Aboriginal Youth Arts and Culture Project (IYACP) demonstrated a significant positive and holistic impact on the SEWB Aboriginal and Torres Strait Islander individuals, service providers and the broader community. It fulfilled its aim to support and develop pride, self-esteem, skills, creativity and leadership in the local Aboriginal community (64).

Among the identified literature, the *YouthLink* initiative was based on a culturally informed framework and was the only one that incorporated all nine principles simultaneously. It had a multidisciplinary team with members focusing on health as holistic (Principle 1). It respected young Aboriginal people choices regarding their care, subsequently supporting their right to self-determination (Principle 2) and respect of human rights (Principle 5). Their services understood cultural, personal and psychosocial issues and their significant impact into account (Principle 3), in tandem with the intergenerational impacts of trauma and loss (Principle 4). The services offered by the *YouthLink* program also take the effect of history and colonisation into account to help the clients overcome their mistrust of services (Principle 6). Its flexible triage entry pathways also ensure a 'no wrong door' approach (Principle 7). It also recognises the need of kinship systems, rituals and spiritual relationships in mental health and wellbeing among Aboriginal and Torres Strait Islander people (Principle 8). In addition, the recovery-based framework allows the program participants to focus on their personal growth and personally meaningful development (Principle 9) (23).

The review also identified three other guiding principles that are not explicitly expressed in the current national strategic framework. These include 'a commitment to capacity building' (49); 'individual skill development' (62, 64); and the 'risk of development of maladaptive coping mechanisms' (57, 66). In reality, there were only a few articles focused on training programs and services specifically targeting Aboriginal young people. None of these had a specific focus on Aboriginal and Torres Strait Islander young people with severe and complex mental health needs, with the exception of *YouthLink*. This represents a significant gap in the evidence-base about how best to support the SEWB needs of this particularly vulnerable group. Future studies and programs should pay greater to addressing this significant gap.

It was also identified that in program and service evaluation processes evidence-based approaches were preferred. Such approaches may be conceptually dissonant with Aboriginal knowledges and practices, which can raise concerns about the cultural and social appropriateness of mainstream outcome measures (18, 23, 76, 77). A recent review found that less than 10 percent of Aboriginal oriented programs are evaluated (78). Where evaluations were conducted many lacked a suitable approach and measurement (79). Indeed, the Productivity Commission has recently been tasked to develop an Aboriginal Evaluation Strategy to consider how Australian Government agencies can work better with Aboriginal and Torres Strait Islander organisations to deliver improved evaluation

outcomes and to use evaluation findings and recommendations more effectively (80). It will be achieved by:

- Developing a principles-based evaluation framework for policies and programs;
- Analysing and identifying Aboriginal evaluation priorities and principles; and
- Identifying the processes and institutional aspects needed to assist the adoption and success of the Indigenous Evaluation Strategy

The lack of the culturally appropriate outcome measures was identified as a limitation in the review findings. Hence, further efforts are required to improve Aboriginal evaluation processes, particularly among mental health services where standardised measures are mandatory (23).

A summary of the nine guiding principles mapped against examples and their implications for practice is provided at Appendix E.

Implications for Practice

The frameworks, services, and programs that were deemed to be most effective, were those that recognised a persons' right to self-determination and those which were culturally responsive. They focused not just on understanding these rights and needs but also point out the negative effects originating from intergenerational trauma, grief and loss. Focusing on the positive effects of kinship and communities, and adopting a strengths-based approach, were also deemed to be important.

The scoping literature review also indicated that the following elements were critical considerations for improved service delivery in Aboriginal mental health and wellbeing contexts:

- involvement of families and caregivers with patient/client consent (41);
- an acknowledgement of the role of the community in mental health promotion (41);
- greater interprofessional collaboration and information sharing (41);
- improved access to specialist services (2, 23);
- involvement of Aboriginal Practitioners (AP) who can provide direct case management, clinical treatment and responsive presence within family and community networks (23);
- integrated team care packages tailored to individual needs (2);
- improved mental health system done in partnership with consumers, carers, mental health stakeholders and state and territory governments (2);
- culturally safe environment (40);
- application of an integrated educational/healing model (educaring approach) (40);
- providing support for professionals and for people to build their community (40); and
- providing trauma healing program in early childhood (40).

The National Empowerment Program (NEP) which was conducted at nine sites - Cherbourg (Queensland); Kuranda (Queensland); Darwin (Northern Territory); Sydney (New South Wales); Toomelah (New South Wales); Mildura (Victoria); Perth (Western Australia); (Northam/Toodyay (Western Australia) and Narrogin (Western Australia) - summarised the key issues and recommendations that were compiled through the community consultation and social-emotional workshops in this way:

1. Principles (program needs to be community owned and culturally appropriate);
2. Delivery (any program should be flexible and delivered on country, where possible);
3. Content (the content of programs should include modules that address cultural, social and emotional wellbeing, healing, and self-empowerment).

It was also found that in Aboriginal healing programs regardless of where they were located, who they were servicing, or what outcomes they were working towards achieving, the following eight critical elements were advocated:

1. proactive rather than reactive;
2. incorporate strong evaluation frameworks;
3. developed to address issues in the local community;
4. driven by local leadership;
5. have a well-developed evidence-base and theory base;
6. combine Western methodologies with Aboriginal healing;
7. understand the impact of colonisation and transgenerational trauma and grief;
8. build individual, family and community capacity (16).

As such, it seems that the effectiveness of current SEWB program and services targeting Aboriginal and Torres Strait Islander young people is challenged and limited by the following six needs. To improve the effectiveness of the SEWB programs among Aboriginal people, these needs have to be addressed:

Strengths-based approaches that promote cultural identity

The need for greater recognition of the extreme circumstances that these young people are growing up within, and for the value of strengths-based holistic approaches that promotes cultural identity as a necessary component of successful ways forward.

Growth in the Aboriginal mental health workforce

The need to seriously address Aboriginal workforce shortages, especially the employment of Aboriginal people with relevant lived experiences and skills to fill the critical roles required.

A long-term outlook

Avoid reactive approaches that respond to immediate stress and crisis, and invest in proactive health-promoting approaches that builds on a long-term vision. This will require longer-term commissioning cycles for many young people -oriented, and Aboriginal and Torres Strait Islander, mental health services.

Enhanced co-ordination and communication between services

There is a need to reduce systematic barriers, and promote practical pathways, to help to link organisations to work collaboratively and effectively around the young people's support needs. This includes building relationships and communication across sectors.

Stronger monitoring and evaluation

The systematic monitoring and evaluation of the processes, impacts, and outcomes of SEWB programs and services is important. These need to be respectful of young people's voices and aligned with Aboriginal methodologies.

More targeted policies and practice guidelines

The need for more targeted policies and practice guidelines to improve decision-making, funding distribution, resources, and commitment to help plan and implement quality SEWB programs suitably tailored to Aboriginal and Torres Strait Islander young people is urgently needed.

The abovementioned needs cut across government, non-government and local community organisations that seek to support programs and services aiming to promote SEWB among Aboriginal and Torres Strait Islander young people in an effective and sustainable manner. Efforts to address these six areas could make a significant difference to improving SEWB outcomes over the longer-term.

Conclusion

There is clear evidence about the disproportionate burden of mental health concerns experienced among Aboriginal young people (1, 2). Yet, evidence about the effectiveness of current SEWB programs and services targeting Aboriginal and Torres Strait Islander young people is scant. As such, very little is known about the ideal pathways for the treatment of Aboriginal and Torres Strait Islander young people with severe and complex mental health needs (41, 53). We argue the selective application of nationally agreed principles articulated in SEWB frameworks, alongside a paucity of scholarship relating to Aboriginal young people-specific SEWB programs and services, is impinging on the development of promising practice in this space. Innovative and culturally-informed approaches to the design of SEWB services and programs, complemented by participatory action research and developmental evaluation approaches, will help to build the necessary evidence-base to improve SEWB health outcomes among Aboriginal and Torres Strait Islander young people in Australia. Given the paucity of scholarship into the promising practices aimed at addressing social-emotional wellbeing of Aboriginal and Torres Strait Islander young people, robust research and evaluation approaches are required to generate the relevant evidence-base and inform the development of a nationally recognised promising practice guide. For instance, the future work should document the commissioned SEWB services among Aboriginal and Torres Strait Islander young people to identify the most successful elements of identified programs.

Chapter 4: Identification & Review of PHN Documents

4.1 Engagement Process

As part of the engagement process we contacted all PHNs (n=31). Dialogue was initiated via email invitation with the CEO of each PHN. Staff who worked in mental health, social and emotional wellbeing, and Aboriginal and Torres Strait Islander health portfolios were also contacted, where information was readily available to do so. Upon contacting each stakeholder, it was expressed the documents or information being requested would be used to assist in the development of a promising practice guide. The plan was to use these documents to:

(1) ascertain the scope of the planning and service delivery commissioned by PHNs across Australia; and

(2) identify areas of promising practice.

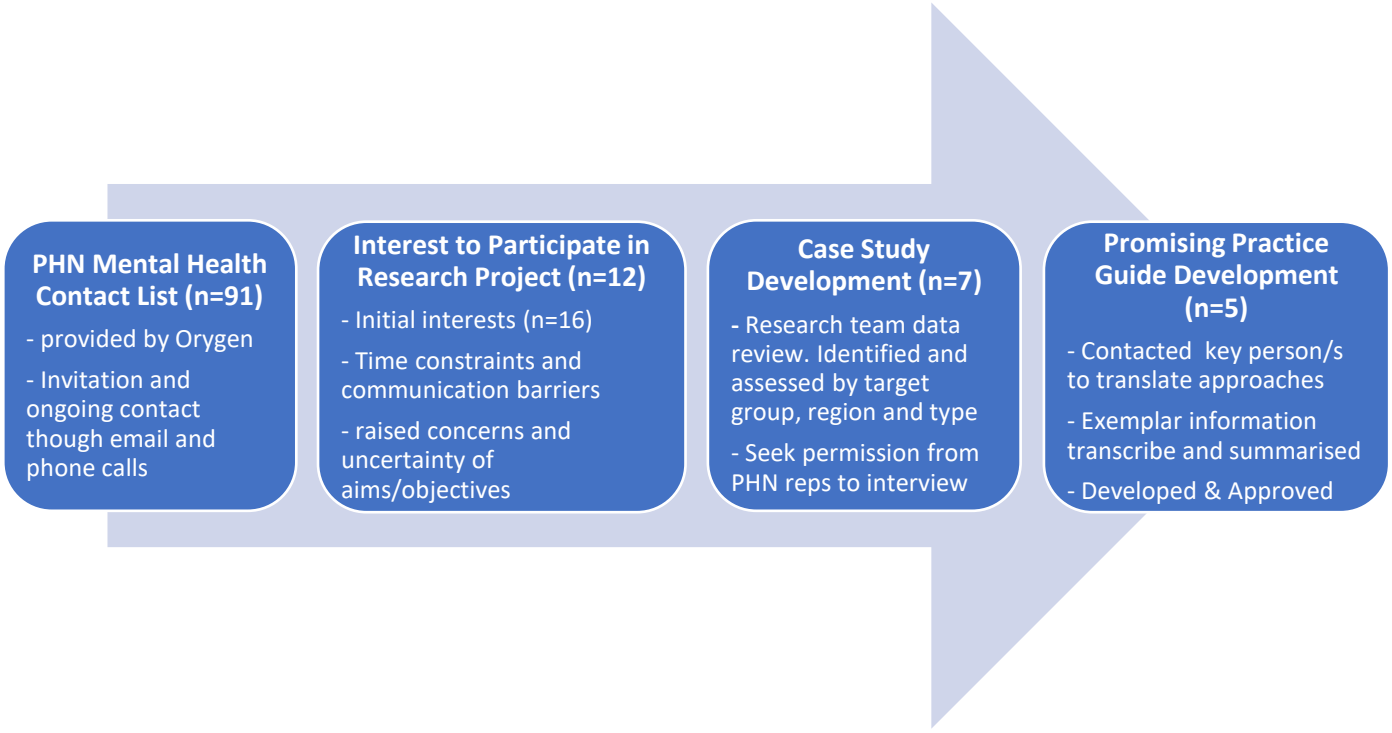
We also phoned all stakeholders from the contact list provided by the Orygen team (n=91). This element was undertaken between July to October 2019. During this process several contacts were either unavailable or had moved from their previous positions. Alternative contact details were requested, and queries redirected, as appropriate.

As the research team corresponded with a lead representative from each of the PHNs who expressed interest in participating (n=16), we encountered several barriers and limitations. These included time restraints; miscommunication; scepticism towards the intentions of Orygen; and concerns/uncertainties about the project focus. As such, decisions not to participate were respected. Twelve (n=12) PHNs agreed to be involved in the project. The request made to each PHN was to provide information that could be useful to assist in the development of the promising practice guide. This included:

- A list of relevant services commissioned since the inception of the PHN, particularly those targeting young people and Aboriginal and Torres Strait Islander populations
- Commissioning or contracting documents - such as Expression of Interest (EOI) or Request for Quotation (RFQ) documentation
- Any needs assessments that have identified young people and/or Aboriginal Torres Strait Islander SEWB, mental health or AOD issues as priorities
- Any relevant reporting (i.e. progress, mid-term or final reports) and evaluation documentation collected in relation to young people and/or Aboriginal Torres Strait Islander SEWB, mental health or AOD programs and services

The research team organised several workshops/meetings to analyse, assess and review the obtained documents. Factors that were considered in identifying suitable case studies included the target group, nature of the program, and region (i.e. broad geographical spread). Consistent with findings from the scoping review, the team found that PHNs usually targeted either Aboriginal and Torres Strait Islander, young people, or people with severe and complex mental health needs, but not necessarily people belonging to all three of these groups. As such, we were limited to developing seven (n =7) case studies. Permission to interview key person/s and identified exemplars from services and organisations funded by the PHNs was sought. This usually involved the PHNs facilitating introductions. Figure 1 below provides a chronological account of the engagement process.

