

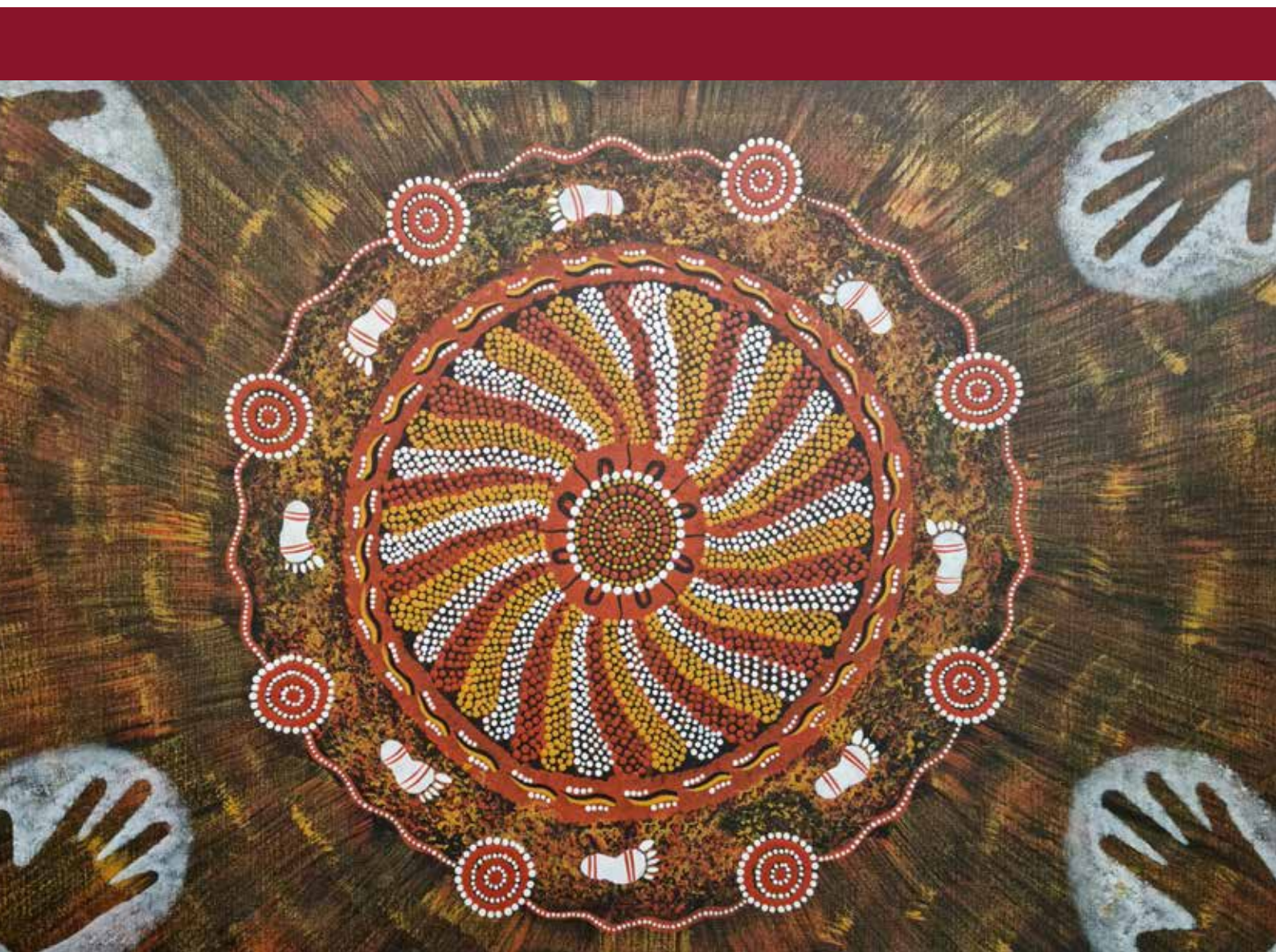


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Health and Welfare



Employment and Indigenous mental health

Boyd Hunter, Yonatan Dinku, Christian Eva, Francis Markham and Minda Murray



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About the cover artwork:

Artist: Linda Huddleston

Title: *The journey towards healing*

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.



Summary

Employment and Indigenous mental health

What we know

- Employment and financial security are key drivers of better mental health outcomes for Aboriginal and Torres Strait Islander people (Indigenous Australians). Adverse employment outcomes and financial insecurity are strongly associated with mental health issues.
- The Family Stress Model provides a useful framework for thinking about how economic hardship can affect Indigenous mental health.
- Mental health outcomes for children particularly are adversely affected by the feelings of instability associated with economic hardship.
- The benefits for mental health of improved socioeconomic outcomes are well-documented, but Indigenous mental health is only partly explained by socioeconomic factors.
- Indigenous mental health is affected by a complex of factors underlying intergenerational issues such as the legacies of colonisation and unconscious bias.
- Employment is not sufficient to ensure mental health, but it can provide essential support by reducing financial hardship and the resulting family and household stress.
- Labour market and economic policy can be effective in improving Indigenous labour market outcomes and indirectly enhancing Indigenous mental health.

What works

- Meaningful employment and work that facilitate Indigenous agency and economic self-determination improves mental health outcomes.
- Active engagement in customary Indigenous and cultural practices is as important as employment. For example, the Yiriman Project's success at supporting work in ranger teams and cultural immersion opportunities demonstrate the importance of broader meaningful social engagement.
- Providing jobs in the Indigenous mental health and community sector can ensure good take-up and ongoing employment.
- The Indigenous Procurement Policy has been associated with a substantial growth in the number of Indigenous businesses and generated substantial economic and labour market opportunity for Indigenous people.
- Indigenous businesses provide an Indigenous-friendly working environment. Policies aimed at encouraging this sector will encourage the number of jobs that are culturally safe.



What doesn't work

- Programs that are not customised to Indigenous community needs or don't ensure cultural safety are unlikely to be adopted and so will not be effective in ensuring mental health.
- Employment that is not culturally safe and causes workers to doubt their cultural heritage and identity is likely to undermine Indigenous mental health.
- Creating insecure, casual and poorly paid work may have a limited positive effect, and may even have adverse consequences, for mental health.

What we don't know

- Few programs focus on how mental health outcomes can specifically be improved by employment initiatives. Practice-based evidence and evaluations are required for mental health interventions involving employment.
- It is difficult to evaluate the extent to which programs can address mental health through employment because of the bi-directionality of causation for mental health outcomes and employment.
- There is considerable scope for improving Indigenous mental health by addressing economic hardship. This more important than ever in the uncertainty of a potential Australian and global slowdown.
- Good longitudinal information is needed on both economic hardship and mental health to identify whether mental health should be prioritised over employment in certain situations.
- To evaluate how employment enhances mental health, researchers need to understand the mental health of Indigenous people before they enter the workforce. It is important to analyse the simultaneous dynamics of employment and mental health for understanding how Indigenous people secure and retain employment.
- The prevalence of mental ill-health among workers in culturally safe and other workplaces should be documented. Any such research should be trauma-informed.
- More research is required into what makes an Indigenous-friendly workplace and what factors facilitate mental health in non-Indigenous workplaces.



1



Introduction

1 Introduction

Indigenous Australians are at a high risk of experiencing mental health problems. Self-reported data from a nationally representative survey (ABS 2019a) show that:

- around 30% of people aged 2 years and over have been diagnosed with mental health conditions
- anxiety (66%) and depression (65%) are the most common types of diagnosis
- 31% of Indigenous Australians aged 18 years and over experienced a high or very high level of psychological distress as measured using the Kessler (K5) Scale. The rate of psychological distress is more than double the rate for non-Indigenous Australians (14%) (ABS 2019b). High levels of psychological distress are more prevalent in non-remote areas (31%) than remote areas (28%) (ABS 2019a).

Indigenous suicide is the second leading cause of death for Indigenous males and the seventh leading cause for Indigenous females (ABS 2021). The median age at death for Indigenous suicides is 29.8 years; 83.2% of Indigenous suicides occur between the ages of 15 and 44 years. On average, a person who dies by suicide loses 36.7 years of life. This is a tragedy and a tremendous loss of human potential and community connectivity.

This paper provides an overview of policies and programs that address Indigenous employment and mental health. It evaluates the evidence that labour force outcomes can improve Indigenous mental health.

The effect of employment outcomes

Employment is generally a protective factor for mental health. For example, employed Indigenous Australians are about half as likely to have high or very high levels of mental health distress as those who are unemployed or outside the labour force (21% as opposed to 41% or 40% respectively, see Table 1).

Table 1: Mental health outcomes by labour force status

Labour force status ¹	Proportion of respondents reporting high or very high distress level ²	
	Indigenous	Non-Indigenous
In employment	21%	9%
In unemployment	41%	31%
Not in the labour force	40%	16%

Notes:

1. Labour force status is defined for the population aged 15 years and over.
2. Prevalence of mental health issues is reported as the proportion of respondents reporting high/very high distress level (in K5 scores).

Sources: ABS data from 2014–15 National Aboriginal and Torres Strait Islander Social Survey. Note that these data had a similar prevalence of high distress levels by labour force status to that observed in the 2018–19 National Aboriginal and Torres Strait Islander Health Survey data. Non-Indigenous data is from the 2014–15 National Health Survey.



There is evidence that some types of employment are associated with a higher prevalence of mental health issues. Casual employment is associated with especially high rates of mental health problems among Indigenous workers: 28% report high or very high distress. This is much higher than the 21% of other Indigenous workers who report similar distress.

Almost all the studies we reviewed point to 'poorer psychological health' in the unemployed than the employed. For example, Morrell et al. (1998) suggest that a strong correlation between aggregate suicide data and unemployment can be established as far back as 1966. It is therefore reasonable to assume that improving the economic situation of Indigenous people will improve Indigenous mental health and suicide outcomes.

The effects of social and economic trends

Although employment is important for Indigenous mental health, there are a multitude of other factors contributing to the higher rates of mental health issues: intergenerational trauma, lack of self-determination, ongoing racism and discrimination, and lack of available, affordable and culturally appropriate health and community services (Productivity Commission 2020a).

Broader social determinants of health affect stress, hypertension and obesity, which all lead to higher rates of morbidity and mortality. The recent book, *Deaths of Despair and the Future of Capitalism* (Case and Deaton 2020), identifies how subpopulations can be adversely affected by poor economic outcomes even when the national macro-economy is relatively buoyant. This research resonates strongly in the context of Indigenous Australians who have been largely socially excluded from the Australian economy since the original act of dispossession.

The ongoing COVID-19 pandemic may lead to a global downturn comparable with the effect of the Great Depression. The immediate effect of the COVID-19 pandemic is twofold:

- the likely increased death and morbidity
- the mental health issues and economic stress resulting from the uncertainty of lockdowns and their effects.

Drawn-out recessions are likely to exacerbate economic stress and Indigenous mental health well into the future. This is especially the case for communities that experience high levels of casual employment (Dinku et al. 2020) and unemployment.

Economic inequality can also have profound implications for the distribution of mental health outcomes. Case and Deaton (2020) reinforce the well-established literature on the social determinants of health. The social and economic conditions facing families are some of the major constraints that limit the effective treatment of health conditions, including mental health and suicide (Marmot 2005).

We must improve our understanding of the relationship between economic trends and mental health so we can identify the most effective programs and policies for addressing the depressed economic circumstances that many Indigenous households are likely to face in the near future. We need a better understanding of the precise mechanisms and the possibility of reverse causation (the effects of mental health on unemployment). This will allow us to assess the overall changes in employment associated with specific program treatments through the complex potential pathways driving mental health outcomes.



2



Background



2 Background

Most systemic reviews in the international literature have ignored or played down the role of social and cultural factors in mental health and suicide prevention. This section outlines a conceptual framework that helps us understand how unemployment and economic hardship can affect mental health and suicide in the context of Indigenous Australia. A brief overview of the scholarly evidence for the effect of employment on mental health and suicide prevention is then provided (see Appendix A for details).

An augmented Family Stress Model for Indigenous communities

Mental health outcomes for children and young people are particularly adversely affected by the feelings of instability associated with economic hardship (AIHW 2021a). Several social science models provide insights into how employment and socioeconomic status (SES) can affect mental health and human development:

- social causation—SES affects families and the development of children (for example, the Family Stress Model)
- social selection—the attributes of individuals are the main influence on the quality of their social and economic environments
- interactionist perspectives—individual attributes influence a person's social and economic position in a reciprocal process within and across generations (Masarik and Conger 2017).