Figure 1: Brief overview of the engagement process divided in four distinct parts



Exemplar interviews were conducted from October to November 2019. The interview process typically lasted between 45 to 90 minutes. The viewpoints of each case study were translated and summarised into three main categories, including: background, key messages and reflections (see Chapter 5). In each of the case studies there were different factors (both challenges and opportunities) that were considered to impact on the success of the programs and/or services that had been identified as 'promising' or 'effective'. In two instances, after discussions with the project team, services/organisations were hesitant in promoting their programs as 'promising practice' and opted not to be included in the promising practice guide. We respected these decisions. This meant that only five (n=5) case studies could be included in the drafting of the promising practice guide.

4.2 Review of PHN documents associated with improving the SEWB of young Aboriginal and Torres Strait Islander people

As the first part of stage 2, we collected relevant publicly available documents from all PHN (n=31) websites. The intent of this process was to support the identification and documentation of SEWB, youth, mental health, and Aboriginal health needs, and the subsequent programs and services commissioned by PHNs. This involved accessing needs assessments, work places, strategic plans, annual reports, and other consultation reports. A summary of the nature and number of these documents is provided in Table 3 below.

Table 4: A summary of publicly available PHN documents associated with improving the SEWB of young Aboriginal and Torres Strait Islander people

SEWB documents	Publicly available documents (n_1=31*)	Documents provided by PHNs (n_2=12)
Needs assessments: *(n_1=140; n_2=2)*		
Health Priorities (summary documents)	7	
Alcohol & Other Drugs (AOD)	**13**	
Mental Health/Suicide Prevention	**14**	
Needs Assessment *(health, program, baseline, ATSI, comprehensive…)*	**84**	2
Mental Health and Alcohol and Other Drug/Service/Treatment	4	
Core/Core Flexible/Core and Mental Health Needs Assessment	4	
National Psychosocial Support Measure	2	
Mental Health/MH care	7	
Primary Health Care Workforce	2	
Psycho-Social Impairment	1	
Health Intelligence Report	2	
Work plan: *(n_1=200, n_2=0)*		
Drug and Alcohol Treatment/Funding	**35**	
Integrated Team Care/Funding	**38**	
National Psychosocial Support Measure/Transition funding	21	
Primary Mental Health/ Care/ Funding	**32**	
Strategic Plan	**38**	
Core Funding	10	
National Suicide Prevention Trial	11	
Mental Health, Suicide Prevention and AOD Strategy	3	
Activity Work Plan (general, planning document)	2	
After-hours Funding	10	
Annual Report: (n_1=73, n_2=0)		
Annual Report/Report cards	**65**	
Medicare Local Annual Report	8	
Others: *(n_1=305, n_2=39)*		
Community Engagement/Forum/Consultation/Report	**22**	1
Flyers *(fact sheets, snapshots, highlights, programs, profile, priorities, list…)*	**127**	11
Commissioning documents (framework, handbook, principles, intension docs ...)	12	
Frameworks (strategic, research, engagement, planning, clinical governance…)	13	1
Funded and Commissioned programs (services, activities)	11	1
Evaluation reports (Co-design, evaluation plans and frameworks)	11	3
Reconciliation Action Plans	12	
Atlas (mental health, AOD, health, guide)	8	
Presentations, workshop paper, training	11	1
Reviews (overview, MH, suicide prevention, AOD intervention)	7	
Plans (mental health, health, integration, AOD, implementation, reform)	12	
Resources (suicide prevention, MH education standard, ATSI)	3	
Report *(NSPT, performance, summary, social inclusion, suicide prevention)*	**27**	1
Guides (principles, manual, clinical, healthcare…)	15	
Summary (health management, needs, action)	2	1
Strategies (workforce development, integrated care, outcome, drug…)	6	
Models (peer workforce, intervention, care, stepped care)	5	1
National Drug Strategy	1	
Tender Application Form/Tender Guidelines/Progress Report /Templates		14
Websites and links		4

4.3 PHN Correspondence and Consultation

As mentioned earlier, the project team also liaised directly with all PHNs across Australia. Table 5 below provides a summary of the involvement of each PHN at various stages of the project. This describes which PHNs were invited, which participated, which were interviewed, and which agreed to assist with case study development.

Table 5: Involvement of all PHNs across Australia (n=31)

No. ID	PHN Operator	Invited	Participated	Interviewed	Case Study
1	Adelaide Primary Health Network Ltd	Yes	No	N/A	N/A
2	Capital Health Network Ltd	Yes	No	N/A	N/A
3	Brisbane South Primary Health Network Ltd	Yes	No	N/A	N/A
4	Sunshine Coast Health Network Ltd	Yes	No	N/A	N/A
5	HNECC Ltd	Yes	No	N/A	Included
6	Healthy North Coast Ltd	Yes	No	N/A	N/A
7	Melbourne Primary Care Network Ltd	Yes	No	N/A	N/A
8	Coordinare Limited	Yes	No	N/A	N/A
9	South Western Sydney Primary Health Network	Yes	No	N/A	N/A
10	Primary Health Tasmania Ltd	Yes	No	N/A	N/A
11	Western Health Alliance Ltd	Yes	No	N/A	N/A
12	Wentwest Limited	Yes	No	N/A	N/A
13	Western Victoria Primary Health Network	Yes	No	N/A	N/A
14	WA Primary Health Alliance Limited	Delayed	Yes	Contacted	N/A
15	WA Primary Health Alliance Limited	Delayed	Yes	Contacted	N/A
16	WA Primary Health Alliance Limited	Delayed	Yes	Contacted	N/A
17	Partners 4 Health Ltd	Yes	Yes	Yes	Included
18	EIS Health Limited	Yes	Yes	No	N/A
19	SA Rural Health Network Ltd	Yes	Yes	No	N/A
20	Darling Downs and West Moreton Primary Health Network	Yes	Yes	Yes	Included
21	Murray PHN Ltd	Yes	Yes	No	N/A
22	Firsthealth Ltd	Yes	Yes	No	N/A
23	Wentworth Healthcare Ltd	Yes	Yes	Yes	Included
24	North Queensland Primary Healthcare Network Ltd	Yes	Yes	No	N/A
25	Sydney North Primary Health Network Ltd	Yes	Yes	Contacted	N/A
26	Health Network Northern Territory	Yes	Yes	Yes	Included
27	South Eastern Melbourne Primary Health Network	Yes	Yes	No	N/A
28	North West Hospital and Health Service	Yes	Yes	Contacted	N/A
29	Eastern Melbourne Health Network Ltd	Yes	Yes	Yes	Included
30	Gippsland Health Network Ltd	Yes	Yes	No	N/A
31	Primary Care Gold Coast Limited	Yes	Yes	No	N/A

4.4 Identification of Exemplars by PHNs

In the final stages of the project, there were a total of 5 PHNs who stayed actively involved to support the case study development with the exemplar organisations, programs and services that they had commissioned. These are reflected in Table 6 below.

Table 6: Identified Exemplars delivering approaches to improving SEWB in ATSI young people

No. ID	PHN Operator	Organisation	Location	Website
17	Partners 4 Health Ltd – Brisbane North PHN (BNPHN)	Delivered by Institute of Urban Indigenous Health – "**MomenTIM (Tomorrows Indigenous Men)" Program**	QLD	www.brisbanenorthphn.org.au/
20	Darling Downs and West Moreton Primary Health Network (DDWMPHN)	Delivered by **Healthwise** – "Integrated Team Care Program" **Organisation**	QLD (+NSW)	www.ddwmphn.com.au
23	Wentworth Healthcare Ltd – Nepean Blue Mountains PHN (NBMPHN)	Delivered by Blue Mountains Aboriginal Cultural Resource Centre – "**The Young, Strong & Deadly" Program**	NSW	www.nbmphn.com.au
26	Health Network Northern Territory – NT Primary Health Network (NTPHN)	Delivered by the National Suicide Prevention Trial NTPHN Working Group – "**Strengthening Our Spirits" Model**	NT	www.ntphn.org.au
29	Eastern Melbourne Health Network Ltd – East Melbourne PHN (EMPHN)	Delivered by Oonah Health & Community Services Aboriginal Corporation (OONAH): "The Belonging Place" **Organisation**	VIC	http://www.emphn.org.au

4.4.1 Partners 4 Health Ltd (BNPHN)

Brisbane North Primary Health Network (BNPHN) services the North Brisbane and Moreton region where the population is diverse with over 14,000 Aboriginal and Torres Strait Islander descent representing 1.7% of the region's population. Higher level of social disadvantage, poorer health outcomes and limited access to service characterise the sub regions of Pine Rivers, Moreton Bay North and Redcliffe - North Lakes.

BN PHN 'Closing the Gap' strategy aims to improve health outcomes and social emotional wellbeing of their Aboriginal and Torres Strait Islander population. They fund the Institute for Urban Indigenous Health (IUIH) to deliver mental health, suicide prevention and alcohol and other drug services for Aboriginal and Torres Strait Islander people across their region. IUIH model applies culturally appropriate and holistic approaches to address mental health, substance use disorders and physical health, such as the **MomenTIM (Tomorrow's Indigenous Men) Program**. While IUIH's Integrated Team Care (ITC) delivered services to 687 Aboriginal and Torres Strait Islander people during 2018/2019, they also facilitated cultural awareness training sessions, and their Social Health team provided outreach to 509 Aboriginal and Torres Strait Islander people.

4.4.2 Darling Downs and West Moreton Primary Health Network (DDWMPHN)

Darling Down and West Moreton Primary Health Network (DDWMPHN) covers the Darling Downs and West Moreton region which includes 8 regional offices and provides outreach services to a further 14 smaller towns and communities, serving a population of 480,000 people - 6.7% of which identify as Aboriginal and Torres Strait Islander (compared to 2.7% nationally). The region has higher than state and national averages of psychological distress.

Through the Integrated Team Care (ITC) Program, Regional Aboriginal Community Controlled Health Services are able to improve access to primary health care services for Aboriginal and Torres Strait Islander people and is delivered by ACCHOs and other value-led organisations across their region, such as **Healthwise Organisation**. The ITC program offers care coordination and supplementary services to support people with a chronic condition, while ensuring patients can access affordable medicines, transport services for medical appointments, medical aids and access to a wider array of community services. A key benefit of the program is that it is delivered by Aboriginal and Torres and Strait Islander staff who live and work in the community every day and have continuous contact with their clients. This connection ensures they can assist people to access the right services at the right time and by the right provider.

4.4.3 Wentworth Healthcare Ltd (NBMPHN)

Nepean Blue Mountains Primary Health Network (NBMPHN) covers four local government areas of the Blue Mountains, Hawkesbury, Lithgow and Penrith. The area is diverse with a large Aboriginal population representing 3.6 % of the total residents. They offer a range of health services specifically developed to assist the Aboriginal and Torres Strait Islander people in their region, such as the Closing the Gap (Integrative Team Care) program. They are committed to consulting and engaging with healthcare professionals, stakeholders and the community to better understand what works well, where there are gaps and to design solutions together.

NBM PHN during 2018/2019 commissioned several new services that support people with substance use and addiction. Their achievements in this year included, for example, 92 young Aboriginal and Torres Strait Islander people participated in the **Young, Strong & Deadly Program** and a pilot trial of The Young, Strong & Deadly Program pilot at Cobham Juvenile Justice Centre to support Aboriginal & Torres Strait Islander young people at high risk of using substances. The Closing the Gap (or Integrated Team Care) Program also helps Aboriginal and Torres Strait Islander people with chronic conditions to access the healthcare they need. In 2018 this program supported 326 people through 14,440 occasions of service.

4.4.4 Health Network Northern Territory (NTPHN)

The Northern Territory Primary Health Network (NTPHN) vision is to ensure that people in the NT enjoy their best health and wellbeing. Its strategies relate to empowering people to take control of their own health and wellbeing; address health equity by identifying those with the greatest health

needs and improving access to primary health care; enable providers to deliver quality primary health care; and lead primary health care system integration through effective partnerships. A key function the NTPHN undertakes is to commission mental health services under the Commonwealth's six key mental health objectives. As commissioners, they ensure regional planning and commissioning processes are founded on a stepped care approach that is inclusive of Aboriginal community-controlled health services to support Aboriginal people's control of their own social and emotional wellbeing. The integration of mental health, alcohol and drugs, social and emotional wellbeing and primary care is at the core of their approach to commissioning Indigenous mental health services. They support social and emotional wellbeing services across a number of regional areas that deliver integrated and culturally appropriate mental health care through the primary health sector.

In partnership with the community and key stakeholders, Northern Territory PHN is coordinating the implementation of the National Suicide Prevention Trial (NSPT). This trial aims to gather evidence of how a systems-based approach to suicide prevention might be best undertaken at the regional level to better respond to local needs and to identify new learnings in relation to suicide prevention strategies for at-risk populations. Earlier trial activities have recently been completed nationally across several suicide prevention networks and initiative, such as Wesley Life Force, headspace in schools and *LivingWorks* in Australia. The **Strengthening Our Spirits Model** is being adopted/implemented in the new trial activities that have recently been funded to several local organisations.

4.4.5 Eastern Melbourne Health Network Ltd (EMPHN)

The Eastern Melbourne Primary Health Network (EMPHN) employs approximately 70 people who work across three directorates – Mental Health & AOD, Integrated Care, and Strategic Operations. EMPHN recognises the importance of their workplace environment and seek to build a positive culture of high performance. Interestingly, they have an established employee consultative committee who come together to inform and develop plans for the positive engagement of all employees.