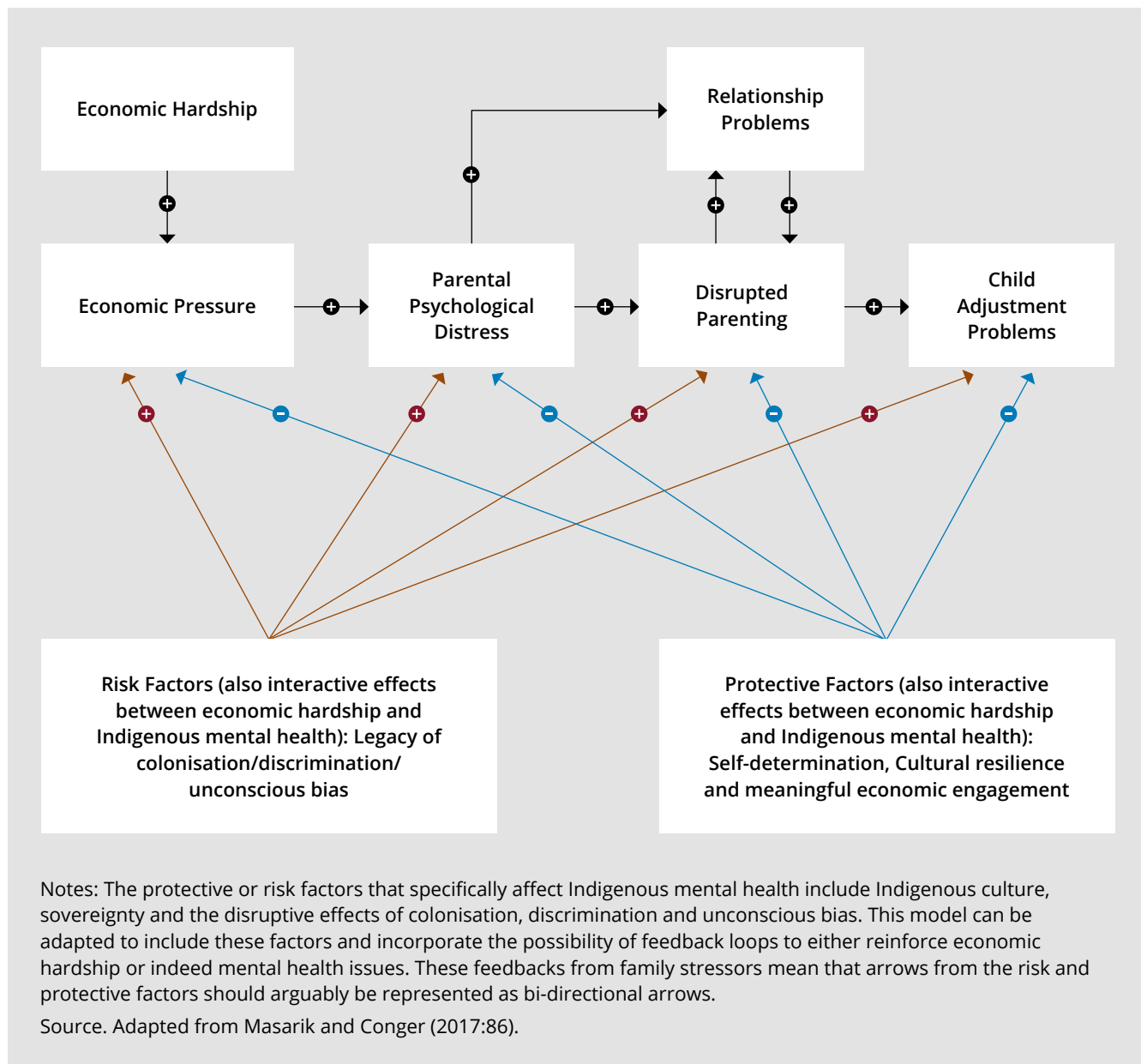
Research into the social determinants of health or ecological models of Indigenous health illustrates the importance of understanding social and economic context. The intergenerational nature of trauma from colonisation is an important aspect of Indigenous mental health, so social causation models such as the Family Stress Model need to be augmented.

An augmented Family Stress Model can help us understand how economic hardship can interact with mental health and suicide. This paper proposes minor adjustments to the model to include some of the specific protective and risk factors that face Indigenous populations (see Figure 1 below). It focuses on understanding how economic pressure can lead to psychological distress and broader social and intergenerational disruptions.

Masarik and Conger (2017:86) provide a brief description of the potential mechanisms for economic pressures causing the day-to-day strains and unstable economic conditions that create stress in family relationships, such as paying bills or being unable to purchase basic necessities. Negative financial events and economic pressures lead to more depression, feelings of discouragement and hopelessness, somatisation, anxiety and hostility. The Family Stress Model can be adapted to include such Indigenous-specific factors. It uses the possibility of negative feedback loops to either reinforce economic hardship and mental health issues through effects of colonisation, discrimination and unconscious bias.

The Family Stress Model was originally conceived in terms of nuclear families. In the Indigenous population, it would be appropriate to think in terms of disruptive influences in the context of extended families and large porous households, which interact with the broader Indigenous community.

Figure 1: The augmented Family Stress Model and Indigenous mental health



The risk factors that drive family stress can also drive social exclusion, economic hardship and mental health issues that span generations. Figure 1 shows these effects on parents and their children, but it is easy to see how interactions between family stress, risk and protective factors can be transmitted through the Indigenous community.

It is also likely that there are positive feedback loops from involving Indigenous culture in economic activity, employment and mental health. This includes:

- the direct effect of culture on reducing economic hardship and improving mental health
- the indirect effect of culture on improving mental health, which enhances economic activity and meaningful economic engagement.



Meaningful economic activity is more than mainstream market employment. It is also any culturally informed economic activity that is meaningful to Indigenous people and their community (for example, Working on Country programs and community art centres).

The Family Stress Model illustrates the complexity of factors driving Indigenous mental health and why programs need to involve complex interventions. It also highlights why Dudgeon et al. (2021) are rightly cautious about reductionist forms of evidence on outcomes and program efficacy. Even so, most of the evidence in the next section documents the effect of employment on mental health based on simple statistical models that abstract from the complex intergenerational dynamics because they are hard to model using mainstream statistical techniques, even when there are some longitudinal data to analyse.

Scholarly evidence on employment and mental health

The scholarly literature demonstrates that securing employment and access to the labour market is likely to be important for mental health, but working conditions are also crucial for improving mental health (see Appendix A). Employment needs to involve adequate working conditions that enable control over working environment, security in tenure and an absence of discrimination.

Australians living in remote and regional areas are likely to be at greater mental health risk because of psychosocial and socioeconomic factors and locational disadvantage (Eckert et al. 2006). For Indigenous people, the effect of these factors on mental health is compounded by the effects of colonisation, Indigenous exclusion from the market economies, racism and intergenerational trauma. Together, they drive contemporary Indigenous economic disadvantage (Dinku et al. 2020) and reinforce poor employment outcomes. Being marginalised within an already marginalised population is a compound jeopardy (Atkinson et al. 2014:300). Inadequate employment and poverty drive disengagement and resentment, which increases the probability of trauma-affected people not receiving the services they critically need (Atkinson et al. 2014:399).

A recent Productivity Commission report adopts a health-centric approach to understanding and addressing the social determinants of mental health (Productivity Commission 2020a). Housing, employment, and justice are included in the Productivity Commission report (2020a) only to the extent that they supplement the health care provided to people experiencing mental illness. While the draft Productivity Commission recommendations address some social determinants, they do not have sufficient depth and reach to adequately address all the underlying issues that could affect a person's and a population's mental health and wellbeing. These issues include trauma and abuse, poverty, migration experiences, and loss of conventional social connections (loneliness and social isolation). Other factors that warrant more attention include substance misuse, family and domestic violence, gambling and addictions.

Although employment status clearly affects mental health, the reverse may also be true. The Productivity Commission report (2020a) acknowledges that mental illness affects employment participation in 2 major ways. Mental ill-health can:

- affect the productivity of people who are employed
- be a barrier to people outside the workforce gaining and maintaining employment.



Frijters et al. (2014) analysed the Household, Income and Labour Dynamics in Australia (HILDA) data and found that diagnoses of psychiatric disorders and depression can reduce the probability of employment by between 13% and 26% across different cohorts. Bubonya et al. (2019) also interrogated HILDA data to estimate reciprocal relationship between depressive symptoms and employment outcomes using econometric techniques that account for heterogeneity of individuals' circumstances and characteristics. International studies confirm mental health has a reciprocal relationship with labour force outcomes (Pohlan 2019). Policy needs to reduce the barriers to employment and provide positive work environments for those with mental health issues.

Gray et al. (2009) summarise the evidence on the substantial effect of economic hardship on mental health during economic downturns using the Family Stress Model (see Box 1 below).

Box 1: Gray et al.'s (2009) review of mental health during economic downturns

Unemployment can have a detrimental effect on the mental health, but the effects of unemployment on mental health cannot be explained purely by the negative impacts of unemployment on income (Clark 2003; Paul and Moser 2009).

Unemployment has a greater negative impact on:

- those living in a household in which the other members are not employed (Clark 2003; Mendolia 2009, but see also Scutella and Wooden 2008)
- younger workers (under 25 years of age) (Morrell et al. 1994; also see Morrell et al. 1998)
- older workers (over 50 years of age) (Paul and Moser 2009; Scutella and Wooden 2008)
- those who are psychologically vulnerable prior to unemployment (Mendolia 2009).

The longer the duration of unemployment, the greater the negative impact on mental health. There is a sharp increase in this effect after 3 months of unemployment, and a further increase occurs after about 30 months of being out of work (Paul and Moser 2009). Although some people can adapt to being unemployed in the medium term, the cumulative psychological effects are substantial over the longer run.

Research suggests that counselling and other therapeutic interventions can result in an improvement in mental health as well as an increased rate of finding paid employment (Butterworth and Berry 2004; Paul and Moser 2009). These interventions are very resource-intensive and therefore difficult to bring to the scale required following a serious economic downturn.

Given the absence of recession in Australia for the 3 decades to 2020, the bulk of the evidence on mental health and recessions is based on international studies (Gunnell and Chang 2016). There is unequivocal evidence that economic recessions are associated with increases in suicide. The relationship appears to be causal for the global economic recession in affected countries.

- Several studies have shown the prevalence of depression, anxiety, suicidal thoughts, and suicide attempts increase following the global economic recession in affected countries (Shi et al. 2011).
- These deteriorations in mental health were particularly seen in people who experienced unstable employment or financial problems.
- There is some evidence of a dose-response effect—suicide rates among men increased more in countries that experienced greater increases in unemployment after the crisis, particularly in countries that had a lower baseline level of unemployment before the crisis.

The data suggest that, if levels of unemployment are already high, the stigma and fear associated with job loss could be less and the impact of recession would be smaller (Crawford et al. 2010 cited in Gunnell and Chang 2016). Although unemployment is a key risk factor for suicide, increases in unemployment account for less than half of the increase in suicide after a recession commences (Barr et al. 2012).

A series of international papers published in the 1980s analysed data about British men and established the effect of long-term unemployment on mental health (Warr and Jackson 1985, 1987; Warr et al. 1988). For example, Warr and Jackson (1985) showed that the length of unemployment has a significant association with mental health outcomes. Unemployed men regaining paid work showed large improvements in all measures of health. Warr and Jackson (1987) provided a longitudinal analysis that demonstrated adaptation of expectation and outcomes to the ongoing unemployment. Finally, Warr et al. (1988) showed that ethnic group differences in mental health and unemployment are primarily associated with mediating variables such as demographic, economic, social networks, social class, personal vulnerability, and local economic conditions.

Australian studies that analysed cross-sectional data demonstrate that unemployment negatively affects mental health (Flatau et al. 2000). Hoare and Machin (2010) analysed the impact of re-employment using a longitudinal analysis of variance of a sample of 115 unemployed people in Queensland. The people who secured employment experienced a significant improvement in their mental health condition (due partly to improvements in financial security, social contact and time structure), but those who remained unemployed experienced no significant change in their mental health.

Butterworth et al. (2011) showed that improving working conditions for employees can have a substantial mental health benefit in terms of increasing control over work, job insecurity and unfair pay. Using HILDA, Richardson et al. (2012) demonstrated that flexible forms of employment do not necessarily endanger mental health. Crowe and Butterworth (2016) used a representative, community-based survey conducted in Canberra and Queanbeyan to demonstrate that unemployment and underemployment significantly predict depression, even after controlling for financial hardship and other key factors.

Finally, income support policies are important considerations for evaluating the effects on Indigenous mental health. Liu et al. (2015) used longitudinal data from the United States to examine whether specific types of income support programs (such as unemployment benefits or other types of welfare) reduce the negative impacts of job loss on middle-aged women's mental health. Job loss-related financial stress appears to contribute to mental health deterioration, but the form of welfare support was important only for the cohorts older than 50 years of age.



Indigenous-focused research on mental health and employment

Only a handful of studies focus on First Nations peoples, either from Australia or from other parts of the world. Haar et al. (2014) contained a substantial sub-sample of Maori among several other cultures and demonstrated that work-life balance was inversely associated with anxiety and depression, but this relationship was moderated by 2 important cultural dimensions: the extent to which the culture supports collectivism, and the extent of gender egalitarianism. This finding illustrates that understanding culture is crucial for anticipating the effect of various types of employment on Indigenous mental health.

There are few studies that explicitly explore mental health and employment in the context of Indigenous Australia. Ypinazar et al. (2007) described Indigenous Australians' understandings of mental health using 4 qualitative studies. Indigenous participants commented on multiple factors that impact on mental health, including employment, overcrowding, family violence, the stolen generation, poor physical health, substance abuse and financial difficulties. Shepherd et al. (2012) documented socioeconomic disparities in the mental health of Indigenous children in a Western Australian survey. The authors showed that improving employment and income of Aboriginal families can significantly improve the mental health outcomes of children. These findings illustrate the intergenerational impact of employment and economic hardship on Indigenous Australians and the potential value of the Family Stress Model in understanding ways to address mental ill-health.

The most recent study to cover Indigenous perspectives on mental health and employment is Gari Yala (Speak the Truth) (Diversity Council Australia (DCA)/Jumbunna Institute (2020). This is a biennial survey that documents the first-hand experiences of more than 1,000 Indigenous people in the workforce and reflects on the mental health associated with those experiences. More than two-thirds of Indigenous workers feel some 'identity strain' in the workplace, and the experiences of racism and culturally unsafe workplaces are all too common.



3



Methods



3 Methods

This paper focuses on the nexus between employment and mental health. The initial literature search for evidence on outcomes and programs used a series of synonyms for economic hardship and labour market issues that arise in downturns. It used the following search strategy:

employment OR unemployment OR jobless OR “job loss” OR “loss of income” OR “income loss” OR retrenchment OR redundancy OR “labo?r force” OR poverty OR bankruptcy OR livelihood OR “borrowing constraint” OR loan OR debt OR financ* OR “economic crisis” OR “economic shock”).

These terms were used in conjunction with a similarly broad set of terms used to capture mental health and suicide and indigenous peoples in a national and international context. Relevant search terms for indigeneity and mental health include: Indigenous, Aboriginal, Torres Strait, First Nations, Australians, Mental health, suicide, suicidal, psychological, psychiatry, social and emotional wellbeing (also see AIHW 2021a, 2021b).

The latter were identified during preliminary discussions with the AIHW, but the ‘thinness’ of overlapping literature between these domains became apparent on reading, especially with respect to the literature on employment and mental health for First Nations peoples from around the world. As a result, we relied on the ‘mainstream’ literature to identify most issues, even where employment and mental health were not the main topic of research.

Many indigenous studies had only passing references to employment or did not provide substantial insight into the interaction of mental health and suicide and economic hardship. This paper includes any relevant article identified with an identified Indigenous subsample.

To ensure we focused on the main contributions to the literature, we sought expert advice from two Australian National University researchers, Professor Peter Butterworth and Associate Professor Ben Edwards, who are leading experts in mental health and family studies in the context of economic hardship respectively.



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Key issues



4 Key issues

This section provides a brief overview of how Indigenous people interact with the labour market, which is a key cross-cultural institution. Employment can provide a platform for Indigenous economic self-determination, but the effect of work on Indigenous mental health is likely to depend on the types of jobs provided and the workplace environment.

Indigenous access to labour market and employment

Indigenous people have been excluded from the Australian economy through colonisation, the resulting alienation of Indigenous lands and resources, and by policies of exclusion, discrimination and marginalisation. The ongoing consequence is that many Indigenous people have neither the education nor the work experience to be able to demonstrate they have the skills required to compete in the labour market.

Unfortunately, it is not possible for policy makers to simply create jobs and increase Indigenous employment. They need to take into account the legacy of colonisation, the impact of economic scarcity, and the role of supply and demand in local areas. Global and national recessions are a key feature of all economies. They affect Indigenous mental health through economic hardship and limited access to employment.

Macroeconomic shocks can affect the Indigenous labour market through the depressed aggregate demand that leads to fewer jobs. The low level of local labour demand makes it very difficult to find a job. Labour market 'scarring' that occurs in a recession leads to atrophying of skills through the lack of use in the workplace and the poor quality of matches between job seekers and jobs as some workers stay in jobs to which they are unsuited. Indigenous workers also experience racial discrimination and historical social exclusion, which reduces the prospect of re-entry into the labour market following a recession and increases exits from employment and turnover between jobs that reduce the ability to build up labour market experience. The likely result is a substantial increase in the number of 'discouraged' Indigenous workers who give up looking for work after a recession.

Indigenous people also experience widespread unconscious bias that makes it difficult to find and retain employment and reduces the quality of experience in employment (Shirodkar 2020), which potentially outweighs the positive effect on mental health of the average job.

The Indigenous business sector has been growing strongly for several decades, which is particularly noteworthy for Indigenous economic self-determination given the relatively stagnant state of Australian businesses since the global financial crisis (Shirodkar and Hunter 2019). Indigenous businesses are particularly important for Indigenous employment as they are up to 100 times more likely to hire Indigenous employees than non-Indigenous businesses (Hunter 2015). They also provide an Indigenous-friendly working environment and a culturally safe space where many Indigenous people want to work.

Employment can positively affect Indigenous mental health only if it is the right sort of job in a supportive workplace environment. Since 2015, the Indigenous Procurement Policy has been associated with a substantial growth in the number of Indigenous businesses (Shirodkar and Hunter 2019). This is a positive feature of the Indigenous policy that should encourage the supply of culturally safe jobs for Indigenous people.



Cultural safety in an Indigenous-friendly workplace

The Gari Yala Report highlights that more than a quarter of workplaces are culturally unsafe (DCA/Jumbunna 2020). In other surveys, cultural safety is emerging as an important constraint on Indigenous employment and engagement with the labour market in other major surveys. For example, Generation One's Indigenous Employment Index, that will be launched in the near future, will contain a forensic qualitative and quantitative analysis of the experiences of Indigenous workers in 42 very large Australian businesses (see the MInderoo Foundation website, Generation One). Cultural safety is key at all stages of the employment process, including recruitment, engagement, retention and development of Indigenous workers.

Cultural safety refers to the provision of an environment that is physically, spiritually, socially and emotionally safe (Williams 1999). Culturally safe practices recognise and respect the cultural identities of other people, their values, beliefs, expectations and rights. In contrast, culturally unsafe practices disempower a person, challenging their identity and wellbeing. A culturally safe workplace provides an environment safe for Indigenous workers where there is no challenge or denial of their identity and experience.

Cultural safety is among a cluster of related concepts that are important in a diverse, modern workplace. These include cultural awareness, cultural capability, cultural integrity, cultural inclusion and cultural knowledge. Lindsey and Lindsey (2016) have identified a conceptual framework of cultural proficiency, which can be used to partner these cultural concepts with ethical practices. Operationalising their framework in an Indigenous-friendly workplace requires:

- clear guiding principles for culturally proficient practices
- awareness of what employees do not know
- worker education about the diversity of Indigenous Australia
- generation of respect for Indigenous culture (for example, through active Indigenous engagement in group discussions)
- cultural safety
- institutionalising cultural knowledge to demonstrate cultural pre-competence to Indigenous job seekers.

The underrepresentation of Indigenous Australians in the mental health workforce is a key barrier to Indigenous engagement with mental health services (Upton et al. 2021). It is particularly important to increase the numbers of Indigenous workers in the mental health sector as this greatly improves the effectiveness of mental health services for Indigenous people. Cultural safety is an issue even in workplaces charged with looking after Indigenous mental health.

Cultural competence among non-Indigenous workers is an issue that needs to be addressed in many Australian workplaces if we are to enhance Indigenous access to the labour market. A culturally competent workplace welcomes diversity, celebrates difference, and provides equality of opportunity. It also improves staff retention. Cultural respect from colleagues and supervisors in non-Indigenous mainstream services, along with mentorship and career progression opportunities, are therefore vital components to ensuring the wellbeing of Indigenous workers.



The cultural safety of Indigenous workers and Indigenous clients improves when organisational policies are designed with Indigenous staff and local communities (Upton et al. 2021). Given that Indigenous businesses have substantial Indigenous equity and control, with many having a close relationship to the local Indigenous communities, cultural safety is likely to be a major factor in their ability to attract a disproportionate number of Indigenous workers. It is important that workplaces are Indigenous-friendly spaces where Indigenous workers not only feel culturally safe but want to work and engage actively in a wide range economic activities within organisations and society more broadly.

Indigenous labour market policy

Labour market policies can facilitate access to the labour market and encourage jobs that could be associated with better Indigenous mental health outcomes. Labour market policies can be grouped into 3 broad categories (Gray et al. 2012):

- supply-side policies that get Indigenous people ready for work by enhancing skills or increasing willingness of individuals to participate in the labour market
- demand-side policies that enhance the profitability of employers and create jobs that are suitable for Indigenous job seekers
- policies that provide information and support for businesses to create Indigenous-friendly workplace and to reduce discrimination.

Longitudinal analysis from the recession in the 1990s found that wage subsidies to employers were the most effective in securing employment outcomes for Indigenous jobseekers.

It is important to facilitate Indigenous economic participation. There is an important role for education and community support policies to build the capability of the current and potential Indigenous workforce.

Industrial relations and workplace organisation are key to understanding the extent to which Indigenous-friendly working conditions in Indigenous businesses can be replicated in any workplace. Workplaces with Indigenous employees are more than twice as likely as other workplaces to use a grievance procedure for racial or sex discrimination and are much more likely to provide for cultural leave and have adequate dispute resolution processes (Hunter and Gray 2013; Hunter and Hawke 2001).

One important program is the Community Development Employment Projects (CDEP) scheme, which started operating in some Indigenous communities in 1977. The CDEP scheme allowed Aboriginal organisations to hire CDEP participants to work part-time, with their wages being funded by foregone unemployment payments (with an additional provision that allowed some investment in the enterprise). The scheme was arguably a positive and creative employment program that allowed a measure of economic self-determination with community control over working conditions and an Indigenous-friendly workplace. The scheme was replaced after 2013 by the Remote Jobs and Communities Program (RJCP) and then the Community Development Program (CDP). In May 2021, plans were announced to replace the CDP with a new co-designed remote jobs program in 2023.

Despite the evidence presented above, there are no specific studies of how Indigenous mental health is affected by working conditions. One possible exception is the indirect evidence presented in the 1997 Office of Evaluation and Audit evaluation report, which identified that non-labour market



outcomes for CDEP participants are substantially better than those for Indigenous unemployed (OEA 1997). Although the evaluation did not directly examine mental health, it did demonstrate that CDEP participation was associated with significantly better outcomes for the major social determinants of health.

Calma (2007) argues that Indigenous mental health is driven by 'real' employment (not just CDEP work) as well as income, education, housing, and functional communities. Hunter (2009) confirmed Calma's claim using the 2002 National Aboriginal and Torres Strait Island Social Survey, which demonstrated that both CDEP and non-CDEP employment are associated with positive socioeconomic outcomes, but non-CDEP jobs were associated with significantly better outcomes. CDEP schemes were associated with an Indigenous-friendly working environment, but Calma (2007) and Hunter's (2009) findings are likely to be associated with the fact that:

- on average, non-CDEP work was associated with substantially higher rates of pay
- the CDEP scheme work was associated with locational disadvantage as it was concentrated in remote communities and could have been seen as a policy to address pre-existing issues in the community.

Mental health suicide prevention, labour market outcomes and policy

Suicide prevention strategies provide some insight into the effects of labour market status on severe mental health issues. Employment of Indigenous community of peers was also identified as a common element of success by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). The ATSISPEP (2016) Report summarises the main factors associated with successful Indigenous suicide prevention. Education and preparing for employment were seen as particularly important for young people. Measurable reductions in suicidal behaviour for the Indigenous community, and higher-risk groups in that community, were identified with a policy intervention that involve substantial self-governance, cultural activity, physical health, employment, community safety and school attendance. Dudgeon et al. (2018) note the most effective initiatives are owned and led by Indigenous communities.

ATSISPEP (2016) recommended justice reinvestment principles be implemented in policies to divert Indigenous young offenders to employment and give them access to quality education. It also recommended improved retention for Indigenous community mental health workers.

The crucial insight from Dudgeon et al. (2018) is that high suicide rates in Indigenous communities are a result of the historical and ongoing colonisation and the associated forced removal of children, lack of self-determination, social exclusion, and covert and overt racism at individual and structural levels. At all stages of the policy process, there is a need for articular cultural sensitivity to avoid stigma and shame, power imbalance, and support networks for Indigenous people. Any culturally responsive support must be made available to both:

- individuals with lived experience as they participate in the suicide prevention field
- organisations in learning how to best meaningfully engage and empower those with lived experience and their participation.



Early systematic reviews of international studies of suicide prevention strategies did not mention employment. This indicates the historical lack of emphasis on social determinants in the health literature. For example, Mann et al. (2005) evaluated preventative interventions in major domains such as:

- education and awareness for the general public and professionals
- screening tools for at-risk individuals
- treatment of psychiatric disorders
- restricting access to lethal means
- responsible media reporting of suicide.

In an updated systematic review of the effectiveness of suicide prevention strategies, Zalsman et al. (2016) found no single strategy was clearly more effective than others. They noted the following:

- School-based awareness programs reduce suicide attempts (odds ratio [OR] 0.45) and suicidal ideation (OR 0.5).
- Effective pharmacological and psychological treatments of depression are important in prevention.

Zalsman et al. (2016) do not include a focus on Indigenous-specific issues; instead, they concentrate on a health-centric approach to suicide prevention. Even so, their research is helpful as at least as it acknowledges the role of social and cultural risk factors combined with experiences of trauma and loss.