There are more than 6,800 Aboriginal and Torres Strat Islander people that live in this catchment, with a higher than average number of people who are born where English is not the first language. This is almost twice the Victorian average (4.5%). It is increasingly being acknowledged that Aboriginal culturally-specific governance is a crucial element for the realisation and achievement of self-determination goals, and that communities must be empowered to take control and deliver the services they need. In terms of policy, key planning and implementation, a vast number of Victorian and Commonwealth government planning and implementation initiatives and frameworks are in place to drive and contribute to the improvement of the health and wellbeing of the Aboriginal community. In the East Melbourne Region, ACCHOs and ACCOs deliver a number of health and wellbeing services and programs in their local community with community members as well as mainstream mental health and AOD providers (see below).

EMPHN provide many key commissioned initiatives for health providers, consumers and other referrers. In specific Aboriginal and Torres Strait Islander wellbeing service types, they commissioned Aboriginal Mental Health Programs (outer east) around the Knox, Maroondah and Yarra Ranges regions. **Oonah Health & Community Services Aboriginal Corporation (OONAH) Organisation** is the nominated provider that focus on an Aboriginal Mental Health Peer Led Recovery Programs.

Chapter 5: Development of Case Studies and the Promising Practice Guide

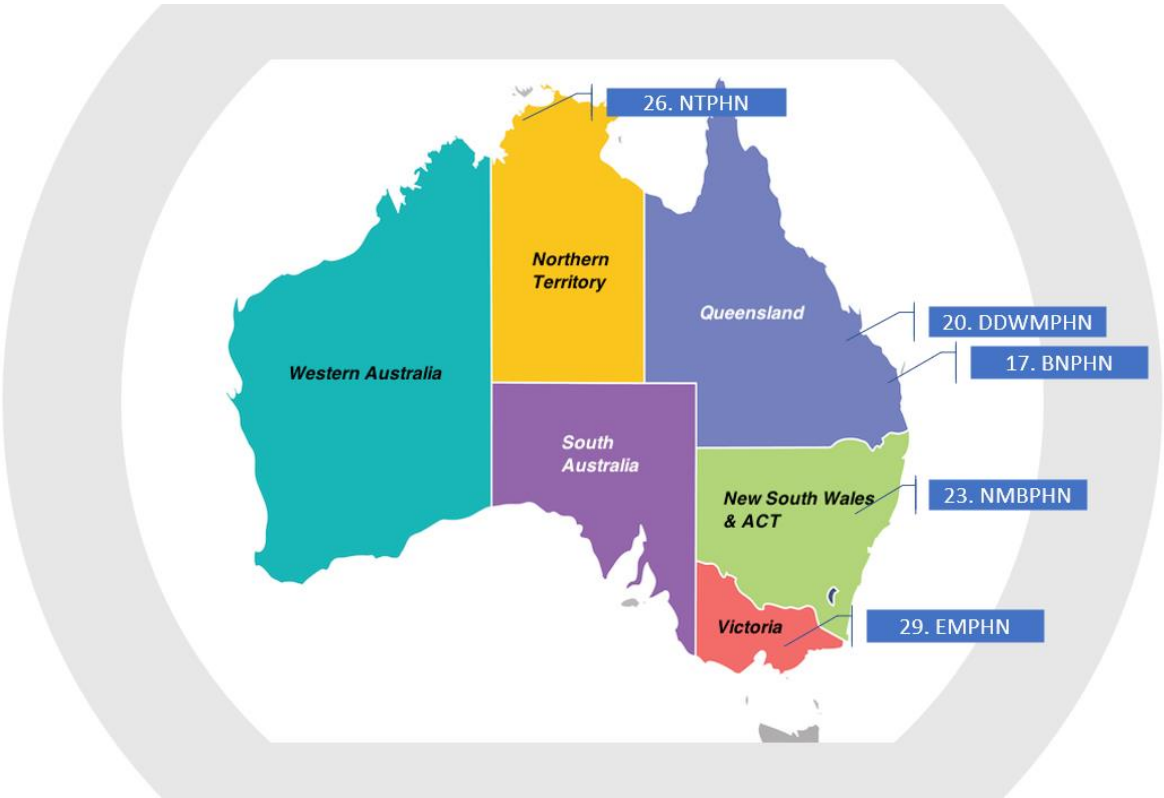
5.1 Case Study Development

Drawing on the outputs from the process described above we worked with the five PHNs and the respective services/organisations they have commissioned, to develop case studies that aim to improve the SEWB of young Aboriginal people. As mentioned earlier, there are very few documented examples of promising practices tailored to meet the needs of this population, or the strategies that are grounded in culturally responsive practices that incorporate Aboriginal conceptualisation of SEWB. As such the case studies are broad in scope and reflect systems-based approaches; organisational approaches to service delivery; youth focused program delivery; and Aboriginal service and program delivery. That is, the case studies are quite different in the specificity of the target audience, and in what they set out to achieve.

5.2 Case Study Regions

The map provided in Figure 2 below shows the location of each of the case study sites. This includes one from the Northern Territory, two from Queensland, one from New South Wales, and one from Victoria. We briefly introduce each of the case studies below. Additional information is provided in the promising practice guide presented as Appendix A.

Figure 2: Final Case Study Development by PHN Region



5.2.1 Case Study 1: Northern Territory PHN *"Strengthening Out Spirits"* Model

The *Strengthening Our Spirits* model was designed by members of the Greater Darwin region's Aboriginal community as part of the Darwin National Suicide Prevention Trial. This initiative of the Australian Governments' National Suicide Prevention Trial has been facilitated (and adopted) by the NT PHN, and guided by their local working group formed by Aboriginal representation, local Aboriginal peak bodies and key stakeholders. It is the first systems-based approach to suicide prevention in Australia, and takes into account the many people, systems and processes which need to work together to help prevent suicide. Strengthening Our Spirits represents an Aboriginal way of knowing - it is based on the elements of fire, land, air and water.

This four-element system has provided Aboriginal people with everything they have needed to survive and thrive for more than 60,000 years. To them, self-harm and suicide do not fit with the traditional story of their culture. Culture is founded on a balance between fire (our spirit), land (our mother), air (our healing) and water (our identity). Self-harm and suicide occur when there is imbalance in these elements, resulting in a person's spirit dying out or becoming detached.

Traditional approaches to prevent self-harm and suicide include healing and ceremony to ensure all persons remain safe and connected. The Aboriginal people that have led the planning and design of this model recognise that they need community and service providers to help bring this back into alignment. They also consider that a systems-based approach to the prevention of self-harm and suicide is essential to strengthen our communities.

5.2.2 Case Study 2: "*HealthWISE: Integrated Team Care (ITC)*" Organisation

Healthwise is a specialist provider of rural and remote services developing programs in allied health, mental health and Aboriginal health to addressing community concerns. As an organisation, Healthwise prides itself as an interdisciplinary mental health workforce that is addressing rural workforce shortage issues using a multi-modal service with various health professionals. Geographically, they have 8 regional offices and provide outreach services to a further 14 smaller towns and communities.

HealthWISE provides services funded by DDWM PHN in QLD and HNECC PHN in NSW. In DDWM PHN HealthWISE is contracted to provide clinically focused Social and Emotional Wellbeing support (SEWB) for Aboriginal and Torres Strait Islander people across different Local Government Agencies (LGAs). Services are delivered in QLD - Goondiwindi area - to work with ACCHOs across their region to deliver the Integrated Team Care (ITC) program. This program works to improve access to primary health care services for Aboriginal people by offering care coordination and supplementary services to support people with chronic conditions by ensuring patients have access to affordable medicines, transport services for medical appointment, medical aids and access to a wider array of community services. As a strategy, the ITC program provides a comprehensive team of Indigenous Health Project Officers (IHPOs), Aboriginal Outreach Workers (Outreach Workers) and Care Coordinators to assist in Aboriginal people to obtain primary health care and care coordination services, as required.

Through the HNECC PHN, HealthWISE provides care coordination for people with complex and severe mental illness, and the provision of lived experience workers as peer navigators. HealthWISE recognised that clinical service components targeting clients with severe and complex needs required strong clinical and cultural governance, and has successfully partnered with a number of community-controlled AMSs to provide mental and allied health services. It is the combination of the above

agreements (albeit not co-commissioned) that support Healthwise to deliver a comprehensive and holistic health service that is equipped to improve the SEWB of young Aboriginal people with severe and complex mental health needs.

5.2.3 Case Study 3 – "*MomenTIM (Tomorrow's Indigenous Men)*" Program

MomenTIM (Tomorrows Indigenous Men) Program was developed by the Institute for Urban Indigenous Health (IUIH) and funded by the Movember Foundation. MomenTIM is an integrated, culturally tailored, regionally consistent promising practice approach providing support for young Aboriginal males through the delivery of health education, promotion and prevention in the Moreton region. It aims to engage with hard to reach young males across both urban and rural locations delivering programs in community, organisation and/or school environments. It specifically encourages participants to engage in strengths-based conversations about being a man.

5.2.4 Case Study 4: "*Young Strong & Deadly*" Program

The Young, Strong & Deadly Program is an early intervention for young Aboriginal people at-risk of mental illness and/or alcohol and other drugs addiction. It is delivered by Blue Mountains Aboriginal Cultural Resource Centre. It focuses on (re)connection to culture to address the rising prevalence of crystalline methamphetamine (Ice) use and to curb increases in suicide and mental illness. It is designed for young Aboriginal males and females between 13-28 years of age including two full day events, namely: Connection to Country, followed by a Deadly Thinking suicide prevention workshop.

5.2.5 Case Study 5: *"OONAH: The Belonging Place"* Organisation

In response to a long-term unmet need for a clearly identified Aboriginal Belonging (or Gathering) Place, Oonah Health & Community Services Aboriginal Corporation (OONAH) was established in 2009 – formerly known as Healesville Indigenous Community Services Association (HICSA). OONAH provides a mix of direct and partnership-based service delivery in a vision of a healthy, strong and skilled Aboriginal community in Melbourne's Outer East. They offer an array of SEWB programs, outreach and clinical services in the area for 10 years. Their approach is successful due to the relationship they build with individuals, with referrals that are made mainly by word of mouth from Elders and other community members. They have a life-course approach to program and service delivery, which includes a focus on meeting the SEWB needs of youth across the region.

5.3 Developing the Promising Practice Guide

The Promising Practice Guide was developed based on the first three stages of the project. This involved incorporating the findings from the literature review; the SEWB and mental health related promising practice approaches identified in the document analysis; and the case studies. It was also informed by a 1 ½ hour workshop facilitated by Menzies team members at the *Youth Enhanced Services Forum* facilitated by Orygen on 27 November 2019. This included engagement with a broad range of PHN representatives and other key stakeholders with an interest in the SEWB of young Aboriginal people.

The Promising Practice Guide (Appendix A) includes the following elements:

- Introduction

- Rationale
- Relevant National Frameworks and Action Plans
- Social and Emotional Wellbeing Frameworks relating to Aboriginal and Torres Strait Islander people
- Mental Health
- Severe and Complex Mental Health Needs
- Five unique case studies
- Strategies for improving the SEWB of young Aboriginal and Torres Strait Islander people
- Strategies for service providers, commissioners and policy makers.

Chapter 6: Conclusion

Orygen was appointed by the Australian Government to provide Australia's 31 PHNs with expert leadership and support in commissioning and supporting mental health initiatives for young people. One of the core activities in Orygen's National Programs' 2018/19 workplan is to identify 'promising practice' service approaches in youth mental health for Aboriginal and Torres Strait Islander Young People. The intention is to provide guidance to PHN on commissioning services for this population group. It is envisaged that this project will have a long-term impact on improving the mental health outcomes for this cohort of young people.

Through the completion of a literature review, a document analysis of key PHN documents of relevance; and the development of five case studies, a Promising Practice Guide has been developed. Key strategies described in the Promising Practice Guide are listed below.

6.1 Strategies for improving the SEWB of young Aboriginal and Torres Strait Islander people

6.1.1 Strategies for service providers

- Provide a culturally safe environment for young Aboriginal people to engage in discussion about their health and wellbeing must underpin ***all*** program and service development and delivery as a minimum requirement.
- Demonstrate flexibility, adaptability and open-mindedness when delivering culturally responsive services and programs for young Aboriginal people.
- Adopt strengths-based approaches when engaging young Aboriginal people with mild, moderate, and severe and complex mental health needs.
- Involve local stakeholders (including young Aboriginal people/young people's voice) in the co-design of mental health and SEWB services is imperative for effective program/service delivery since the key impact is how the policy is implemented.
- Ensure well-developed co-design approaches are adopted to plan and implement effective social and emotional wellbeing services/programs that respond to local needs.
- Adopt place-based approaches and engage in local strategy development to ensure the design of social and emotional wellbeing programs for young Aboriginal people respond to local context and consequently promote enhanced program/service engagement.
- Engage people with lived-experience of mental illness or that have faced significant adversity in their lives is well received by young people with severe and complex mental health concerns.
- While building relationships might take time, programs and services that involve strong partnerships that bring together expertise in content and cultural knowledge demonstrate success in engagement, participation and/or use.
- Utilise existing networks, platforms, collaborations and forums to support the dissemination of promising practice. This will also help to promote learning both within and external to

organisations delivering social and emotional wellbeing services and programs to young Aboriginal people.