Suicide Prevention Australia, which is the national peak body for the suicide prevention sector, conducted a survey of the sector. They identified employment as the greatest factor associated with suicide prevention (82%), which was narrowly ahead of addressing social isolation (81%) and relationship breakdown (77%) (Suicide Prevention Australia 2020). The peak body recommended the importance of lifting the base rate of JobSeeker and funding of clear vocational pathways to work. A majority of participants in that survey advised that greater investment in programs and services targeting priority groups such as Indigenous communities. The main protective factors that were identified include:

- employment
- physical health and wellbeing
- connection with family and friends
- coping strategies or life skills
- great access to clinical and non-clinical support options.

There are few evaluations of how employment support programs directly enhance outcomes in mental health and suicide prevention. Even so, there is considerable employment support provided to Indigenous people with mental illness (Productivity Commission 2020a):

- Among CDP participants, the vast majority of whom are Indigenous, 12.6% were assumed to have a mental health illness at a cost of \$53 million for the cohort.
- Overall, 14% of Jobactive participants were afflicted by mental illness.
- More than 40% of Disability Employment Services clients had a mental illness.



The cost of employment programs for Indigenous people with a mental illness would be affected by the disproportionate numbers of Indigenous people in those programs. As a result, the level of expenditure on employment services for mentally ill Indigenous people is substantial.

Listening to Indigenous voices in the workplace

This paper presents evidence of the nexus between employment and Indigenous mental health. Although there has been research conducted in these areas using sound data and statistics, it is apparent that Indigenous voices have largely been omitted in most research reports and publications.

A notable exception to this observation is the *Gari Yala (Speak the Truth)* report, which outlines the workplace experiences of Indigenous peoples across Australia. In addition to identifying the importance of cultural safety at work, being able to share their cultural background and avoiding 'identity strain' were particularly important for maintaining a happy work life. Poor employer practices in the workplace, coupled with the consequences of pervasive racism, had a substantial effect on the overall health and wellbeing of Aboriginal employees, including a notable detrimental impact on mental health (DCA/Jumbunna Institute, 2020).

Furthermore, the *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report* (Australian Human Rights Commission:48) highlights Indigenous women's voices. In the report, Aboriginal and Torres Strait Islander Social Justice Commissioner June Oscar states that employment is a 'key vehicle through which we can emancipate ourselves from entrenched cycles of poverty'.

The emotional distress that women experience with unemployment or economic insecurity was also noted in the report (Australian Human Rights Commission:14–15). For example, women participating in the research reported the following impacts:

Our number one issue is mental health. It affects you emotionally, physically, causes trauma and bad health.

There are no jobs here ... how do we instil vision in our children? How are we supposed to do that and tell them that they should be aiming for these things in the future when there's no work here anyway.

The report concluded that unemployment perpetuates cycles of poverty and trauma that Indigenous women face. It stands as a key determinant of poorer outcomes for Indigenous people across Australia. Women are the backbone of communities, and in the words of June Oscar: 'women and girls' voices are vital to paving the way for a future'. It is important to listen to the experiences of Indigenous people themselves when considering strategies for the future.



5



Policy context



5 Policy context

This section identifies the most important policies, strategies and frameworks that focus on the intersection of mental health and employment, most of which have been covered elsewhere (AIHW 2021a, 2021b; Dudgeon et al. 2021; Upton et al. 2021). They found that most mental health policies and related frameworks make only perfunctory references to employment. As a rule, if the policies do mention employment, it is only to acknowledge that employment and economic resources are indirect factors underlying mental health and facilitating access to services.

For example, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS) places considerable emphasis on addressing other social determinants that contribute to social disadvantage for Indigenous Australians, such as unemployment, education, housing and community safety and focusing on building strong, resilient families, young people and communities (DoHA 2013). However, the only reference to employment is in the context of Outcome 3.3, which states that targeted and indicated services should be culturally appropriate and delivered by Indigenous personnel. Cultural safety is paramount for both Indigenous clients and workers, and achieving this outcome would enhance Indigenous employment in outreach, follow-up and engagement roles. This would increase the effectiveness of services. The increased availability of appropriate cultural awareness training for mainstream services would also enhance services for Indigenous people.

Policy frameworks generally have only a limited understanding of the role of employment in suicide prevention. For example, Figure 5 in the 2013 NATSISPS summarises some of the known developmental pathways that research has shown to be associated with an increased likelihood of suicide. Workforce participation influences suicidal behaviour directly through families, community and cultural supports that can also work to reduce access to harmful drug and alcohol use that are associated with depression (note harmful drug and alcohol use is also associated with other sources of acute stress, trauma and relationship crisis. Figure 1 in this paper admits a broader range of possible avenues for employment affecting mental health outcomes.

The augmented Family Stress Model presented in this paper admits a broader range of possible avenues for employment affecting mental health outcomes (see Figure 1). Other major frameworks and strategies for policies that affect Indigenous mental health are described in Dudgeon et al. (2021).

A new development that has direct implications for the nexus of mental health and employment is the National Agreement on Closing the Gap (CATSIPO and Australian Governments 2020), which were developed in genuine partnership between Australian commonwealth, state and territory governments and Indigenous peak organisations. The objective of this agreement is to enable Indigenous people and governments to work together to overcome the inequality experienced by Indigenous people so they can achieve life outcomes equal to all Australians. The National Agreement has 17 targets across the following outcome areas: education, employment, health and wellbeing, justice, safety, housing, land and waters, and languages. Target 8 is to increase the proportion of Aboriginal and Torres Strait Islander people aged 25–64 who are employed to 62% (from the baseline of 51% in 2016). This approach—of having separate targets for employment and health—creates policy silos that do not address the root cause of the interaction between priority areas and targets and the intersection of domains (Hunter and Stephenson 2013). In the 2020 Agreement, there are 5 priority policy areas: mental health is included as part of social and emotional wellbeing, but employment is not included in any of the 5 areas (CATSIPO and Australian Governments 2020, 7–8).



Each party to the National Agreement has developed its own implementation plan (developed with Indigenous partners) and will report annually on actions to achieve the outcomes. Implementation plans for the agreement include policy considerations such as employment services (see Commonwealth of Australia 2021). The 2020 Agreement is a more flexible and responsive approach than previous 'Closing the Gap' agreements as it actively incorporates Indigenous perspectives through the formal Partnership Agreement on Closing the Gap, which is a shared decision-making approach between Aboriginal and Torres Strait Islander peak representatives.

Although employment and mental health are still listed as separate targets in the National Agreement, implementation plans can and do acknowledge interactions between policy domains. This latest agreement acknowledges that employment post-release from prison is an important driver of incarceration (AIHW 2021b). More evidence of enhanced commitment to the role of employment is that the Commonwealth Closing the Gap Implementation Plan identifies how funds have been allocated. For example, in the 2021–22 Australian Budget, \$8.3 million was allocated to support more Indigenous mental health workers to deliver culturally safe care.

OCHRE, the NSW Government Aboriginal Affairs plan, is unusual in that it includes both economic participation and healing as a focus (Aboriginal Affairs NSW 2013). The plan is premised on the principle of overcoming the causes of ongoing Indigenous trauma by addressing its underlying causes in government policies. These causes were identified in Aboriginal Affairs NSW (2013:11) as:

- powerlessness and a loss of control over their own lives
- a loss of purpose and an inability to fulfil responsibilities for themselves, their families and their community
- the undermining of community leadership and decision-making structures
- the continuing devaluing of their culture and identity.

Accordingly, rather than addressing mental health issues directly, the programs that comprise the OCHRE strategy are focused on:

- employment
- the devolution of some decision-making about service delivery to regional Indigenous groups
- language revitalisation.

Outlining all the policy context for employment policies is beyond the scope of this paper, but some relevant information on economic and labour market policy is provided in the 'Key issues' section of this paper.

Labour market policies and mental health policies suffer from a similar deficiency: they acknowledge that mental health issues can be an impediment to achieving effective employment outcomes, but there is rarely specific mention of a mental health focus in employment policies and programs.



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Relevant programs and initiatives



6 Relevant programs and initiatives

This section discusses the interaction of employment and mental health outcomes. It draws on the evaluation of the programs listed in Appendix B, which are the most important programs addressing Indigenous employment and mental health. The evaluations help us identify what works and does not work, and the level of evidence provided on efficacy of programs (when available).

Several themes emerge from this work:

- the reliance on administrative data in new programs (for example, the '1000 jobs package')
- the lack of published transparent and independent peer review
- the lack of Indigenous input to evaluations.

The reliance on administrative data for newer programs is usually because there are no other data available. However, administrative data are of only limited value because they are collected for the management of the program rather than for evaluation. For example, administrative data from employment programs do not routinely collect information about mental health, and mental health program data generally do not contain information about employment.

Newer programs can proliferate as there is a temptation for policy makers to want to change programs that are not seen to work. The administrative data could be useful to identify such programs, but there is a cost to tinkering. The failure to fully evaluate programs means that we are less certain about what does not work and why a program did not work. The best evidence we have for programs are those that have existed for a long time because there is an accumulation of evidence. The CDEP scheme is an example.

Many programs have had no independent peer review, and those that exist are not always publicly released. The failure to make findings available could compromise the transparency of the evaluation. This is important because any evaluative statement of findings should be informed by qualifications and caveats of the underlying analysis.

A related issue is the need for Indigenous input into the evaluation, which can provide an independent perspective from the managing authority (unless the program is managed by an Indigenous agency). The general lack of Indigenous ownership of evaluations is one of the key reasons for the manifest need for reform of the evaluation process outlined comprehensively in the Indigenous Evaluation Strategy (Productivity Commission 2020b).

Employment programs and Indigenous Australians

The available evidence indicates that, on average, employment is significantly associated with improved mental health. Appendix B identifies several current programs that are designed to specifically improve Indigenous employment outcomes and access to the labour market. None of these programs had direct information about mental health outcomes. Most of the programs have now received at least one formal evaluation.



1000 jobs package

As the name implies, the '1000 jobs package' aims to invest \$50 million to help create 1000 job opportunities by subsidising employment. Sometimes, administrative data documented by government departments provides some information about program efficacy, especially for relatively new programs such as this. For example, a National Indigenous Australians Agency (NIAA) submission to Senate estimates in March 2021, stated 400 jobs were created for CDP participants in the '1000 jobs package' by May 2021. However, COVID-19 restricted uptake of the program. Unfortunately, there is no data on mental health reported for the '1000 jobs package'.

Employment Parity Initiative (EPI)

The Employment Parity Initiative (EPI) aims to achieve Indigenous employment parity in large Australian businesses. It has been operating since 2015 and is to be replaced by a new Indigenous Skills and Employment Program from 1 July 2022. As of December 2019, the EPI partners employed 7,470 job seekers (Deloitte Access Economics 2021). The NIAA reporting that 4,895 of those 'have achieved 6 months employment'. Although this looks like an impressive number (despite the policy's target of 20,000 employed by 2020) it is unclear how many Indigenous jobseekers would have been employed anyway. This is a pervasive issue for measuring the effectiveness of most labour market programs—it is difficult to identify how many participants would have got a job anyway, which can lead to overstating the benefits of the program (Hunter et al. 2000). This is called the 'deadweight loss'. It needs to be deducted from the reported overall effect of the EPI. Another caveat on a naïve optimism about the EPI and other evaluations based solely on administrative data is the 'job displacement' effect: employers included in a program expand at the expense of employers who are not involved in the intervention. More formal evaluations are required to assess the significance and efficacy of all labour market programs to control for 'deadweight loss' and 'job displacement'.

Tailored Assistance Employment Grants (TAEG) and the Indigenous Cadetship Support (ICS)

NIAA (2020) provides an online evaluation of the Tailored Assistance Employment Grants (TAEG) and the Indigenous Cadetship Support (ICS). The TAEG provides large grants to support flexible work opportunities for Indigenous Australians; the ICS provides paid cadetships for Indigenous university students to do degree-relevant work and reduce the need to work elsewhere.

To the end of 2019, the TAEG placed 9,120 job seekers into employment, of which 6,119 job participants achieved 6 months' employment.

The evaluation of the ICS found that the financial allowance for the ICS encouraged graduation, course completion, reduced work burden and an increased likelihood of graduate employment. It was critical of other issues:

- There were issues of cultural safety, timespan of cadetship, and restrictive conditions.
- Mental health issues made it difficult to manage cadetship, study and family commitments.
- There was no Indigenous co-design of the program, and some cadets were burnt-out by the inflexibility of requirements.



Vocational Training and Employment Centres (VTECs)

Vocational Training and Employment Centres (VTECs) link jobseekers with guaranteed work after they complete their training. An evaluation conducted by the Melbourne Institute of Applied Economics and Social Research found that VTEC participants had a 40% higher chance of attaining 26 weeks of employment compared to other Jobactive participants. It is worth noting that Jobactive is mandatory, while VTEC is voluntary and so participants in that program could be more selective or more motivated. There was also some evidence that TAEG and VTEC jobs were of higher quality than jobs acquired under mainstream employment services provided to Jobactive participants.

Deloitte (2021) evaluated the VTEC, EPI, and TAEG employment programs. They provided specific findings for each program as well as a more aggregated evaluation of these programs in the key findings of the report. One common thread throughout these Indigenous employment program evaluations is that they identify a disconnect between policy makers and Indigenous people in the definition of meaningful employment, which again highlights a lack of Indigenous co-design in policy development. Notably, the evaluation frequently mentions the barriers that mental health of participants create in the uptake and the success of the employment programs but does not mention how these programs aim to resolve these issues.

The Community Development Program (CDP)

The CDP is the 'new iteration' of CDEP and RJCP. It pays jobseekers to work, and it encourages employers to take in employees and provide training due to subsidised labour costs.

A peer-reviewed evaluation of the first 2 years of the CDP was relatively cautious about claims that the program led to a modest 1 percentage point increase in the share of participants achieving 26-week employment outcomes (PM&C 2018a). The report also recommends that pilot programs gather evaluation data before widespread implementation—this is sound advice for any and all evaluations.

A second, mixed-methods evaluation of CDP included a survey of participant attitudes and experiences. It found that a substantial group of participants reported that the financial penalties and suspensions of social security for non-participation that were part of CDP were detrimental to mental health or caused stress (PM&C 2018b). More positively, the same study found that work that is meaningful for an individual and their community—and for which people feel respected, appreciated or appropriately remunerated—is fundamental to wellbeing.

Entrepreneurship programs

Entrepreneurship is an economic activity that can substitute for employment, especially if the historical disadvantage facing Indigenous peoples and discrimination in the labour market limit other economic activities. Tingey et al. (2020) conducted a randomised control trial (RCT) of a Youth Entrepreneurship Intervention among 394 Native American Adolescents (see Appendix A). The entrepreneurship program targeted broad-based protective factors. It was designed for and by the First Nations community and shows promise for improving behavioural and mental health outcomes of high priority for the participating and other tribal communities. This evaluation demonstrates that policy makers should take a broad view of enhanced economic engagement and ensure that programs are designed by Indigenous people.



Time to Work

Programs in the employment and social security portfolios are important, but mental illness is relatively common among prisoners. Addressing the Indigenous labour market disadvantage arising from interactions with the criminal justice system is an important avenue for addressing some of the social determinants of mental health. Time to Work is a national, voluntary in-prison employment support program targeted to adult sentenced Indigenous prisoners. This program aims to better prepare participants for employment and community re-integration after prison. The service provides employment barrier assessments and transition plans. It links participants to an external employment support provider when their sentence ends (DESE 2021). The service includes 8 remote prisons that are managed by the NIAA.

An evaluation of the Time to Work Program by SVA Consulting (2021) was commissioned by the NIAA. The evaluation analysed quantitative and qualitative data to assess the program success. It found that:

- the completion rates of the program were suboptimal
- greater Indigenous consultation and design in the programs would help provide better outcomes, which is consistent with policy evaluations of other Indigenous employment programs.

The development of the Indigenous Skills and Employment Program could involve greater Indigenous co-design if consultations for the program were to be incorporated when the program is implemented by mid-2022 (Inside Policy 2021). The SVA Consulting evaluation did not provide direct information about the mental health impacts that the Time to Work Program provides. It noted only that, given the higher rates of poor mental health of incarcerated individuals, participants are likely to experience substantial barriers to their employment.

Mental health programs and interventions that involve employment

Some research focuses on specific programs that significantly improve mental health outcomes in an employment context.

Mental Health First Aid (MHFA)

Mental Health First Aid (MHFA) provides training provided to the public so the entire community can assist formal mental health services for mental disorders. MHFA training extends basic mental health care skills to other sectors, including educational and criminal justice institutions, employment and welfare agencies, and human resources departments.

Two RCTs showed changes in knowledge, attitudes and first aid behaviours and associated improvements in mental health outcomes as a result of MHFA programs (Kitchener et al. 2008). Another uncontrolled trial provides positive evidence for the efficacy of the MHFA program among Australian youth (Kelly et al. 2011). The program is not Indigenous-specific, but it has been adapted using culturally appropriate guidelines for Indigenous Australians in Hart et al. (2009). The program has been disseminated in several countries after appropriate cultural adaptation.



Given there are concerns about Indigenous mental health effect in jobs that are not entirely culturally safe, there may be scope for adopting MHFA principles more widely in non-Indigenous businesses to facilitate the proliferation of Indigenous-friendly workplaces.

Yiriman Project

The Yiriman Project develops culturally appropriate strategies to address self-harm and suicide in youth in the West Kimberley Region (Fitzroy Valley, Western Australia). The focus of the program is suicide prevention, social and cultural health, prevention of entering the criminal justice system and building resilience. The Yiriman Project's success at supporting work in ranger teams and cultural immersion opportunities demonstrate the importance of broader meaningful social engagement (Thorburn and Marshall 2017).

ibobbly mobile app

The ibobbly mobile app is a social and emotional wellbeing self-help application designed by the Black Dog Institute for young Indigenous Australians aged 15 years and over. The app was developed in partnership with Indigenous communities. Tighe et al. (2017) conducted an RCT of a relatively small number of participants who shared usage data with researchers ($n = 40$). The trial indicated that the app was accepted in the community and improved mental health symptoms. It led to a statistically significant reduction in rates of depression and psychological distress.

Red Dust Healing Program

The Red Dust Healing Program is a cultural healing program in the form of workshops with specialised facilitators. The evaluation indicated that more than 55% of respondents who completed a 3-day workshop described how the program had encouraged and supported them to safely express deep-seated negative emotions. More than one-third reported increased self-awareness. Many respondents described a 'ripple effect' of positive experiences extending to other family and community members.

Alive and Kicking Goals

The Alive and Kicking Goals program aims to reduce suicide among Indigenous youth around Broome through educational workshops run by Indigenous staff, one-on-one mentoring, and professional counselling in a culturally appropriate environment. It is delivered by the Men's Outreach Service in partnership with the Broome Saints Football Club. Tighe and McKay's (2012) evaluation found that, after the program, participants were able to talk through their feelings and emotions to heal between suicides of people they knew.

Deadly Thinking

The Deadly Thinking program provides a 2-day 'Train-the-trainer' workshop that aims to increase emotional health and wellbeing literacy, improve help-seeking behaviours, and decrease the stigma surrounding mental health. The most common sources of stress for participants were family worries (57%), loss of culture (41%), and racism (41%). Job worries were also a common concern for community participants (36%). Ninety per cent of participants reported the workshop as being helpful.



Stronger Smarter Yarns for Life

The Stronger Smarter Yarns for Life was a suicide prevention program that was developed with and for Indigenous people. Surveys were used to evaluate the program. Almeda et al. (2019) found survey participants were significantly more likely to engage in a yarn about mental health, to work out the practical steps needed to help the person, and take action and to refer the person for help.

Yuendumu Warlpiri Youth Development Aboriginal Corporation

Yuendumu Warlpiri Youth Development Aboriginal Corporation programs include the Warra-Warra Kanyi, which is a counselling and mentoring service that combines formal, tertiary counselling skills with a local Warlpiri approach. It targets high-risk behaviours among Warlpiri people aged 12–25 years. The behaviours can include relationship issues, family violence, substance abuse and self-harm. A retrospective evaluation reported that 92% of participants who graduated from the Night School/Jaru program in 2006 were still employed almost a decade later (Shaw 2015).

International evidence about recessions and suicide prevention interventions that involve employment and economic recessions

One of the main motivations for this paper is the possibility of an economic downturn in Australia and the likely effects on Indigenous mental health and suicide. However, Australia has not experienced a sustained recession for more than 3 decades, so there is not a lot of program evidence in Australia. Box 2 summarises the international evidence on suicide prevention measures generally (with no specific focus on First Nations peoples).

Box 2: International approaches to mitigating the impact of the economic crisis on suicide

- Support and funding for active labour market programs (such as job centres, work training schemes, and employment subsidies to facilitate job creation)
- Working with the government to ensure that any spending cuts do not fall on the very services that provide relief to those most vulnerable to reduce the recession's effects on mental health
- Generous benefits paid to individuals who are unemployed
- Debt relief programs, including support, for those at risk of house repossession
- Facilitating access to psychological support for the unemployed
- Working with the media to prevent overly simplistic reporting of suicides in people who have lost their jobs or are experiencing financial difficulties. Such reporting may lead to copycat suicides

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- Family support programs—low-income families may be particularly vulnerable to welfare and health spending cuts, and the financial strains put on relationships may contribute to relationship breakdown
 - Alcohol price controls—although it should be noted that overall levels of alcohol consumption appear to decline during recessions
 - Training of front-line social and employment service staff to recognise and respond appropriately to mental health problems in their clients
 - Facilitating access to organisations that provide advice to individuals experiencing financial and housing difficulties (such as Citizens Advice Bureaus).

Source: Gunnell and Chang (2016) Table 16.1.

The international evidence is clear: funding for active labour market programs both supports employment and reduces the average number of suicides. Support for unemployed and people experiencing economic hardship is also particularly protective in terms of suicide prevention.

In the Indigenous context, the emphasis of training of front-line service staff in recognising and responding to the mental health of clients is consistent with the emphasis on cultural safety and cultural awareness discussed in this paper.



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Overarching approaches and best practices



7 Overarching approaches and best practices

International and national studies confirm that better mental health outcomes are the result of employment and financial and income security.

Labour market programs and secure jobs

Labour market programs are associated with better employment outcomes and retention of employment for sustained periods (Gray and Hunter 2005). Wage subsidies have historically been the most effective labour market program to secure Indigenous employment.

Job creation programs such as CDEP are also important, but non-CDEP employment is perhaps even more important for enhancing Indigenous mental health. Non-CDEP employment can involve working in the public sector or private sector.

Having a job is crucial, but the type of job is also important. Casual jobs have a lower positive effect on mental health. Security of tenure, better-paid employment, and having some control over working conditions enhances the stability of Indigenous households by providing economic security and hence reducing family stress.

The most effective policy for increasing the quality of the jobs is to enhance participation in education to enhance access to occupations in demand. Historically, better quality jobs are associated with high-status occupations such as the professions, but occupations in high demand are diverse and they change if the structure of the economy changes. The quality of experience in a job is also determined by cultural considerations.

Culturally safe workplaces

Whatever form of job an Indigenous worker has, it is crucial that it is in a culturally safe environment. While the majority of evidence documents the benefits for mental health of improved socioeconomic outcomes, it is important to take a broad view of meaningful employment and work that facilitate Indigenous agency and economic self-determination. For example, the Yiriman Project's success at supporting work in ranger teams and cultural immersion opportunities demonstrate the importance of broader meaningful social engagement. Indeed, active engagement in customary Indigenous and cultural practices is probably one of the most Indigenous-friendly workplaces.

Indigenous business

Indigenous businesses appear to provide an Indigenous-friendly working environment. Policies aimed at encouraging this sector will encourage the number of jobs that are culturally safe.

Since 2015, the Indigenous Procurement Policy has been associated with a substantial growth in the number of Indigenous businesses. Refinements to this policy can enhance opportunities for Indigenous businesses by targeting businesses with both substantial Indigenous control and connections with the local Indigenous community (especially businesses with good track records in employment outcomes).



Services and community sector employment

Optimising Indigenous employment in mental health and the Indigenous community sector can be effective ways of ensuring an adequate take-up of effective programs and improving service delivery. However, it is even more important to ensure that workplaces that deliver mental health services are culturally safe for the worker themselves and the services they provide.

Trauma-informed policy

Atkinson et al. (2014) advocate the importance of trauma-informed policy for individuals, families and social groups, and they have some evidence for addressing individual factors such as employment. However, policies that focus solely on individual factors are unlikely to be sustainable. Maybe one of the most important reasons to deal with employment and economic hardship is that it can undermine the ability of people with mental health issues and suicide ideation to get adequate treatment:

With inadequate employment and poverty come disengagement and resentment, increasing the probability of trauma-affected people not receiving the services they critically need. Being marginalised within an already marginalised population is a compound jeopardy. (Atkinson et al. (2014:300).

Reducing the legacy of colonisation

The systematic failures that arose from colonial policies have a legacy of an ongoing social exclusion of many Indigenous people from social and political processes as well as economic participation.

Indigenous workers are disproportionately discouraged from labour market participation during economic downturns because of:

- social exclusion and low attachment to the labour market
- racial discrimination in the labour market
- unconscious bias in broader society.

To minimise the scarring effects of recessions on Indigenous employment, macroeconomic policies must aim to minimise the length and duration of recessions.

Addressing economic issues for individuals and workplaces is important for mental health.

Jordan and Hunter (2009) examined the nature of social exclusion and ask the question what are Indigenous people being included in and who decides? In the long run, Indigenous self-determination and community control over policy or programs established to realise Indigenous priorities and goals is needed to ensure the full and equitable participation of Indigenous people in the social, economic and political life of Australian society.