- Multi-faceted programs and services that involve a holistic outlook, multi-disciplinary teams, a life-course approach, and a commitment to integrated service delivery, demonstrate promising outcomes.
- Use peer-led approaches, and intergenerational mentoring programs and role modelling, to demonstrate promising ways to engage young Aboriginal people (particularly males) in discussions about social and emotional wellbeing.
- Engage local Elders in the program design and delivery to increase the cultural integrity of program and service delivery, and to subsequently build confidence and cultural identity among young Aboriginal people with mental health concerns.
- Demonstrate an explicit commitment to critical reflection and continuous quality improvement.
- Acknowledge and embed different aspects of local Aboriginal culture - both implicitly and explicitly - in the design of social and emotional wellbeing programs. Engagement with young people is more successful when delivered by respected Aboriginal professionals and community members.
- Adopt gender-sensitive approaches in the way programs and services are planned and implemented. This necessitates both gender-specific and gender-relations (mixed) approaches depending on the type and nature of social and emotional wellbeing issues being addressed/discussed.
- Demonstrate a commitment to monitor and evaluate the impacts and outcomes of social and emotional wellbeing programs and services targeting young Aboriginal people (preferably informed by emerging Indigenous evaluation principles and frameworks). This has significant potential to accelerate evidence-based and culturally responsive service delivery for this target population.
- Adopt a person-centered approach at each stage of service provision and program delivery.
- Use culturally accepted language and perspectives when planning and delivering social emotional wellbeing, mental health and recovery programs and services.
- Build your awareness and knowledge about the nine nationally accepted guiding principles to assist in the planning and delivery of social and emotional wellbeing programs targeting young Aboriginal people.
- Invest in skills development to help build stronger, skilled and resilient young Aboriginal people (i.e. the adoption of empowerment approaches).

6.1.2 Strategies for commissioners

- Mandate that funded programs and services consider the nine national guiding principles discussed above in their planning, delivery and evaluation approaches.
- Use promising practice models and emerging evaluation evidence as the basis to commission new services focused on improving the social and emotional wellbeing of young Aboriginal people.

- Provide adequate resources and supports to Aboriginal staff and community members working with young Aboriginal people with severe and complex mental health issues to ensure they can fulfil their roles and functions in a safe and competent manner.
- Prioritise funds for programs that are led by Indigenous staff. This will enhance program engagement; increase Aboriginal employment (especially in rural areas); and help to implement more innovative social enterprises and outreach services that are culturally responsive.
- Build workforce development strategies (and associated funding) into all social and emotional wellbeing programs and services being commissioned. This should include a range of personal and professional development opportunities for both Indigenous and non-Indigenous staff.
- Ensure all programs and services are appropriately funded to undertake high quality monitoring and evaluation activities. This will help to build a stronger evidence-base about the social and emotional wellbeing of young Aboriginal people.
- Adopt flexible and longer-term funding models that allow for adaptions to programs and services that respond to changing community needs over time.
- Provide sustainable and long-term funding commitments, and resist funding short-term projects, when commissioning social and emotional wellbeing programs for young Aboriginal people.
- Document, disseminate and publicly release effective program evaluations and frameworks involving young Aboriginal people. This will help to build the evidence-base and increase the potential for innovation, change and health improvement.
- Invest in co-commissioning processes with state government funded services to scale promising initiatives and to ensure that longer term planning and delivery is a key focus.
- Encourage co-design approaches that privilege youth voices; Indigenous worldviews; and those with live-experience.
- Support cross-organisational collaborations and partnerships that contribute to the development of multi-disciplinary and integrated service approaches.
- Fund system-based approaches to develop effective programs and services that acknowledge and/or address underlying social determinants of health.
- Ensure infrastructure funding is available to enable services and organisations to create inclusive, safe places for delivering services to Aboriginal young people.

6.1.3 Strategies for policy-makers

- Involve young people and Aboriginal people in the design and implementation of social and emotional wellbeing and mental health policies that impact them.
- Develop guidelines and plans about how to expand the Aboriginal workforce to better meet the social and emotional wellbeing needs of young Aboriginal people.
- Develop guidelines and plans about how to support the social and emotional wellbeing workforce to demonstrate an improved level of cultural competence.
- Acknowledge that there are multiple intersecting health-related policies, and that a multi-policy approach is required in the way funding is allocated to address the social and emotional wellbeing and mental health needs of young Aboriginal people. This needs to be better coordinated between regional, state/territory and national boundaries.

- Ensure funding decisions are aligned with the values, principles, and actions outlined in Aboriginal and Torres Strait Islander policy strategies and frameworks.
- Drawing on emerging Indigenous evaluation principles, develop culturally sensitive and responsive monitoring and evaluation frameworks that are suitably tailored to social and emotional wellbeing contexts involving young Aboriginal people.
- Commit to using promising practice evidence, and emerging evaluation data, to inform future policy development and reforms, particularly decisions about funding allocations.

We consider the strategies listed above provide a useful starting point to inform improvements in the SEWB of young Aboriginal and Torres Strait Islander people with severe and complex mental health needs.

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Appendices

Appendix A: Promising Practice Guide

PROMISING PRACTICE GUIDE

IMPROVING THE SOCIAL AND EMOTIONAL WELLBEING OF YOUNG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH SEVERE AND COMPLEX MENTAL HEALTH NEEDS

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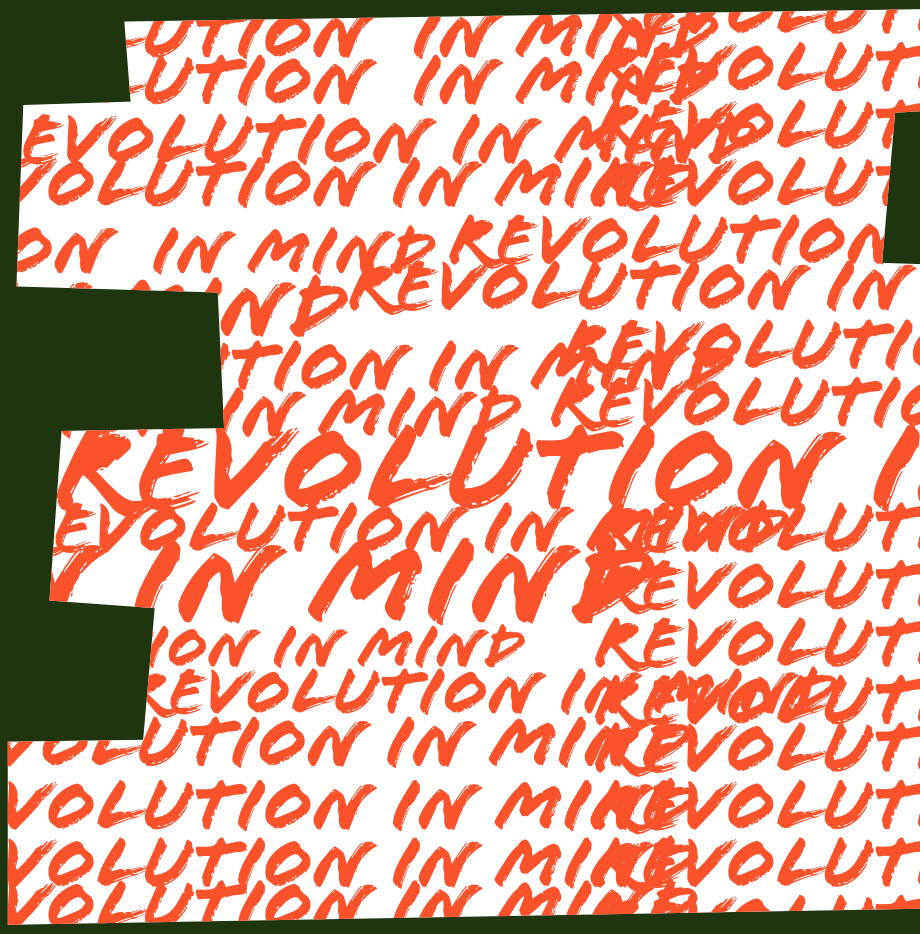


INTRODUCTION

Little is known about how best to practically meet the social and emotional wellbeing (SEWB) needs of young Aboriginal and Torres Strait Islander people, particularly those with severe and complex mental health needs. Yet, there is an urgent need for health programs and services to be more responsive to the mental health needs of this population.

It is well documented that there are:

- high rates of psychological distress, mental health conditions, and suicide noted among Aboriginal and Torres Strait Islander young people when compared to non-Aboriginal young people;
- a lack of evidence-based and culturally informed resources to educate and assist health professionals to work with this population; and
- notable gaps between knowledge and practice, which limits opportunities to improve the SEWB of young Aboriginal and Torres Strait Islander people.

This promising practice guide draws on an emerging, yet disparate, evidence-base about promising practices aimed at improving the SEWB of Aboriginal and Torres Strait Islander young people. It aims to support service providers, commissioners, and policy-makers to adopt strengths-based, equitable and culturally responsive approaches that better meet the SEWB needs of this high-risk population.

RATIONALE

The Australian Government appointed Orygen to provide Australia's 31 Primary Health Networks (PHNs) with expert leadership and support in commissioning youth mental health initiatives. Orygen has subsequently commissioned Menzies School of Health Research to identify and document promising practice service approaches in improving SEWB among young Aboriginal and Torres Strait Islander people with severe and complex mental health needs. This promising practice guide is an output of that work.

WHAT DO WE KNOW ABOUT THE SOCIAL AND EMOTIONAL WELLBEING OF ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE?

It is recognised that Aboriginal and Torres Strait Islander societies provided the optimal condition for their community members' mental health and social and emotional wellbeing before European settlement.[1] However, the Australian Psychological Society has acknowledged that these optimal conditions have been continuously eroded through colonisation in parallel with an increase in mental health concerns.[2]

There is clear evidence about the disproportionate burden of SEWB and mental health concerns experienced among Aboriginal and Torres Strait Islander people. The key contributors to the disease burden among Aboriginal and Torres Strait Islander young people aged 10-24 years are:1 suicide and self-inflicted injuries (13 per cent), anxiety disorder (eight per cent) and alcohol use disorders (seven per cent).[3]

Based on recent statistics, 67 per cent of Aboriginal and Torres Strait Islander young people aged 4-14 years have experienced one or more of the following stressors:

- death of family/friend;
- being scared or upset by an argument or someone's behaviour; and
- keeping up with school work.[4]

The stressors have a cumulative impact as these children transition into adolescence and early adulthood. Another study has shown that Aboriginal and Torres Strait Islander young people are at higher risk of emotional and behavioural difficulties.[5] This is linked to major life stress events such as family dysfunction; being in the care of a sole parent or other carers; having lived in a lot of different homes; being subjected to racism; physical ill-health of young people and/or carers; carer access to mental health services; and substance use disorders. These factors are all closely intertwined.

RELEVANT NATIONAL FRAMEWORKS AND ACTION PLANS

The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (2015) was developed by the Australian Government Department of Health in close consultation with the National Health Leadership Forum. It has a strong emphasis on a whole-of-government approach to addressing the key priorities identified throughout the plan. The overarching vision is to ensure that the strategies and actions of the plan respond to the health and wellbeing needs of Aboriginal and Torres Strait Islander people across their life course. This includes a focus on young people.[6]

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 provides more specific direction by highlighting the importance of preventive actions that focus on children and young people.[7] This includes:

- strengthening the foundation;
- promoting wellness;
- building capacity and resilience in people and groups at risk;
- provide care for people who are mildly or moderately ill; and
- care for people living with severe mental illness.

In addition, the *National Action Plan for the Health of Children and Young People 2020-2030* identifies building health equity, including principles of proportionate universalism, as a key action area and identifies Aboriginal and Torres Strait Islander children and young people as a priority population.[8]

SOCIAL AND EMOTIONAL WELLBEING FRAMEWORKS RELATING TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Over the past decades, multiple frameworks have been developed to support the SEWB of Aboriginal and Torres Strait Islander people in Australia.[4-8] These have identified some common elements, domains, principles, action areas and methods.7,[9-12]

One of the most comprehensive frameworks is the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*, which has a foundation of development over many years.[13]

IT HAS NINE GUIDING PRINCIPLES:

1. **Health as a holistic concept:** Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill-health will persist.
2. **The right to self-determination:** Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services and considered a fundamental human right.
3. **The need for cultural understanding**: Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health concerns more specifically. This necessitates a culturally safe and responsive approach through health program and service delivery.
4. **The impact of history in trauma and loss:** It must be recognised that the experiences of trauma and loss, a direct result of colonialism, are an outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational impacts.
5. **Recognition of human rights:** The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (in contrast to mental illness/ill health). Human rights specifically relevant to mental illness must be addressed.
6. **The impact of racism and stigma:** Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
7. **Recognition of the centrality of kinship:** The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
8. **Recognition of cultural diversity:** There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinship systems and tribes. Furthermore, Aboriginal and Torres Strait Islander people live in a range of urban, rural or remote settings where expressions of culture and identity may differ.
9. **Recognition of Aboriginal strengths:** Aboriginal and Torres Strait Islander people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.[13]

While the principles outlined above are not specific to young Aboriginal and Torres Strait Islander people, they are considered to be appropriate within the context of adopting a holistic life-course approach.

MENTAL HEALTH, SEVERE AND COMPLEX MENTAL HEALTH NEEDS

In Australia, mental health reforms started in 1950s at a state level and were later complemented with national-level coordination and development of the Mental Health Strategy in 1992.[14] While the strategy recognised the need of non-clinical services such as housing, vocational training, social and disability supports for those with significant psychiatric disability,[15] poor inter-agency collaboration was evident.[16] For service providers, individuals with severe and persistent mental illness with complex, multi-agency needs pose a significant challenge.[17] In 2018, a briefing paper was distributed to PHNs across Australia that presented youth mental health service models for young people experiencing severe and complex mental ill-health. Severe mental illness is often defined by "its length of duration and the disability it produces. Severe illnesses can include psychosis, major depression, severe anxiety, eating disorders and personality disorders. Severity can also relate to the level of risk that a person presents with as a result of their illness in combination with any number of external factors or circumstances."[18] This is particularly pertinent with the role of commissioning youth mental health services where quality services and interventions help to improve outcomes and reduce chances of long-term mental ill-health and disorders in young people. Care for people living with severe and complex mental health needs has subsequently been addressed in the *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social Emotional Wellbeing 2017-2023*[13] as one of the five priority action areas.