8



Gaps and limitations



8 Gaps and limitations

The very nature of evaluations needs a radical overhaul to ensure delivery of effective programs and services to the Indigenous community. An overarching principle of the Indigenous Evaluation Strategy is:

Centring Aboriginal and Torres Strait Islander people, perspectives, priorities and knowledges. (Productivity Commission 2020b:10).

To develop a suitable culture of evaluation for Indigenous programs, it will be necessary to build capability in the systems to incorporate Indigenous knowledge into evaluative thinking. This involves Indigenous engagement in:

- decisions about what to evaluate
- planning, design and conduct of evaluations
- reporting of the evaluation findings (Productivity Commission 2020b:11).

The need for a new strategic approach to Indigenous evaluations is underscored by the fact that our understanding of the effect of employment and related interventions on Indigenous mental health and suicide prevention is inadequate. The theoretical frameworks are at best incomplete and fail to recognise the complex, lived reality of Indigenous lives that have emerged from the processes of colonisation and are embedded in socioeconomic and health challenges facing First Nations peoples. The inadequacy in the framing of the issues is best embodied in the failure to include the social determinants of health in the systematic reviews until relatively recently.

At its core, there is lack of a coherent theory for framing how and why employment and economic hardship affects Indigenous mental health. The augmented Family Stress Model shown in Figure 1 is a tentative attempt to provide a theory that accommodates Indigenous-specific factors, such as the history of colonisation, unconscious bias, discrimination and cultural safety. However, the limitation of this schema is that it is a simplification in that it takes employment and economic hardship as given. In reality, both employment and mental health are simultaneously determined by the history of all the factors in the Family Stress Model, so it is difficult to attribute an effect to employment or the other pre-existing and confounding factors.

The empirical analysis is less convincing than it should be because the fundamental causes of both employment and mental health can be intergenerational and are inherently complex. Without longitudinal data on the relevant factors, it is difficult to separate the direct and indirect effects of these factors on mental health: to what extent is mental health the direct effect of losing a job or the indirect result of labour market disadvantage as a result of colonisation? It is likely that the same factors that drive economic hardship in Indigenous communities are driving poor mental health outcomes.

In the absence of good longitudinal information on both economic hardship and mental health, we cannot estimate the extent to which a focus solely on employment and financial stress would improve mental health in Indigenous populations. Even if longitudinal data are measured accurately, uncertainty or lack of clarity about valid theoretical frameworks will render the statistical exercise contestable. Uncertainty about the appropriate theory, lack of appropriate data, and difficulties of constructing statistical models that provide meaningful analysis of the lived reality of Indigenous people means that empirical analysis will continue to provide limited insights.



Policy and programs tend to be fragmented in terms of their rationale and methodology. Economic hardship and employment are often listed as issues that policies are seeking to address, but there are no clear claims made for the specific effect of employment on mental health, so they are hard to evaluate. This is understandable because the programs that address both employment and mental health are complex, and standard evidence hierarchies have limited value for evaluating evidence.

None of the program interventions reviewed for this paper focused solely on how employment improved mental health, so the evidence-based assessment methods used in the mainstream literature are probably not a sufficient assessment of the overall effect of employment on mental health.

Dudgeon et al. (2021) correctly argue that practice-based evidence may be more useful than evidence-based practice. This is because analyses of clinical model and evidence collected through RCTs are limited in scope and value—they are not suited to complex interventions and programs. Instead, practice-based evidence applies a ‘process of systematic, continual refinement of the evidence base for a program or complex intervention through rigorous gathering and continual testing of evidence’ (Dudgeon et al. 2021:6).

Whatever mode of program evaluation adopted, it is crucial to have a baseline set of outcomes for the population and treatment groups, and independence needs to be assured for the evaluator. This lack of independence is apparent in the employment programs for which the evaluations relied solely on administrative data provided by the agency responsible for program implementation.

One reason for this paucity in evidence is that we are trying to identify the effect of interacting factors over a long time—potentially since the original acts of dispossession and colonisation. It is difficult to attribute any observed improvements in mental health to either employment or a particular program. Even the measurement of mental health could be intrinsically problematic in an intercultural context that relies on clinical benchmarks against a general population that are not Indigenous-specific.

Gari Yala report is a good example of research into Aboriginal experiences in the workplace from an Indigenous point of view. Data instruments and assessments should always consider the Indigenous worldview and use culturally sensitive language and protocols. Mental health data must be meaningful for Indigenous peoples. Le Grande et al. (2017) considered several measures that focus on anxiety, depression, suicide risk and resilience:

- Here and Now Aboriginal Assessment tool
- Strong Souls Inventory
- Westerman Aboriginal Symptom Checklist-Adults.

Le Grande et al. (2017) also consider mainstream measures of social and emotional wellbeing modified or adapted for an Indigenous context, including the widely used Kessler (K5 and K6) instruments. They recommend that standard instruments be used only if they have been subject to a formal cross-cultural adaptation process. Indigenous-developed measures need to continue to be developed, refined, and validated in a diverse range of research and clinical settings.

One of the main findings of ATSIPEP was that the lack of outcomes-based evaluations was a clear failing of Australia’s previous approach to suicide prevention (ATSIPEP 2016). This observation was particularly relevant for Indigenous suicide prevention activities. There is a need for consensus on mental health measures that are culturally appropriate for Indigenous Australians so that outcomes can be evaluated adequately.



9



Recommendations for further research



9 Recommendations for further research

Few of the programs considered in this paper focus on how employment initiatives specifically improve Indigenous mental health. Practice-based evidence and evaluations are required for mental health interventions involving employment.

We are now in an international pandemic that could have long-term economic consequences. This increases the urgency to analyse the effect of sustained economic downturns on both Indigenous labour force status and mental health.

The same factors that drive economic hardship in Indigenous communities are probably driving poor mental health outcomes (for example, the legacies of colonisation, cultural safety, unconscious bias and discrimination). Collecting longitudinal information on both economic hardship and mental health should allow us to unpack some of the economic drivers of Indigenous mental health.

More research is required into what makes an Indigenous-friendly workplace and what factors facilitate mental health in non-Indigenous workplaces. The prevalence of mental health issues among workers in culturally safe and other workplaces should be documented to provide a baseline for assessments of changing employment outcomes over time. All such research in this space should be trauma-informed, but this is especially the case for workplaces that are potentially culturally unsafe.

A related issue is that research evaluations need to understand the mental health of Indigenous people before they enter the workforce to evaluate how employment may have enhanced mental health. Analysing the simultaneous dynamics of employment and mental health is also important for understanding the getting and retention of jobs. This is fundamental to understanding whether mental health should be prioritised over employment in certain situations.

Although we have some evidence that job quality has an impact on the effect of employment on mental health, it is not always clear what a good job means. Apart from the manifest requirement for culturally safe work in an Indigenous-friendly environment, it is not clear how much income and job security are needed to keep family stress to an acceptable level that does not exacerbate mental health issues. Casual work is more insecure than permanent work, but this may not be seen as a problem for some Indigenous workers if flexibility is highly valued and allows employees to pursue other aspirations. This research needs to involve Indigenous researchers and the Indigenous community in assessing what is qualitatively a good job and in what circumstances such jobs lead to improvements in mental health.

Finally, data sovereignty is important for any research that involves the Indigenous community and participants. Any decision to store or use data outside the research should be included in the conversation with the Indigenous communities and participants as part of the applications and ethics process.



10



Conclusions



10 Conclusions

One of the main conclusions of this paper is that economic policy has a substantial impact on mental health outcomes and suicide prevention for Indigenous and non-Indigenous people. The international evidence is clear: funding for active labour market programs both supports employment and reduces suicides. Almost all the studies we reviewed point to ‘poorer psychological health’ in the unemployed than the employed. It is therefore reasonable to assume that improving the economic situation of Indigenous people will improve Indigenous mental health and suicide outcomes.

As Australia faces the prospect of the first economic recession for decades, it is especially important to invest in employment opportunities for the Indigenous workforce because Indigenous people are disproportionately young, employed in casual jobs and have relatively low levels of labour market experience. Taken together, such factors are associated with a disproportionate number of Indigenous workers losing jobs and their connection to employment generally. This scarring can affect labour market outcomes for many years. If policy makers want to avoid extended periods of economic hardship for Indigenous people, good macroeconomic management is likely to be the best option in the short run as Indigenous people face structural labour market disadvantage.

Even with the best policy intentions, the long-term structural issues will not disappear overnight because of the legacy of social exclusion from mainstream social networks and political and economic institutions, driven by unconscious bias, explicit discrimination, and the failure to recognise cultural barriers to inclusion. Indigenous Australians must be involved in, and ultimately own, the research and evaluation process and program design and delivery of service. This is the only viable solution to the entrenched structural impediments of social inclusion of Indigenous Australians.

It would be unwise to rely solely on market-based solutions to improve Indigenous mental health through facilitating Indigenous employment. While the public sector is not immune to the effects of unconscious bias against Indigenous Australians, employment involving services to Indigenous communities are likely to be particularly important. This is especially so for mental health services that are more likely to be effective when delivered by Indigenous organisations and workers.

Broader notions of employment that foster meaningful activity in an Indigenous community context should also be considered. For example, customary activities provided by Indigenous rangers provide 2 things:

- economically valuable ecological services to the nation (such as fire management)
- connection for Indigenous people to both their country and culture.

Improvements in mental health are likely to be associated with a broader notion of meaningful work that connects psychologically and spiritually distressed individuals to their communities. This principle is likely to be relevant to all Australians, but it is particularly relevant for Indigenous Australians.

The Wharerata Declaration contains a salutatory reminder of the need for state-supported development of indigenous mental health leaders, based on a new indigenous leadership framework (Sones et al. 2010: written on behalf of International Initiative for Mental Health Leadership).



The Declaration articulates 5 themes for balancing indigenous and mainstream approaches to develop indigenous mental health leaders:

- indigeneity
- best practice
- best evidence
- informed, credible, strategic, connected, sustainable leadership
- influential and networked leadership.

The Wharerata Declaration emphasises:

- multiple levels of evidence (client practice research that is inclusive of indigenous values and world view)
- multiple measures of outcomes (functional within community, improving both family relationships and clinical health with the later focused cultural holistic integrated notion of wellness)
- multiple rationales for programs (service delivery, organisation, funding impact, and cultural values).

Ultimately, employment is just one of many factors associated with mental health, especially in the Indigenous community. Employment is not sufficient to improve Indigenous mental health, but facilitating the right sort of jobs can provide essential support through the reduction in economic hardship and so a reduction in family and household stress.



Appendixes

Appendix A: Literature review of employment, economic hardship and mental health

Table A1: Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Warr and Jackson (1985) Factors influencing the psychological impact of prolonged unemployment and of re-employment [IN]	This paper reported the results of a longitudinal analysis of mental and physical health of survey of unemployed British men.	Custom-collected data were collected from 629 unemployed men, who were re-interviewed 9 months after initial measurement of psychological health and labour market status. Multiple regression was used to show significant decline in psychological health or physical health.	For men remaining continuously unemployed, there was no further decrement in physical health after 3 months without a job, but a significant deterioration was recorded for the sub-sample initially unemployed for less than 3 months. Small but significant declines were observed after 3 months on a single-item measure of mental health.
Warr and Jackson (1987) Adapting to the unemployed role: a longitudinal investigation [IN]	A longitudinal analysis of unemployed British men assessed changes in their mental health and affective wellbeing.	Intertemporal changes in mental health of 411 continuously unemployed British men (aged 16–64 years) were documented after an average of 25 months of unemployment. Five self-report measures were used to assess mental health, including the General Health Questionnaire.	Mental health improved as length of unemployment grew through a process of adaptation. Long-term unemployed men experience: • positive adaptation (for example, social networks expanded) • constructive adaptation (raised levels of aspirations, autonomy and sense of competence) • resigned adaptation (reduced aspiration, autonomy and competence) • despair or non-psychotic mental ill-health (low aspiration, autonomy and competence).