However, there is no clear or uniform definition of severe and complex mental health needs, making it difficult to ascertain the exact number of people in Australia with these complex mental health needs. In the United States, the National Institute of Mental Health (NIMH) developed a definition that includes not just the diagnosis but also the symptom intensity and duration with the degree of disablement caused to social, personal and occupational functioning as well.[19] This particular definition was adopted in an Australian study undertaken by Whiteford et al (2018) and reads "a mental illness which is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support and which may be of lifelong duration (p2)."[20] It is acknowledged that some diagnoses are automatically classified as severe, such as schizophrenia, and that others require additional indicators of severity.[21]

WHAT'S HAPPENING IN PRACTICE?

This promising practice guide attempts to collate disparate strands of evidence that relate to enhancing youth mental health; improving Aboriginal and Torres Strait Islander SEWB; and strategies for addressing severe and complex mental health needs. It has been well documented that there are significant limitations in the evaluation of Aboriginal and Torres Strait Islander health programs and services across Australia.[22-24] The Australian Governments' Productivity Commission Inquiry into Mental Health and the Lowitja Institute are, at the time of producing this document, looking at ways to strengthen work in this space.[24, 25]

In the absence of high-quality evaluation reports, the term 'promising practice' is used throughout this guide. This is consistent with the terminology used by the Australian Psychological Society through its project about SEWB and mental health services in Australia (http://www.sewbmh.org.au/). It adopts a strengths-based approach[26] which acknowledges and celebrates efforts made to advance work in this space in the absence of strong practice-based evidence. This is achieved through the presentation of five active case studies. These reflect organizational, systems and practice focused service model examples. The principles included in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* have been mapped against each case study to illustrate how these privilege Aboriginal and Torres Strait Islander ways of knowing, doing and being. Each case study includes generic background information to provide important contextual information; key messages or lessons learned, and reflections from staff involved in the project. They have been developed in consultation with both the commissioning PHN and the service/organisation funded to develop and/or deliver the framework, program and service. Where possible, Aboriginal and Torres Strait Islander stakeholders were consulted during the development of the case studies.

CASE STUDY 1: STRENGTHENING OUR SPIRIT

Strengthening Our Spirit (SOS) model is the first Aboriginal and Torres Strait Islander-specific systems-based suicide prevention model in Australia developed by the Northern Territory Primary Health Network (NTPHN) and involving the local community.

✓ Health as holistic	✓ The impact of history in trauma and loss	✓ Recognition of the centrality of kinship
✓ The right to self-determination	✓ Recognition of human rights	✓ Recognition of cultural diversity
✓ The need for cultural understanding	● The impact of racism and stigma	✓ Recognition of Aboriginal strengths

BACKGROUND

In 2016, the Australian Government announced they would fund the National Suicide Prevention Trial (NSPT). Twelve sites were selected across Australia and were subsequently funded to deliver suicide prevention activities. Darwin was selected as one of those sites. The key aim of the NSPT was to gather evidence of how a systems-based approach to suicide prevention might be best undertaken at a regional level to effectively respond to local needs and identify new learning in relation to suicide prevention strategies for at-risk populations.

The Black Dog Institute in Sydney was engaged to support the 12 trial sites across Australia using the LifeSpan model. However, it was recognised by the Darwin NSPT Steering Committee that this model was not fit-for-purpose for Aboriginal and Torres Strait Islander people. NTPHN and key stakeholders from the local community were closely engaged to understand what suicide prevention means in the community, what suicide prevention activities look like, and what needs to be considered when talking about suicide prevention. This included consultation with suicide prevention networks, Aboriginal Community Controlled Health Organisations (ACCHOs), other local Aboriginal and Torres Strait Islander organisations, and the Northern Territory Government (NTG). This assisted in working towards implementing effective NSPT strategies, programs and activities. The Darwin NSPT consultation process led to the design of the SOS model.

Through community engagement, it was recognised that a whole lifespan strategy was important to understand how this model could enhance an integrated, sector-wide response. The model involves the simultaneous implementation of seven components within a specific geographical area, including:

- Delivery of activities to promote and build Aboriginal and Torres Strait Islander resilience, SEWB and connectedness.
- Training for frontline workers, community members and youth.
- Equipping services and activities with the tools to effectively utilise cultural knowledge and lived experience.
- Coordination of suicide prevention activities through partnerships between government and non-government organisations and peak professional bodies.
- A consultation and community engagement protocol to guide the process to ensure feedback contributed to the scoping of issues and a procedure for streamlined communications between governance stakeholders.

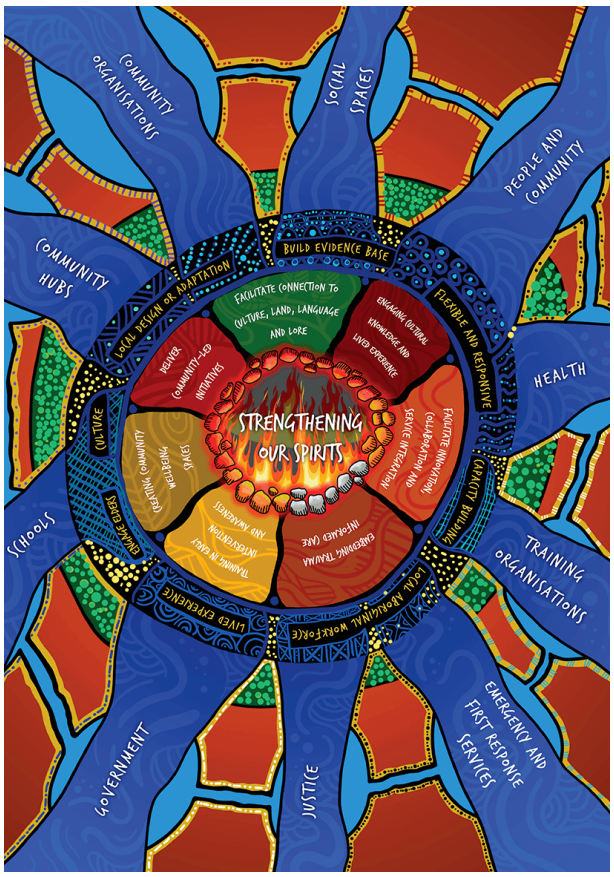
A high-level steering committee acted as an advisory group to identify issues of concern and provide advice on appropriate services and activities commissioned in the conduct of the NSPT in Darwin. This steering committee provided direction and support to the NTPHN in its development of a service design plan; contributions to community consultations and meetings; and identification of key components and support in the development of the SOS model.

The seven components of the SOS model are:

- facilitate connection to culture, land, language and lore;
- engage with cultural knowledge and lived experience;
- facilitate innovation, collaboration and service integration;
- embed a focus on trauma-informed care;
- train in early intervention and awareness;
- create community wellbeing spaces; and
- deliver community-led initiatives.

KEY MESSAGES

- It is crucial to recognise and value cultural strengths, cultural knowledge and cultural activities through mental health service and system investments.
- Innovative and culturally respectful community engagement approaches are required to enhance stakeholder relations. This requires strong Aboriginal and Torres Strait Islander leadership.
- Organisations need to realise that a fixed direction or agenda can hinder the development, creativity and innovation of mental health and suicide prevention strategies. To be effective in this space requires an open mindset.
- Critical self-reflection among health professionals is needed to ensure continuous quality improvement.
- Lived experience and cultural knowledge are central components of effective mental health strategy development and implementation.



STRENGTHENING OUR SPIRITS MODEL: AN ABORIGINAL AND TORRES STRAIT ISLANDER SYSTEMS APPROACH TO SUICIDE PREVENTION LOCATED IN DARWIN.

REFLECTIONS FROM KEY STAKEHOLDERS

> **"What's very clear is that there is an ongoing clash between cultural world views. Often even the best strategies or programs or initiatives can be built, but unless they've been built sort of in a way that emerges from that cultural group, then even with the best intention, those filters and perceptions are not capturing the nuances. They're not understanding it, they're not meeting it, they're not. So, in some ways, the first and most fundamental thing is to almost be willing to let go of any preconceived conditioned ways of thinking but have to be willing to apply them because what happens too often is they don't realise is the plan has been the very thing that's hindered the real development or the real initiative, or that real sense of creativity or innovation...so realistically, what it comes down to is it's working within that more open mindset, not a fixed mindset. The organisation in some ways needs to be practicing critical reflection, self-reflection."**

> **When we think about the Strengthening Our Spirits model, even the very title of it, it captures what our people were saying, our people recognise suicidality from the Aboriginal perspective as not a mental health issue, but rather a wound of the soul, spirituality, that there is a spiritual wound, and that the spiritual wound must be resolved and restored. So, the Strengthening Our Spirits Model emphasises an ecology and the need for a balance, in terms of the human being, it means being in balance with themselves, in balance within their relationships, their kinships and family, their peers, their direct community, even in relationship with the broader Australia and those principles of local adaptation and design, it's about incorporating the cultural knowledge into service design."**

> **Key foundations that were considered were the cultural aspects of connection to culture, land, language, lore and giving community the opportunity to be empowered by being involved in the delivery of these activities. A local social and emotional wellbeing approach does create a real stepped care model, in terms of the scale from early-intervention activities to supporting crisis care, resulting in a comprehensive and systems-based approach. This community-led approach meant that we had to take nine months minimum to foster trust and genuine relationships in this community engagement process. "**

> **Our thinking was very much the person-centred, family-centred, strengths-based approach. Recognising that we want to build a strategy and a model that can be applied across the whole lifespan, so whether it's for the child or adult, we want to think how can this model influence and enhance a sector, that would not be limited to one specific demographic, population or area"**

CASE STUDY 2: HEALTHWISE

HealthWISE
Mental Health · Allied Health · Aboriginal Health

HealthWISE is a not-for-profit organisation dedicated to creating healthy communities by providing multimodal services that incorporate various health professionals. Funders include Darling Downs and West Moreton (DDWM) PHN in Queensland and Hunter New England Central Coast (HNECC) PHN in New South Wales.

✓ Health as holistic	✓ The impact of history in trauma and loss	✓ Recognition of the centrality of kinship
✓ The right to self-determination	✓ Recognition of human rights	✓ Recognition of cultural diversity
✓ The need for cultural understanding	● The impact of racism and stigma	✓ Recognition of Aboriginal strengths

BACKGROUND

The DDWM PHN collaborate with a range of service providers and support an integrated primary care system that delivers better health outcomes for the people of the DDWM communities. They recognise the high rates of suicide within Aboriginal and Torres Strait Islander communities and seek to commission community-based suicide prevention activities for Aboriginal and Torres Strait Islander people with a person-centred stepped care approach providing a range of services to meet local needs. The DDWM PHN is committed to addressing the health needs of the local people within the region, working closely with Aboriginal Medical Services (AMSs) and ACCHOs to co-design culturally appropriate programs that respond to local needs. The DDWM PHN is devoted to Closing the Gap to improve access to healthcare and health programs for Aboriginal and Torres Strait Islander peoples and communities.

In its fifth year of operation, HealthWISE is a specialist provider of rural and remote services developing programs in allied health, mental health and Aboriginal health. HealthWISE has 8 regional offices and provides outreach services to a further 14 smaller towns and communities, serving a population of 480,000 people, 6.7 per cent of who identify as Aboriginal and Torres Strait Islander, compared to 2.7 per cent nationally. The region has higher than state and national averages of psychological distress.

HealthWISE is contracted to provide clinically focused Social and Emotional Wellbeing support (SEWB) for Aboriginal and Torres Strait Islander people across different Local Government Agencies (LGAs). Whereas funding provided to HealthWISE through the HNECC PHN provides care coordination for people with complex and severe mental illness, and the provision of lived experience workers as peer navigators. HealthWISE recognised that clinical service components targeting clients with severe and complex needs required strong clinical and cultural governance, and has successfully partnered with a number of community-controlled AMSs to provide mental and allied health services. The Indigenous Mental Health and Integrated Team Care IMH/ITC partnership continue to support clients. Whilst other community partnerships have proved to be more challenging to sustain, HealthWISE recognises the value of these partnerships.

HealthWISE provides a multimodal service incorporating various health professionals. The organisation prides itself as an interdisciplinary mental health workforce that addresses the rural workforce scarcity by ensuring staff are well supported and have the ability to up-skill and learn from each other. HealthWISE delivers SEWB or mental health services to Aboriginal and Torres Strait Islander clients with severe and complex mental health issues through its Mental Health and Aboriginal Health Programs. Although Aboriginal and Torres Strait Islander young people are targeted in this study, HealthWISE services are not exclusive to this group; instead, services are provided across the lifespan including the perinatal period to all community members, encompassing a more holistic approach.

Mental health recovery is dependent upon the individual and their needs. Third-party referrals, from the Courts, for example, maybe perceived as a form of mandatory treatment, which can jeopardise program continuation and recovery. Self-determination is honoured at HealthWISE through a self-referral process that recognises and responds to requests for support and assistance. This allows the client to determine the method of treatment most suited to their needs, in consultation with trained health professionals. This includes service delivery options, such as online support rather than face-to-face engagement which may be more accessible for other clients.

THE PHYSICAL AND DIGITAL STYLE OF HEALTHWISE BRANDING ENCOMPASSES ABORIGINAL AND TORRES STRAIT ISLANDER ARTWORK AS WELL AS IMAGES AND LANGUAGE. THIS IS TO ENSURE THAT ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE FEEL WELCOME AND RESPECTED. EACH HEALTHWISE OFFICE, DISPLAYS A COPY OF 'EURAH – MEDICINE TREE' BY ROD MCINTOSH, AN ABORIGINAL AND TORRES STRAIT ISLANDER ARTIST OF THE KAMILAROI TRIBE. THIS WORK WAS COMMISSIONED BY HEALTHWISE AS A VISUAL REPRESENTATION OF WELLNESS AND WAS INSPIRED BY THE HEALTHWISE VISION OF 'HEALTHY COMMUNITIES'.

KEY MESSAGES

- Strong and effective partnerships between non-government organisations, AMSs and ACCHOs can be effective in designing programs to meet community needs.
- There is a strong focus on empowering clients and gaining control and decision-making.
- Multimodal services provided by a range of health professionals provide a holistic approach to mental health recovery

HEALTHWISE SOUL BROTHERS HEALTH AND FITNESS.

REFLECTIONS FROM KEY STAKEHOLDERS

> **"Be flexible, do not make community promises if unable to proceed, be ready for disappointment, be more organised, prepared, systematic. Do not make promises that cannot be achieved/maintained."**

> **"When you're looking at a multi-partner project, I think you do it on your own first and then you have to really look around at who is going to be a good partner, that you have to be very careful not to get disheartened and until you're really clear on who are good citizens in the partnerships, don't rely on the goodwill. Whilst everybody is enthusiastic at the beginning when you're the only one left trying to do the work for all of them and you know that that takes away from that whole regional expectation of a really collaborative model, staff get disheartened pretty quickly."**

CASE STUDY 3: MOMENTIM – TOMORROW'S INDIGENOUS MEN

MomenTIM - Tomorrows Indigenous Men, is a program is for 12 – 25 years old boys and men delivered in the Moreton Bay area of Queensland. It supports and builds individual capacity in the areas of culture, leadership, role modelling, healthy relationships, and health and fitness to build resilience and capacity for young men.

✓ Health as holistic	✓ The impact of history in trauma and loss	✓ Recognition of the centrality of kinship
✓ The right to self-determination	✓ Recognition of human rights	✓ Recognition of cultural diversity
✓ The need for cultural understanding	● The impact of racism and stigma	✓ Recognition of Aboriginal strengths

BACKGROUND

The Institute for Urban Indigenous Health Ltd (IUIH) was established to oversee a coordinated and integrated approach to the planning, development and delivery of primary health care services to Aboriginal and Torres Strait Islander populations within the South East Qld Region. The IUIH is a research-based organisation that works with its member services such as ACCHOs and other medical services. It is a lead agency working in partnership with key stakeholders to support the effective implementation of the Council of Australian Government's 'Closing the Gap' initiatives.

IUIH program focus areas are:

- multi-disciplinary child assessment clinics;
- early childhood and maternal and child health;
- family wellbeing service;
- prison transition planning and support;
- youth programs;
- school and community based mental health and wellbeing for young men and women;
- intensive case management and coordination; and
- group work.

Within its youth programs focus area, IUIH has developed the MomenTIM - Tomorrows Indigenous Men Program is funded by the Movember Foundation. This program is directed towards 12 – 25 years old boys and men. MomenTIM has been operational since 2015. Working with a coalition of local community organisations MomenTIM provides a regionally consistent, best practice and culturally tailored approach to Aboriginal and Torres Strait Islander young men in the areas of health education, promotion and prevention. It is predominantly now a school-based program, delivering four main topics to young Aboriginal and Torres Strait Islander boys: self-care, culture, mental health and healthy relationships. Regardless of expressed mental health needs, there is substantial discussion about what it means to be a man and in particular an Aboriginal and Torres Strait Islander man. They also provide individual support on a one-to-one basis.

KEY MESSAGES

Considerations that impacted the planning design:

- Many Aboriginal and Torres Strait Islander people suffer from severe and complex mental health issues.
- Many young Aboriginal males were going through intergenerational trauma.
- Suicide rates within the local Aboriginal and Torres Strait Islander community are extremely high.
- Young males are more disadvantaged and at-risk during their developmental years.
- An identified need to change normative perspectives about what it means to be a man particularly to be an Aboriginal and Torres Strait Islander man.
- Benefits of using positive male role modelling.

Values and principles that underpinned the delivery:

- connection – through the employment of Indigenous staff;
- same gender - men supporting men;
- lived experience;
- social support/resiliency; and
- leadership and mentorship.

Effectiveness of the program:

- indicative success based on the feedback from schools, families, and boys;
- more positive impacts noted in the family unit; and
- It has assisted with re-engagement into school.

Cultural consideration in the design:

- culturally appropriate program based on input from local Aboriginal stakeholders;
- includes discussion on Aboriginal history; and
- Ways Statement to express the cultural and philosophical world-view that underpins all systems and processes in the organisation.[27]

Key ingredients for planning:

- Program planning needs to make use of local health statistics with a commitment to ongoing monitoring.
- Capable, confident and culturally competent staff members and management are needed, with a commitment to open and transparent communication.
- Program design should be flexible.
- Strategies to increase access to services need to be considered.

Workforce, skills and experience:

- passion for helping others and to role model appropriate behaviours;
- presence in the community to expand and build on relevant networks; and
- ambition to break generational cycles of poverty.

REFLECTIONS FROM KEY STAKEHOLDERS

“Prepare to fail, if you fail don’t stop, we need to be on the ball and change with change. There’s different changes in social media so we’ve got to be aware of these sorts of things so that the language is the same. I suppose you’re after that little glimmer of light or hope and you sort of wiggle your way in there and just keep going. Find passionate people that want to do that work”

“I’m a product of an era where men were supposed to be men and toughen up and be a man and all this kind of stuff. So we’re now trying to change that perspective. What it is to be a man and that it’s okay to be vulnerable, okay to show emotions and feelings. Obviously, we get into trouble and we tend to bottle stuff up which is an indication of some of those mental health issues that young men suffer with and drug and alcohol and obviously the suicide rate.”

“The unfortunate things is that you’ll probably find in a non-indigenous family, say a great grandfather was a teacher, then you’ll probably find that your grandfather was a teacher, dad’s a teacher and someone in your family’s likely to be a teacher. In an indigenous family, there’s a fair chance that there’s a whole lot more dysfunction. Grandfather beats his wife, dad beats his wife, there’s a fair chance that there could potentially be domestic violence somewhere… It’s about telling these guys that there’s a choice, that’s not normal behaviour to beat on either your partner or your wife or to take drugs, or sorry, to abuse drugs, abuse alcohol. And you know, all that generational cycle can stop with just you”

“If you’re going to be responsible enough or man enough to have sex and your partner ends up getting pregnant, then you need to be man enough or responsible enough to be a dad to that child, regardless of your situation. So it’s about being responsible for our actions, good bad or ugly and acknowledging the fact and then obviously dealing with the consequences”

CASE STUDY 4: YOUNG STRONG & DEADLY

Young Strong and Deadly (YSD) is an early intervention program for Aboriginal and Torres Strait Islander young people aged 13-28 years living in the Nepean Blue Mountains region of New South Wales.

Health as holistic	✔ The impact of history in trauma and loss	✔ Recognition of the centrality of kinship
✔ The right to self-determination	✔ Recognition of human rights	✔ Recognition of cultural diversity
✔ The need for cultural understanding	✔ The impact of racism and stigma	✔ Recognition of Aboriginal strengths

BACKGROUND

Young Strong and Deadly (YSD) is a two-day program designed to address the underlying issues around mental health and alcohol and other drug (AOD) use influenced by loss of culture and intergenerational trauma. Connection to culture is at the core of the YSD program, fostering a strengths-based approach to identify individual capabilities and skills for mental health management. By connecting to culture through storytelling and traditional practices, the psycho-cultural ties lost can begin to heal, breaking down the isolation and identification issues surrounding their mental health needs and AOD use. With the increasing prevalence of illicit drug use, including discussion about methamphetamine use has also been important.

The YSD program has been delivered by the Aboriginal Cultural Resources Centre (ACRC) for the past 2 years. ACRC has been operating for the last 23 years and also delivers another program called Deadly Thinking. This is a clinical service, addressing anxiety, depression, bullying and suicide through the Rural and Remote Mental Health Services program. Together, YSD and Deadly Thinking provide a unique combination of service delivery that combines early intervention and clinical services responses that respond to the physical, cultural, and spiritual needs of its clients.

KEY MESSAGES

- Workers are encouraged not to be judgemental and to restrict overly emotive reactions to participant stories or comments by listening openly.
- The programme has been redesigned as per participant feedback, demonstrating a commitment to continuous quality improvement.
- Life experience and teamwork are valued as key assets that promote relatability, understanding and the ability to guide. This assists in 'bridging the gap in poverty.'
- A combination of gender-specific and mixed-gender groups has been important. This has been based on cultural considerations and personal preferences.
- Short funding cycles make ongoing monitoring and evaluation difficult.

REFLECTIONS FROM KEY STAKEHOLDERS

> **"Recruit workers with lived experience. It's paramount for programme success. Establish a support network and framework to guide the workers. Be prepared for programme adjustment and redesign depending upon participant feedback and group dynamics. Be flexible. Each group is different and must cater to this."**

CASE STUDY 5: OONAH: THE BELONGING PLACE

Oonah Health and Community Services Aboriginal Corporation (OONAH) in Victoria is - a 'one-stop shop' for raising health issues, including education concerns and individual/unique case management issues.

✔ Health as holistic	✔ The impact of history in trauma and loss	✔ Recognition of the centrality of kinship
✔ The right to self-determination	✔ Recognition of human rights	✔ Recognition of cultural diversity
✔ The need for cultural understanding	● The impact of racism and stigma	✔ Recognition of Aboriginal strengths

BACKGROUND

Located in Victoria, Oonah Health and Community Services Aboriginal Corporation (OONAH), formerly known as Healesville Indigenous Community Services Association, is an ACCHO that provides an array of SEWB, clinical and cultural health services and programs in the area. Aboriginal and Torres Strait Islander people are free to practice, learn and strengthen/heal their culture and spirituality through 'The Belonging Place'. This facilitates a safe space for service providers and community members to gather, collaborate and interact.
This hub acts as a reference point for locals, a 'one stop shop' for raising health issues, including education concerns and individual/unique case management issues. Although specific to Aboriginal and Torres Strait Islander people, OONAH is not exclusive to, and community members with relations are able to access services regardless of their cultural status. This value is in line with their reconciliation principles that aim to eliminate the divide between Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander community members, as per identified community needs. This is particularly important in the youth space, encouraging social cohesion and resilience, and building relationships together.

An adaptable and fluid response to addressing community identified needs is a major policy and practice consideration for OONAH. Ongoing community consultation and cross-organisational collaboration enable a comprehensive and holistic approach to respond to evolving issues. Listening and valuing community views acknowledges self-determination, independence and empowerment; and promotes an increased sense of power and control. There are strong aspirations for 100 per cent of staff members to be Aboriginal and Torres Strait Islander people. The current ratio is approximately 50:50.

Programs delivered through OONAH include:

- Youth club;
- Men's and young warrior groups;
- Young women's group (Lath-Ganj);
- First 1000 days;
- Bringing them home; and
- outreach services.

KEY MESSAGES

Considerations that impacted the planning design:

- Consultation with community to identify their needs.
- Primarily clients are of Indigenous background, but Non-Aboriginal people can also attend. This is part of the Reconciliation Action Plan and it is particularly important for young people.
- Preventative and early intervention approaches were preferred.

Values and principles that underpinned the delivery:

- Unique case management style involving non-Aboriginal and Torres Strait Islander participants as well and targeting services across the whole lifespan.
- 'Respect, Caring and sharing' is their motto, applying these key principles in their everyday roles.

Effectiveness of the program:

- Programs are showing positive results, with participants making incremental changes in their life and feeling that they belong.

Enablers of program effectiveness:

- there is no 'end-date' when working with clients;
- provide transportation, advocacy and training courses to clients;
- accessible location;
- safe environment; and
- Facebook engagement has helped promote their programs.

Cultural considerations in the design:

- Creating a safe space with a non-judgemental approach.
- Involving the Aboriginal and Torres Strait Islander workforce to ensure cultural responsiveness.

Key ingredients for planning:

- Reflecting community needs throughout planning is essential.
- Demonstrating flexibility and being comfortable with fluid approaches is essential to accommodate the needs of the community.
- Ongoing consultation is required to adapt to change.

Workforce, skills and experience:

- Training by Aboriginal and Torres Strait Islander people and personal development sessions are available for staff members (e.g. cultural training for non-Aboriginal and Torres Strait Islander workers)

Other:

- Delivery of a Certificate IV in Community Services to train future workers in ACCHOs.

UNITY IN THE COMMUNITY WAS CREATED BY WIRADJURI ARTIST, KELVIN SMITH TO REPRESENT THE THEMES OF THE MAKING BETTER CONNECTIONS PROJECT.

REFLECTIONS FROM KEY STAKEHOLDERS

"I would say first and foremost, and this is one thing that the funders [of ACCHOs] do get, is the idea of self-determination... you know, but also that community consultation, listening to community, always holding them at the forefront of everything that you do."

"Well I think in the early days they had a consultation with community, who identified that they wanted, it is based on the reconciliation principle really, so that non-Aboriginal family members, that have an Aboriginal person, they're welcome to use the services as well. So it means that not only one family member is able to use the service, that everybody within the family unit can. So I think that's really beneficial, and the children definitely identified that for youth group and stuff, they wanted their non-Aboriginal friends to be able to come as well. So based on numbers and capacity and stuff, that we can have non-Aboriginal kids attend that as well, which is all part of reconciliation."