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Warr et al. (1988) Unemployment and mental health: some British studies [IN]	The study analysed the mental health impact of unemployment in Britain. Findings summarised for research into factors mediating the harmful impact of unemployment including time since job loss, employment commitment, social relationships, gender, ethnic group membership, social class, local unemployment rate, and personal vulnerability.	This review of the existing UK studies on the topic used 3 approaches: • cross-sectional comparisons between employed and unemployed people • transitions into and out of unemployment • the experience of being unemployed for a long period.	Levels of depression, anxiety, and general distress, together with lower self-esteem and confidence are higher among unemployed people. Being unemployed for a continuous period of time appears to lead to greater deterioration in wellbeing among middle-aged persons than those in the younger and older age brackets.
Flatau et al. (2000) Mental health and wellbeing and unemployment' [A]	Cross-sectional survey data are strongly suggestive of negative associations between mental health, wellbeing and unemployment.	A cross-sectional analysis of 2 national representative surveys was completed. Strong conclusions on causation between unemployment and mental health are not possible. Multiple regression analyses (in respect of the SF-36 mental health scale) and unemployment indicate an important mediating role for income.	Poor mental health of the unemployed appears to be partially accounted for by lower income. Unemployment has an independent, significant negative effect on mental health, which in turn reduces job search effectiveness.
Ypinazar et al. (2007) Indigenous Australians' understandings regarding mental health and disorders [A]	This paper documents Indigenous Australians' understandings of mental health and mental disorders through a meta-synthesis of peer-reviewed qualitative empirical research.	Five articles based on 4 qualitative studies of Indigenous mental health were analysed. Meta-ethnography was used to identify common themes emerging from the original studies.	The overarching theme that emerged was the dynamic interconnectedness between the multifactorial components of life circumstances. Reciprocal translations and synthesis of Indigenous understandings of mental health resulted in 5 themes: • culture and spirituality • family and community kinships • historical, social and economic factors • education • fear and loss.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Kitchener and Jorm (2008) Mental Health First Aid: an international programme for early intervention [IN]	By providing MHFA training to the public, the entire community can assist formal mental health services for mental disorders. The program was developed in Australia. By 2007, there were 600 instructors and by 2008, 55,000 people trained.	MHFA training extends basic mental health care skills to other sectors, such as educational and criminal justice institutions, employment and welfare agencies, and human resources departments. The study involved a description of the program's development and initial evaluations, its cultural adaptations and its dissemination in 7 countries. Two RCTs were completed: the first involving employees in 2 government departments and the second with members of a large rural community. It is not an Indigenous-specific program.	RCTs showed changes in knowledge, attitudes and first aid behaviours. One trial evaluated the mental health benefits. Significant benefits were found 5–6 months post-training: • improved concordance with health professionals about treatments • improved helping behaviour • greater confidence in providing help to others • decreased social distance from people with mental disorders.
Hart et al. (2009) Mental health first aid for Indigenous Australians [IA]	In 2007, MHFA program implemented a cultural adaptation for Indigenous Australians. This paper develops guidelines for culturally appropriate responses to mental health.	A panel of Indigenous Australian experts in mental health endorsed 536 of 1,016 statements about possible first aid actions about depression, psychosis, suicidal thoughts, deliberate self-injury and trauma for cultural considerations. Six independent Delphi studies with statements endorsed by more than 90% of panellist as essential or important.	Aboriginal mental health experts reached consensus about culturally appropriate first aid for mental illness. Delphi consensus method used to identify culturally appropriate best practice and provides for Indigenous-specific program enhancement for MHFA.
Hoare and Machin (2010) The impact of re-employment on access to the latent and manifest benefits of employment and mental health [A]	The study used a longitudinal analysis of employment and mental health for 115 unemployed persons who were registered with employment agencies in South East Queensland.	The mental health of people who transitioned to employment over 6 months was compared with those who remained unemployed. Two-way analysis of variance is used, and the significance of differences in mental health scores between Time 1 and Time 2 is evaluated against changes in employment status over the same period.	The 58 participants whose status changed from unemployed to employed experienced a significant improvement in their mental health condition (due partly to improvements in financial security, social contact and time structure). Those who remained unemployed did not show a significant change in their mental health.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Butterworth et al. (2011) The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey [A]	Regression analysis of HILDA data investigates whether moving from unemployment into employment leads to improved mental health outcomes, and whether health benefits of employment depend on the psychosocial quality of job.	The study used longitudinal random-intercept regression models of job quality and job adversity with physical and mental health in the past 4 weeks (both depression/anxiety and feeling calm or being happy). Quality was captured by various characteristics of the job include levels of control, demands and complexity, job insecurity, and unfair pay.	Transitioning from unemployment into a high-quality job leads to significantly improved mental health conditions, whereas moving from unemployment into a poor-quality job leads to significantly worsened mental health conditions.
Kelly et al. (2011) Initial evaluation of Youth mental health first aid [A]	Initial evaluation suggests that the Youth mental health first aid course improves participants' knowledge, attitudes and helping behaviour. The program has also spread to Canada, Singapore and England.	This was an uncontrolled trial with 246 adult members of the Australian public, who completed questionnaires immediately before attending the 1 4-hour course, and again one month and 6 months after attending the course. The evaluation tracked the uptake of the program, including the number of instructors trained to deliver the course and the number of courses they delivered, as well as the uptake of the course in other countries.	In the first 3 years of this program, 318 instructors were trained to deliver courses to 10,686 people across Australia. An uncontrolled trial found improvements in: • recognition of schizophrenia • confidence in offering help • stigmatising attitudes • knowledge about adolescent mental health problems • application of the MHFA action plan. Most positive results were maintained a t follow-up.
Selenko and Batinic (2011) Beyond debt: a moderator analysis of the relationship between perceived financial strain and financial health [IN]	The study investigates the relationship between perceived financial strain and mental health. It also identifies individual-level attributes that moderate this relationship.	Perceived financial strain and mental health was measured using a Likert scale developed from the General Health Questionnaire. A hierarchical linear regression model was used as a method of analysis of 106 individuals from Austria who were in the process of declaring bankruptcy.	It is perceived financial strain, not the actual size of debt, that has a significant negative correlation with mental health problem. The effect on mental health of financial stress is conditional on the level of self-efficacy and access to social networks.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Richardson et al. (2012) Are casual and contract terms of employment hazardous for mental health in Australia? [A]	The study examines mental health consequences of being unemployed or employed. The paper also compares whether mental health of those in permanent and full-time employment is significantly different from those who are employed on casual, part-time and contract basis.	The mental health measures from Ware et al. (2001) were collected in the HILDA Self-Completion Questionnaire between 2001 and 2009 and reported as normalised score ranging from 0 to 100. The paper employs dynamic random-effects panel data regressions for both male-only and female-only samples.	Significant associations between employment and mental health were observed only for men. Unemployed men have significantly lower mental health than employed men. Among the employed men, only workers are on fixed-term contracts have lower mental health than permanent full-time workers. Women appear to have significantly better mental health outcomes if they are employed full-time on casual terms. Casual work is not associated with lower mental health outcomes.
Shepherd et al. (2012) Socioeconomic disparities in the mental health of Indigenous children in Western Australia [IA]	The paper investigates whether mental health outcomes of Aboriginal children reflect a social gradient, measured by parental unemployment and family financial stress.	Mental health outcomes in a representative survey of primary carers of 3,993 Indigenous children aged 4–17 years in Western Australia were analysed. It used a composite index of 'clinically significant emotional or behavioural difficulties' derived from scores (ranging 0–40) on 20 items related to emotional symptoms, conduct problems, hyperactivity and peer problems (with scores 17–40 indicating a child being at high risk of clinically significant emotional or behavioural difficulties [CSEBDJ]). Data analysis used multilevel logistic regression analysis.	Higher SES is associated with lower risks of clinically significant emotional or behavioural difficulties (mental health problems) in Aboriginal children. Observed associations are mediated by circumstances of the family and household (such as quality of parenting, life stress events, family composition, overcrowding).
Kiely et al. (2015) How financial hardship is associated with the onset of mental health problems over time [A]	Longitudinal correlations between financial hardship and mental health problems are best explained by an individual's current or prior experience of hardship or their underlying vulnerability.	Multilevel mixed-effect logistic regression models test the associations between poverty, deprivation and cash-flow financial stress and mental health using 9 waves of HILDA data (n = 11,134).	Deprivation and cash-flow problems are associated with significantly greater risk of mental health problems, even when respondents did not report hardship. However, current experience of financial stress is more important than historical financial issues.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Liu et al. (2015) Job loss, unemployment benefits, and mental health of middle-aged US women [IN]	The study examined whether specific types of income support programs (such as unemployment benefits and welfare) reduce the negative impacts of job loss on middle-aged women's mental health in the United States.	Two samples of women in their 40s and 50s, who were previously employed before their mental health assessments, were selected from the National Longitudinal Survey of Youth 1979. Multivariate regression analysis predicts mental health scores using employment and income support program status after controlling for health before job loss, SES, demographic and family life characteristics. Sensitivity analysis conducted using alternative measures of mental health and job loss.	Compared to the continuously employed counterparts, women aged over 50 who experienced job loss without access to unemployment benefits had significantly worse mental health. Those receiving unemployment benefits did not have significantly worse mental health. The ameliorating effect of unemployment benefits was not evident in the cohort aged in their 40s. Other welfare programs did not have similar associations with mental health outcomes.
Butterworth et al. (2006) Hopelessness, demoralisation and suicidal behaviour: the backdrop to welfare reform in Australia [A]	Estimates of rates of suicidal ideation and attempts, and psychological characteristics of demoralisation among Australian income support recipients were made. The paper provides information for policy makers to inform welfare debates.	Data from the 1997 National Survey of Mental Health and Wellbeing were analysed using sequential logistic regression models, comparing working age people dependent on government income support payments (unemployed, lone mothers and disability payment recipients) with those having other main sources of income.	Three groups of income support recipients reported significantly higher demoralisation (hopelessness, worthlessness and dissatisfaction with life) than non-recipients. A similar pattern was demonstrated for measures of suicidal ideation and reported suicide attempts. Elevated rates of suicidal ideation, attempts and demoralisation among income support recipients were partly explained by sociodemographic characteristics.
Crowe and Butterworth (2016) The role of financial hardship, mastery and social support in the association between employment status and depression [A]	There is a consensus on robust epidemiological and clinical evidence of the harmful effects of unemployment on psychological wellbeing, but this paper explores potential mechanisms and the impact of underemployment.	This study investigates the role of job skill, financial hardship and social support in explaining association between labour status and depression. It used longitudinal data collected from a cohort of 20–24 year-old respondents to the PATH Project, a community-based survey conducted in Canberra and Queanbeyan (n = 2,404).	Both unemployment and underemployment were associated with increased risk of depression. The strength of this relationship was attenuated but remained significant after accounting for key variables (skill, financial hardship and social support) and extensive sociodemographic and health covariates, indicating that inadequate employment options contribute to poorer mental health over and above these factors.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Gunasinghe et al. (2018) Debt, common mental disorders and mental health service use [IN]	The paper investigates whether debt influences common mental disorder (CMD) recovery using data from the South East London Community Health (SELCoH) study, a UK psychiatric and physical morbidity survey conducted in 2 waves (1,052 adults, 2008–2013).	Information about debt is collected by asking whether there had been times during the past years where respondents were seriously behind in paying bills (such as rent, utility and mortgage). CMD was measured using the Revised Clinical Interview Schedule, a structured interview that asks respondents about their experience of 14 symptom domains including depression, anxiety and obsessions. It used a multiple logistic regression analysis of CMD.	Being in debt more than doubles the odds of having a CMD, with larger effects in the short run. Among persons with CMD during the first wave, those who also reported debt were about 3 times more likely to meet the criteria for CMD in the survey second wave.
Kealy et al. (2018) Financial concerns and symptom distress among psychiatric outpatients [IN]	The prevalence of financial difficulties and its relationship with psychological distress and suicide was examined. Data come from a convenience sample of 206 adult outpatients attending community mental health clinics in British Columbia, Canada.	Psychological distress was assessed using Kessler scale (K10). Suicidality (that is, ideation and intent) based on suicidal behaviours questionnaire used in Osman et al. (2001). Financial concerns were assessed by respondents' perception of their own financial management abilities (control spending, pay bills on time and saving money). Hierarchical regression analysis was used to examine whether distress and suicidality are significantly correlated with financial concerns.	Financial management difficulty is directly associated with increased psychological distress and suicidality. Lower annual income is linked with a higher risk of suicidality but is not related to distress.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Pohlan (2019) Unemployment and social exclusion [IN]	This analysis of causal impact of job loss on social exclusion at the individual level was focused on the effects of job loss on social exclusion and the relative importance of effect sizes on: • the individual perception of social integration • life satisfaction • mental health status • economic resources • social participation • social status and self-efficacy.	The causal relationship between unemployment and social marginalisation is analysed using linked survey and administrative data and a difference-in-differences/inverse propensity score weighting model. The method accounts for reverse causality. The panel data are optimised for research on the living conditions of low-income households in Germany (2007–2015, 12,500 households and 19,000 individuals in first wave). This survey data are augmented by administrative data based on employers' notifications to the social security authorities.	Results suggest that job loss has particularly detrimental effects on the subjective perception of social integration, life satisfaction, access to economic resources and an individual's mental health. Moreover, becoming unemployed hinders the fulfilment of psychosocial needs that are typically associated with employment, such as social status and higher self-efficacy. The effects of job loss are long-lasting, grow larger the longer the duration of unemployment and persist following re-employment.
Diversity Council Australia (DCA)/Jumbunna Institute (2020), Gari Yala (Speak the Truth): Centring the Work Experiences of Aboriginal and/or Torres Strait Islander Australians [IA]	A study documenting Indigenous peoples' voices about workplace experiences for Indigenous people. This report aims to identify first-hand experiences of Indigenous people in the workplace, thereby informing better workplace practice to better support Indigenous employment.	A biennial survey of over 1,000 Aboriginal and/or Torres Strait Islander people in the workforce.	Over a quarter of respondents say they work in culturally unsafe workplaces. Over two-thirds identify a feeling of 'identity strain' in the workplace. There is a common thread of experiences of racism.