"Our motto, and what we work by and what we stand by, and what the community knows, is that we work across respect, caring and sharing, and that's exactly what we do every day with the community."

"And that's another thing where we're hoping to actually have like a pop-up café on a Friday, and the people that are training within that Certificate II can actually be part of that, and run that as a social enterprise. Because that's another dream of ours, is to have a social enterprise that exists out of HICSA as well, so that it creates employment for community. They're big dreams, we dream big."

"But it's mainly to train up future workers within Aboriginal Controlled Community Organisations, that's the whole idea. So that we're constantly training up indigenous people to actually work in the role in these organisations, because they have the best understanding of their own culture, in some respects, and how to work with their culture, with their people."

STRATEGIES FOR IMPROVING THE SEWB OF YOUNG ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

PHNs play an integral role in identifying promising practice approaches for mental health challenges for young Aboriginal and Torres Strait Islander people in their service regions, and respective communities. This involves developing locally and culturally appropriate strategies to address the health service environment and Government priorities. The following set of strategies for service providers, commissioners and policymakers reflect the SEWB approaches for young Aboriginal and Torres Strait Islander populations experiencing severe and complex mental health needs. The information below has been collected and analysed by the Menzies School of Health research team based on the differing perspectives and expertise of PHN representatives and key stakeholders within mental health commissioning and service delivery approaches. The following information below outline strategies that PHNs can adopt to facilitate the improvement of emerging mental health service provisions toward social and emotional wellbeing approaches among this population.

STRATEGIES FOR SERVICE PROVIDERS

- Provide a culturally safe environment for young Aboriginal and Torres Strait Islander people to engage in discussion about their health and wellbeing must underpin all program and service development and delivery as a minimum requirement.
- Demonstrate flexibility, adaptability and open-mindedness when delivering culturally responsive services and programs for young Aboriginal and Torres Strait Islander people.
- Adopt strengths-based approaches when engaging young Aboriginal and Torres Strait Islander people with mild, moderate, and severe and complex mental health needs.
- Involving local stakeholders, including the voice of young Aboriginal and Torres Strait Islander people in the co-design of mental health and SEWB services is imperative for effective program and service delivery.
- Ensure well-developed co-design approaches are adopted to plan and implement effective social and emotional wellbeing services and programs that respond to local needs.
- Adopt place-based approaches and engage in local strategy development to ensure the design of social and emotional wellbeing programs for young Aboriginal and Torres Strait Islander people respond to local context and consequently promote enhanced program and service engagement.
- Engaging people with lived-experience of mental ill-health or who have faced significant adversity in their lives is well received by youth with severe and complex mental health concerns.
- While building relationships might take time, programs and services that involve strong partnerships that bring together expertise in content and cultural knowledge, demonstrate success in engagement, participation and/or use.
- Utilise existing networks, platforms, collaborations and forums to support the dissemination of promising practice. This will also help to promote learning both within and external to organisations delivering SEWB programs to Aboriginal and Torres Strait Islander young people.
- Multi-faceted programs and services that involve a holistic outlook, multi-disciplinary teams, a life-course approach, and a commitment to integrated service delivery, demonstrate promising outcomes.
- Use peer-led approaches, and intergenerational mentoring programs and role modelling, to demonstrate promising ways to engage young Aboriginal and Torres Strait Islander people, particularly young men, in discussions about social and emotional wellbeing.
- Engage local Elders in the program design and delivery to increase the cultural integrity of program and service delivery, and to subsequently build confidence and cultural identity among young Aboriginal and Torres Strait Islander people with mental health concerns.
- Demonstrate an explicit commitment to critical reflection and continuous quality improvement.
- Acknowledge and embed different aspects of local Aboriginal and Torres Strait Islander culture, both implicitly and explicitly, in the design of SEWB programs. Youth engagement is more successful when delivered by respected Aboriginal and Torres Strait Islander professionals and community members.

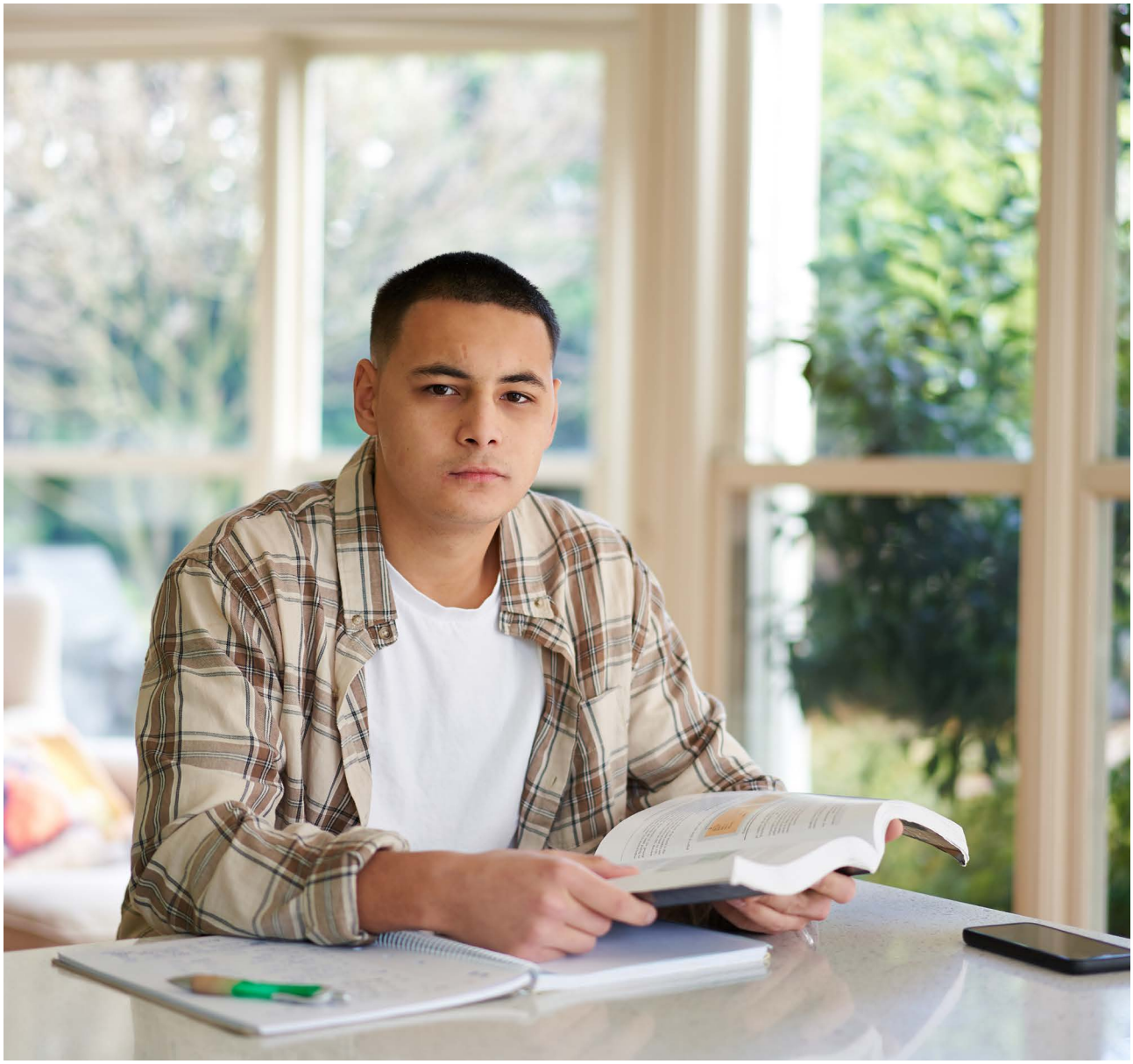
- Adopt gender-sensitive approaches in the manner in which programs and services are planned and implemented. This necessitates both gender-specific and gender-relations (mixed) approaches depending on the type and nature of SEWB issues being addressed and/or discussed.
- Demonstrate a commitment to monitor and evaluate the impacts and outcomes of SEWB programs and services targeting young Aboriginal and Torres Strait Islander people, preferably informed by emerging Indigenous evaluation principles and frameworks. This has significant potential to accelerate evidence-based and culturally responsive service delivery for this target population.
- Adopt a person-centered approach at each stage of service provision and program delivery.
- Use culturally accepted language and perspectives when planning and delivering SEWB and recovery programs and services.
- Build your awareness and knowledge about the nine nationally accepted guiding principles to assist in the planning and delivery of social and emotional wellbeing programs targeting young Aboriginal and Torres Strait Islander people.
- Invest in skills development to help build stronger, skilled and resilient Aboriginal and Torres Strait Islander youth, i.e. the adoption of empowerment approaches.

STRATEGIES FOR COMMISSIONERS

- Mandate that funded programs and services consider the nine national guiding principles discussed above in their planning, delivery and evaluation approaches.
- Use promising practice models and emerging evaluation evidence as the basis to commission new services focused on improving the SEWB of young Aboriginal and Torres Strait Islander people.
- Provide adequate resources and supports to Aboriginal and Torres Strait Islander staff and community members working with young Aboriginal and Torres Strait Islander people with severe and complex mental health issues to ensure they can fulfil their roles and functions in a safe and competent manner.
- Prioritise funds for programs that are led by Aboriginal and Torres Strait Islander staff. This will enhance program engagement; increase Aboriginal & Torres Strait Islander employment especially in rural areas; and help to implement more innovative social enterprises and outreach services that are culturally responsive.
- Build workforce development strategies, and associated funding, into all SEWB programs and services being commissioned. This should include a range of personal and professional development opportunities for both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander staff.
- Ensure all programs and services are appropriately funded to undertake high-quality monitoring and evaluation activities. This will help to build a stronger evidence-base about the SEWB of young Aboriginal and Torres Strait Islander people.
- Adopt flexible and longer-term funding models that allow for adaptions to programs and services that respond to changing community needs over time.
- Provide sustainable and long-term funding commitments, and resist funding short-term projects, when commissioning SEWB programs for young Aboriginal and Torres Strait Islander people.
- Document, disseminate and publicly release effective program evaluations and frameworks involving young Aboriginal and Torres Strait Islander people. This will help to build the evidence-base and increase the potential for innovation, change and health improvement.
- Invest in co-commissioning processes with state government funded services to scale promising initiatives and to ensure that longer term planning and delivery is a key focus.
- Encourage co-design approaches that privilege the voices of Aboriginal and Torres Strait Islander young people, Aboriginal and Torres Strait Islander world views, and those with lived-experience.
- Support cross-organisational collaborations and partnerships that contribute to the development of multi-disciplinary and integrated service approaches.
- Fund system-based approaches to develop effective programs and services that acknowledge and/or address underlying social determinants of health.
- Ensure infrastructure funding is available to enable services and organisations to create inclusive, safe places for delivering services to Aboriginal and Torres Strait Islander young people.

STRATEGIES FOR POLICY-MAKERS

- Involve young and older Aboriginal and Torres Strait Islander people in the design and implementation of SEWB and mental health policies that impact them.
- Develop guidelines and plans about how to expand the Aboriginal and Torres Strait Islander workforce to better meet the SEWB needs of young Aboriginal and Torres Strait Islander people.
- Develop guidelines and plans about how to support the SEWB workforce to demonstrate an improved level of cultural competence.
- Acknowledge that there are multiple intersecting health-related policies, and that a multi-policy approach is required in the way funding is allocated to address the SEWB and mental health needs of young Aboriginal and Torres Strait Islander people. This needs to be better coordinated between regional, state, territory and national boundaries.
- Ensure funding decisions are aligned with the values, principles, and actions outlined in Aboriginal and Torres Strait Islander policy strategies and frameworks.
- Drawing on emerging Aboriginal and Torres Strait Islander evaluation principles, develop culturally sensitive and responsive monitoring and evaluation frameworks that are suitably tailored to SEWB contexts involving young Aboriginal and Torres Strait Islander people.
- Commit to using promising practice evidence, and emerging evaluation data, to inform future policy development and reforms, particularly decisions that relate to funding allocations.



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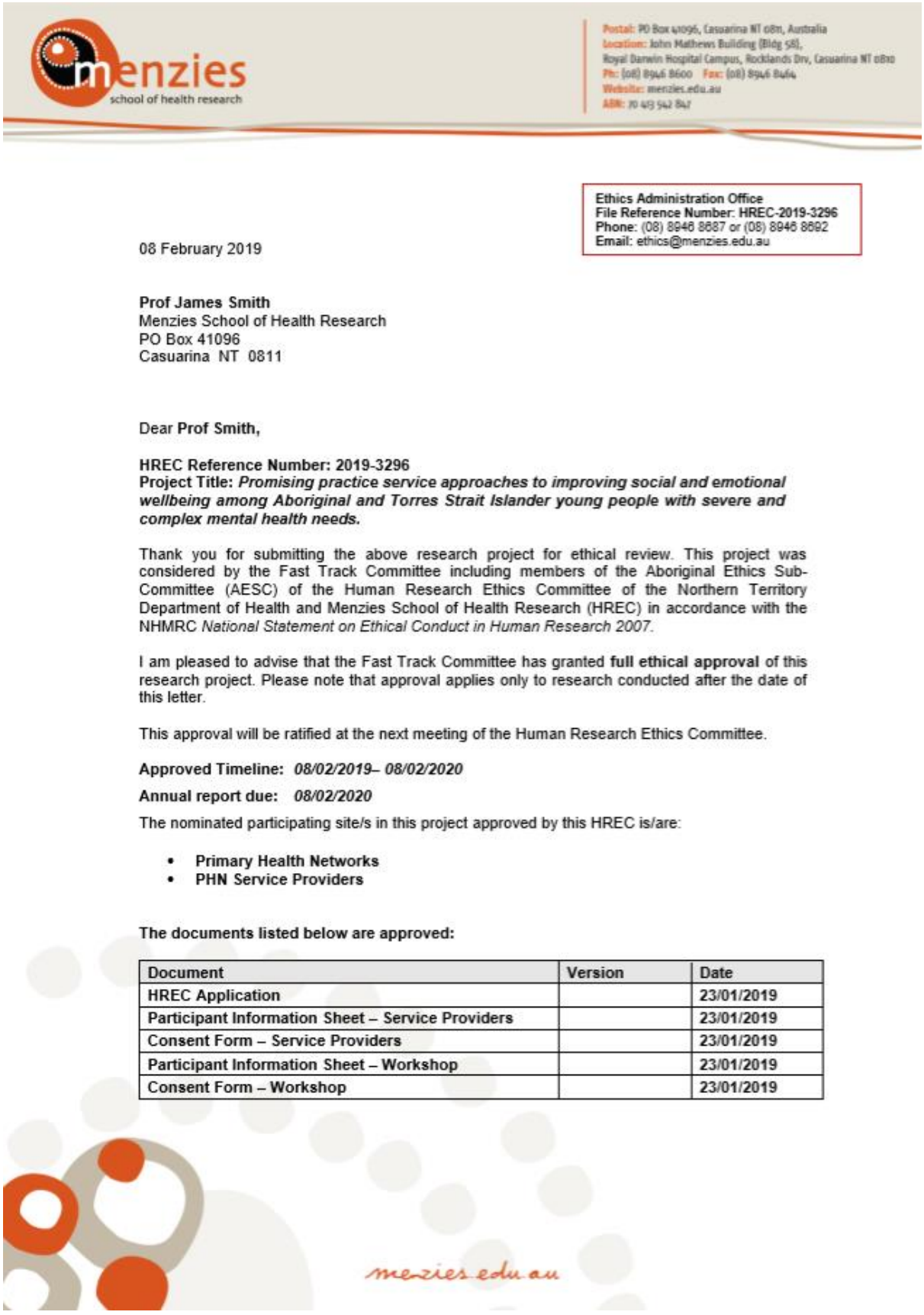
Appendix B: Interview Schedule

- How long has your organisation been delivering SEWB/mental health services to Aboriginal and Torres Strait Islander clients?
- How long has your organisation been delivering services to Aboriginal and Torrs Strait Islander youth?
- What considerations impacted on the planning and design of your program/service targeting Aboriginal and Torres Strait Islander youth with severe and complex mental health needs?
- What values/principles have underpinned the delivery of your program/service targeting Aboriginal and Torres Strait Islander youth with severe and complex mental health needs?
- How effective is your program/service in addressing the needs of Aboriginal and Torres Strait Islander youth with severe and complex mental health needs? Why?
- In what way does your program/service targeting Aboriginal and Torres Strait Islander youth with severe and complex mental health needs accommodate cultural considerations in its design?
- What do you think are the key ingredients for planning and implementing a successful program/service targeting Aboriginal and Torres Strait Islander youth with severe and complex mental health needs
- What skills and experience does a competent workforce supporting Aboriginal and Torres Strait Islander youth with severe and complex mental health needs actually require? What might appropriate professional development, education and training for this workforce look like?
- If you could provide one piece of advice for a new organisation embarking on the delivery of a program to support Aboriginal and Torres Strait Islander youth with severe and complex mental health needs, what would that be?

Appendix C: Human Research Ethics Committee (HREC) Approval



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08 February 2019

Prof James Smith
Menzies School of Health Research
PO Box 41096
Casuarina NT 0811

Dear **Prof Smith,**

HREC Reference Number: 2019-3296
Project Title: ***Promising practice service approaches to improving social and emotional wellbeing among Aboriginal and Torres Strait Islander young people with severe and complex mental health needs.***

Thank you for submitting the above research project for ethical review. This project was considered by the Fast Track Committee including members of the Aboriginal Ethics Sub-Committee (AESC) of the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC) in accordance with the NHMRC *National Statement on Ethical Conduct in Human Research 2007.*

I am pleased to advise that the Fast Track Committee has granted **full ethical approval** of this research project. Please note that approval applies only to research conducted after the date of this letter.

This approval will be ratified at the next meeting of the Human Research Ethics Committee.

Approved Timeline: ***08/02/2019– 08/02/2020***

Annual report due: ***08/02/2020***

The nominated participating site/s in this project approved by this HREC is/are:

- **Primary Health Networks**
- **PHN Service Providers**

The documents listed below are approved:

Document	Version	Date
HREC Application		23/01/2019
Participant Information Sheet – Service Providers		23/01/2019
Consent Form – Service Providers		23/01/2019
Participant Information Sheet – Workshop		23/01/2019
Consent Form – Workshop		23/01/2019

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Appendix D: Summary table about the identified relevant frameworks

Table 1. Summary table about the identified relevant frameworks

Reference	Name of the framework/model	Framework elements
(22) *(18)* *(17)* *(15)*	'2004 SEWB framework' National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023; The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009)	**Nine guiding principles that underpin SEWB:** 1. Health as holistic 2. The right to self-determination 3. The need for cultural understanding 4. The impact of history in trauma and loss 5. Recognition of human rights 6. The impact of racism and stigma 7. Recognition of the centrality of kinship 8. Recognition of cultural diversity 9. Recognition of Aboriginal strengths
(9) *(17)*	'Cultural Domains of Social and Emotional Wellbeing'	**Seven domains of SEWB:** 1. Connection to Body 2. Connection to Mind and Emotions 3. Connection to Family and Kinships 4. Connection to Community 5. Connection to Culture 6. Connection to Country 7. Connection to spirit, spirituality and ancestors
(19) *(17)*	'Australian Government Implementation Plan 2007–2013'	**Key Result Areas:** 1. Social justice and across-government approaches 2. Population health approaches 3. Service access and appropriateness 4. Workforce 5. Quality improvement

(20) *(17)*	'Revised national practice standards in mental health'	**Revised Practice Standards:** 1. Rights, responsibilities, safety and privacy 2. Working with people, families and carers in recovery-focused ways 3. Meeting diverse needs 4. Working with Aboriginal and Torres Strait Islander peoples, families and communities 5. Access 6. Individual planning 7. Treatment and support 8. Transitions in care 9. Integration and partnership 10. Quality improvement 11. Communication and information management 12. Health promotion and prevention 13. Ethical practice and professional development responsibilities
(21) *(17)*	'Strong Spirit Strong Mind—Aboriginal Drug and Alcohol Framework for Western Australia 2011–2015' (Drug and Alcohol Interagency Strategic Framework for Western Australia 2011–2015)	**Key Action Areas:** 1. Capacity Building 2. Working Together 3. Access to Services and Information 4. Workforce Development **Framework Key Strategic Areas:** 1. Focusing on prevention 2. Intervening before problems become entrenched 3. Effective law enforcement approaches 4. Effective treatment and support services 5. Strategic coordination and capacity building **The Seven Areas:** 1. Health 2. Family and Community Relationships 3. Aboriginal Law and Culture and Country 4. Land/Country 5. Grief and Loss 6. Livelihood/Money and Work 7. Legal

(16)	'Quality Healing Program'	**Elements:** 1. Developed to address issues in the local community 2. Driven by local leadership 3. Have a developed evidence base and theory base 4. Combine Western methodologies and Indigenous healing 5. Understand the impact of colonisation and transgenerational trauma and grief 6. Build individual, family and community capacity 7. Proactive rather reactive 8. Incorporate strong evaluation frameworks
(10)	'Representation of a culturally informed best practice pathway (pictorial)'	**Elements of the culturally informed best practice pathway:** **Wellbeing (being together):** 1. Culture, art, dance 2. Community, sport, work 3. Family, elders, friends 4. Services, housing, mental health, substance use
(5)	'Wellbeing Framework'	**Core values:** 1. Wellbeing is supported by upholding peoples' identities in connection to culture, spirituality, families, communities and Country 2. Wellbeing is supported by culturally safe primary healthcare services **Elements:** 1. Wellbeing is supported by locally defined, culturally safe primary healthcare services 2. Wellbeing is supported by an appropriately skilled and culturally competent healthcare team 3. Wellbeing is supported by holistic care throughout the lifespan 4. Wellbeing is supported by best practice care that addresses the particular needs of a community **Principles:** 1a: Creating culturally welcoming places 1b: Developing trusting relationships with clients and communities 1c: Understanding and accepting cultural diversity within communities

		1d: Delivering flexible primary healthcare services both within and outside of healthcare facilities 2a: Ensuring that all staff are regarded by the community as culturally competent 2b: Equipping staff with suitable skills to support people with chronic disease 2c: Valuing and supporting Aboriginal and Torres Strait islander staff 2d: Developing effective cultural leadership 3a: Applying holistic approaches to address priorities determined with clients 3b: Life-course approach from pre-conception to post-mortality 3c: Ensuring appropriate resources are available to meet local priorities and needs 3d: Responding to family, community, cultural and spiritual responsibilities and obligations 4a: Utilising cultural and scientific evidence to provide best practice healthcare 4b: Ensuring that primary healthcare services are available, accessible and acceptable 4c: Empowering communities to be involved in determining local healthcare priorities 4d: Developing multi-disciplinary teams that support holistic care
(6)	'Interrelated approach: SEWB, ACT, and strengths'	**SEWB:** 1. Spirituality 2. Respect **Strengths:** 1. Forgiveness 2. Integrity 3. Honesty 4. Courage 5. Empathy **ACT (Acceptance Commitment Therapy):** 5. Acceptance 6. Mindfulness

(14)	'Interrelated approach: SEWB, ACT, and strengths'	**SEWB:** 3. Spirituality 4. Respect **Strengths:** 6. Forgiveness 7. Integrity 8. Honesty 9. Courage 10. Empathy **ACT (Acceptance Commitment Therapy):** 7. Acceptance 8. Mindfulness

Appendix E: The nine guiding principles with examples and their implication for practice

Table 2. The nine guiding principles with examples and their implication for practice *(National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2017-2023)* (15, 17, 18, 22)

Guiding principle	Description	Implications for practice	Selected examples within the literature	Selected literature references
1. Health as holistic	Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist	Health and well-being address Aboriginal and Torres Strait Islander ways of knowing and being; recognition that identity is central to health outcomes.	Programs are multidisciplinary; embed Aboriginal and Torres Strait Islander perspectives that restore harmony and balance rather than western biomedical models.	Garvey 2008 Harms et al 2011 Williamson et al 2010 Southcombe et al 2015 Togni 2017 Skerrett et al 2018
2. The right to self-determination	Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.	Aboriginal and Torres Strait Islander ownership of program design, implementation and evaluation; ACCHOs provide culturally safe places for service delivery.	Understand how and why a program works within a particular community or setting; Build trusting and respectful relationships with clients; include lived experience councillors.	Bamblett et al 2012 Day &Francisco 2013 Isaacs et al 2013 Whiteside et al 2014 Dudgeon & Holland, 2018
3. The need for cultural understanding	Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and	Framework and practice guideline founded on Aboriginal and Torres Strait Islander notions of SEWB including body, mind and emotions, family and kinship,	Reduce misdiagnosis due to overcrowding, hunger, grief and learning difficulties and other social issues must be addressed;	Eley et al 2007 Acevedo-Polakovich et al 2007 Baba et al 2014

	Torres Strait Islander peoples' health problems generally and mental health problems in particular	community, culture, country and spirituality; Workforce training that includes Aboriginal and Torres Strait Islander capacity building as well as culturally informed training for the broader workforce.	Engage and development of Aboriginal and Torres Strait Islander health practitioners, traditional healers and healing experts as health consultants.	Dudgeon et al 2017 Southcombe, Cavanagh,& Bartram, 2014
4. The impact of history in trauma and loss	It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.	Trauma informed practice and professional learning within the workforce.	Recognise family violence as a response to and reflection of historical and intergenerational trauma; Impact of high levels of incarceration and interactions with the criminal justice system.	Langham et al 2017 Day and Francisco 2013 Dudgeon and Holland 2018 Southcombe et al 2015 Swan & Raphael, 1995
5. Recognition of human rights	The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.	Community and individual empowerment and capacity building.	Understand the impact of family violence through family focused programs; Include capacity building for effective connections to and relationships with social services.	Rees et al 2004
6. The impact of racism and stigma	Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing	Understanding and supporting Aboriginal and Torres Strait Islander within communities, as well as broader community, understanding and knowledge to prevent stigma and shame	Recognise cultural notions of mental health including social and emotional wellbeing	Isaac et al 2013 Swan & Raphael 1995 Baba, Brolan, & Hill, 2014

7. Recognition of the centrality of kinship	The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.	Social and emotional wellbeing established within a family and community focus including assessment and programs that encompasses family kinship networks.	Acknowledgment of interconnectedness within family and community; including environmental and spiritual connections.	Dudgeon 2017 Williamson et al 2010
8. Recognition of cultural diversity	There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural or remote settings, in urbanised, traditional or other lifestyles, and frequently move between these ways of living	Culturally adaptive screening and assessment	Develop locally defined, culturally safe primary health care.	Acevedo-Polakovich et al 2007 Davey et al 2017 Langham et al 2017 Janca et al 2015 Bamblett et al 2012
9. Recognition of Aboriginal strengths	It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment	Promotion of resilience and self-control through culturally informed practices; Support and develop pride, self-esteem, skills, creativity	Design Men's and Women's health, Youth Arts and Culture projects; Capacity building that produces supportive networks; Programs focus on community functioning, collective self-determination and cultural continuity.	Jersky 2016 Gibson 2018 Murphy et al 2004 Dudgeon et al 2017 Tsey et al 2007 Sabbioni et al 2018