(continued)

Table A1 (continued): Summary of literature review of employment, economic hardship and mental health

Paper and evidence context	Summary	Method	Findings
Tingey et al. (2020) Behavioral and mental health outcomes from an RCT of a Youth Entrepreneurship Intervention among Native American Adolescents [FN]	This study evaluates the impact of an entrepreneurship education intervention that was designed and evaluated specifically for its impact on substance use, suicide and violence-related outcomes among Native American adolescents.	This randomised controlled trial included young Native Americans aged 13–16 (n = 394). Participants were randomly assigned to the Arrowhead Business Group intervention versus a control group (n=267 and 127, respectively). Logistic mixed-effects regression models examined trajectory from baseline to 24 months follow-up.	Fewer intervention participants used marijuana at post-intervention. All violence-related measures (including suicide attempts) statistically significantly declined between baseline and 24 months. While alcohol use increased for both groups over time, controls experienced a twofold higher increase in binge alcohol use than intervention participants. Observed effects suggest that culturally congruent youth entrepreneurship interventions may be viable prevention strategies to address the linked hazards of poverty, low employment and educational opportunities, and behavioural and mental health disparities.

Note: Acronym to indicate evidence context in first column: Indigenous Australia (IA), First Nations (FN), that outlines specific evidence for Indigenous people from around the world (outside Australia) outside Australia, International (IN) and Australia, but not Indigenous-specific (A, NB: not Indigenous-specific evidence).

Appendix B: Programs

Table B1: Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
1000 jobs package Invested \$50 million to help create 1000 CDP job opportunities by subsidising employment	Location(s): Remote areas of Australia	No formal evaluation	n.a.	NIAA advised in Senate estimates that 400 jobs were created by May 2021 and that COVID-19 restricted uptake
	Participants: CDP Job Seekers Duration: 2019–2023 Indigenous specific: Most CDP participants are Indigenous Focus: Job creation, especially for under 25s to ‘strengthen engagement with culture, community or promote mental health/wellbeing’	Analysis of administrative data NIAA submission to House of Representatives Enquiry and Senate Estimates 2021		No data on mental health reported
Employment Parity Initiative (EPI) Aims to achieve Indigenous employment parity in large Australian businesses	Location(s): National	No formal evaluation undertaken	n.a.	NIAA Submission: In December 2019, EPI partners employed 7,315 job seekers, 4,895 of which ‘have achieved 6 months employment’
	Participants: Large businesses Duration: 2015–2020 Indigenous specific: Yes Focus: Aims to increase the number of large Australian companies with at least 3% of workforce being Indigenous	Analysis of program data NIAA Submission to House of Representatives based on administrative data Deloitte 2021 ‘Indigenous Employment Program Evaluation’ Provides insight into ‘design, implementation, and impact’ of VTEC (as well as EPI and TAEG). Findings for all programs are largely aggregated together		No data on mental health reported The Deloitte evaluation notes that EPI partners report an enhanced capacity to employ Indigenous people EPI employed 7470 people between 2014 and 2019, with the policy’s target at 20,000 by 2020. The EPI does not meet ‘work readiness’ skills as successfully as TAEG and VTEC Deloitte report does discuss EPI, TAEG, and VTEC’s impact on ‘wellbeing’ but note this outcome is not measured in the programs, and therefore the responses gained in the evaluation are anecdotal and varied, multi-faceted and complex

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Tailored Assistance Employment Grants (TAEG)				
Large grants available to support flexible work opportunities for Indigenous Australians	Location(s): National Participants: Indigenous employees requiring flexible work, businesses Duration: Grant period from May-June 2021 Indigenous specific: Yes Focus: Funding primarily for jobs and training, but also can provide cultural awareness training to other staff	NIAA (2020) Understand design, implementation, impact and outcomes, and future policy implications Administrative data and semi-structured interviews with cadets, employers, providers and universities Deloitte 2021 'Indigenous Employment Program Evaluation' Provides insight into 'design, implementation, and impact' of VTEC (as well as EPI and TAEG). Findings for all programs are largely aggregated together	Location(s): n.a. Participants: Cadets, employers, providers and universities Duration: n.a. Indigenous specific: Indigenous and non-Indigenous participants in the evaluation	Since program commencement on 1 July 2016: • TAEG providers in the Employment stream have placed 9,120 job seekers into employment to end of 2019 • 6,119 of these job participants achieved 6 months employment • Deloitte reports that TAEG commenced 8,320 new employees between 2014 and 2019 • Deloitte suggests there is little evidence that shows businesses that do not already have interest in or initiatives for Indigenous employment will take up the program • Deloitte report does discuss EPI, TAEG, and VTEC's impact on 'wellbeing', but it notes this outcome is not measured in the programs. Therefore the responses gained in the evaluation are anecdotal and varied, multi-faceted and complex

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Indigenous Cadetship Support (ICS) Provides paid cadetships for Indigenous university students to do degree-relevant work and reduce need to work elsewhere	Location(s): n.a. Participants: Indigenous university students Duration: Indigenous cadetships since 1999, but in current structure since 2019 Indigenous specific: Yes Focus: Progress university students in cadetships through TAEG	NIAA (2020) Aims to understand design and implementation, impact and outcomes, and future policy implications NIAA administrative data and semi-structured interviews	Location(s): n.a. Participants: Cadets, employers, providers and universities Duration: 2014–2018 as program transitioned to TAEG Indigenous specific: Indigenous-specific program, but both Indigenous and non-Indigenous participants in the evaluation	• Recognised issues included cultural safety, time span of cadetship and restrictive conditions • Program created 'meaningful' contributions to academic, employment and individual outcomes • Financial allowance encouraged graduation, course completion, reduced work burden and • Increased likelihood of graduate employment • No Indigenous co-design in program and some cadets burnt-out by inflexibility of requirements • Some cadets faced financial stress • Un-enrolment due to mental health considerations. Mental health issues made it difficult to manage cadetship, study and family commitments.

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Vocational Training and Employment Centres (VTECs)	Location(s): National Participants: Job seekers Duration: Since 2012 Indigenous specific: No Focus: A guaranteed 26-week job after training. Involves post-placement support with mentoring and cultural awareness support for employers	Melbourne Institute of Applied Economics and Social Research (2019) Compare outcomes of VTEC, Jobactive and an unnamed TAEG provider Impact evaluation Deloitte 2021 'Indigenous Employment Program Evaluation' Provides insight into 'design, implementation, and impact' of VTEC (as well as EPI and TAEG). Findings for all programs are largely aggregated together	Location(s): National Participants: Job seekers supported by VTEC, Jobactive and an unnamed TAEG provider Duration: 1 July 2014–30 April 2017 as program transitioned to TAEG Indigenous specific: Indigenous-specific program, but both Indigenous and non-Indigenous participants in the evaluation Deloitte developed a survey of VTEC and TAEG providers for their evaluation, and also used participant administrative data	- VTEC participants had 40% higher chance of attaining 26-week employment than Jobactive participants - TAEG and VTEC jobs higher quality than Jobactive positions - VTEC job seekers had higher likelihood of remaining in work after the 26 week period - Deloitte evaluation notes there was 'little evidence' of Indigenous perspectives in the design of the program 'EPI participants are 14 percentage points more likely to achieve the 26-week milestone than VTEC participants' - Evidence of culturally appropriate support - Employers 'do not tend' to implement Indigenous employment practices - Anecdotal evidence that the program can improve wellbeing, good avenue for mentorship - Deloitte report does discuss EPI, TAEG, and VTEC's impact on 'wellbeing' but notes this outcome is not measured in the programs. Therefore, the responses gained in the evaluation are anecdotal and varied, multi-faceted and complex

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Community Development Employment Projects (CDEP) scheme Grants to local Indigenous organisations to employ potential unemployment benefit recipients in part-time work	Location(s): Initially remote, but expanded to urban area from 1990s Participants: Jobseekers Duration: 1977–2013 Indigenous specific: Yes Focus: Employment and community development	OAE (1997) Identify non-labour market outcomes of all CDEP schemes Regression analysis of socioeconomic outcomes of CDEP participants and Indigenous unemployed using 1994 NATSIS	Location(s): n.a. Participants: CDEP participants Duration: n.a. Indigenous specific: Yes	n.a.
Community Development Program (CDP) New iteration of CDEP and RJCP, pays jobseekers to undertake work, encourages employers to take in and train job seekers due to subsidised labour costs	Location(s): Remote Participants: Jobseekers and those on welfare, businesses Duration: 2015–2023 Indigenous specific: Largely Focus: Mentions importance in breaking welfare dependency which is indirectly linked to mental health	ANAO 2017 Assess transition from RJCP to CDP and design and administration of CDP Analysis of documentation, surveys and qualitative interviews	Location(s): Remote Australia Participants: Key government officials, CDP providers, regional and remote employers, state and territory providers, community organisations and peak bodies Duration: Transition period from RJCP to CDP (2013–2018) Indigenous specific: Largely	- Continuity between CDP and RJCP - Indigenous CDP participants faced barriers in receiving medical exemptions from work and young, men, and sub-groups more likely to be penalised - CDP has 1% higher 26-week employment outcomes - Recommends pilot programs to gather this evaluation data before widespread implementation - Mental health may be a barrier to CDP participation. Administrative data are limited and cannot shed light on wellbeing

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Community Development Program (CDP)	Location(s): Remote Australia Participants: Jobseekers and those on welfare, businesses Duration: 2015–2023 Indigenous specific: Largely Focus: Mentions importance in breaking welfare dependency which is indirectly linked to mental health	PM&C (2018a) To consider 3 key questions: Does the CDP work as expected? In what circumstances is change occurring and why? What is influencing success and how can implementation be improved? Qualitative interviews, analysis of administrative data	Location(s): Remote Australia Participants: Key government officials, CDP providers, regional and remote employers, state and territory providers, community organisations, community members and peak bodies Duration: Transition period from RJCP to CDP (2013–2018) Indigenous specific: Largely	• Increase in enrolment in RJCP and CDP • Barriers to participation included no post-school education, criminal conviction, lack of transport options and no private phone • Remote job seekers had diverse views, strengths and support needs • The 4 clusters of job seekers differed in terms of their attitudes to work, motivational factors to attend CDP, characteristics and behaviours • One-third of the surveyed jobseekers fell into the group who participated in CDP to become independent of welfare • 21% of community members felt that CDP had made their communities better while 36% thought that CDP had worsened conditions in their communities • 17% of the group who thought CDP has worsened community conditions felt that CDP was contributing to mental health issues or stress

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Time to Work Employment Service (TWES) Voluntary in-prison program that supports incarcerated Indigenous people to transition from prison to work'	Location(s): 73 prisons across Australia Participants: Indigenous adults between 1 and 4 months of their 'earliest possible release date' Duration: 2018 to present (sourced from COAG 2016 Prison to Work Report) Indigenous Specific: Yes Focus: Identifying participant barriers to employment, implements a transition plan that aims to remove these barriers, facilitates a transfer post-release to employment providers	SVA Consulting, 2021 evaluation commissioned by the NIAA. 3-year evaluation (2018–2021), mixed-methods approach with semi-structured interviews with stakeholders, and analysis of program-level data Aimed to understand what is and isn't working and why; understand TWES' impacts, and understand how to improve it	Only 3 past participants who had left prison were able to be interviewed 57 interviews with current TWES participants. No participants who had 'exited TWES but still in prison' No counterfactual established for quantitative analysis. Thematic coding for qualitative responses, descriptive analysis and regression of administrative data COVID-19 provided some barriers to data collection	- Found a need to improve engagement between incarcerated individuals nearing their release with employment service providers, noting the importance of increased Indigenous input and involvement in the program development. Found this was not a strengths-based design and implementation - Over half of participants don't connect with an employment service provider post-release - Found that the program would benefit from participants and service providers spending more time together pre-release to build relationships - Most participants are not finishing with a transition plan - Data limitations
Yiriman Project Assists local 'at-risk' Indigenous youth in a culturally appropriate manner (culture camps). It develops culturally appropriate strategies to address self-harm and suicide in youth in Fitzroy Valley	Location(s): Fitzroy Valley, West Kimberley, Western Australia Participants: Indigenous Australians in Fitzroy Valley (mainly youth and elders) and Kimberley Aboriginal Law and Culture Centre Duration: Since 2000 Indigenous specific: Yes Focus: Suicide prevention, social and cultural health, prevention of entering justice system and building resilience	Palmer (2016) To identify aspirations of the program, test program efficiency, and record outcomes across generations Audit comparing evidence against various contracted outcomes and program activities, interviews, participant case studies, literature review of public documents and statements.	Location(s): Fitzroy Valley, West Kimberley, Western Australia Participants: 609 program participants Duration: n.a. Indigenous specific: Yes	100% of young people on trips are involved in deep cultural immersion, it encourages leadership with 6 young people taking up a mentoring role, and 3–4 generations shared stories on every trip - Program exceeded expectations with 40% more participants in community events in 2011 - Evidence that Yiriman is providing important opportunities to youth in the Fitzroy Valley

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
ibobbly mobile app A social and emotional wellbeing self-help App for young Indigenous Australians aged 15 years and over, by the Black Dog Institute	Location(s): Australia Participants: n.a. Duration: Since 2012 Indigenous specific: Yes Focus: Use online technology to help manage thoughts and feelings to reduce depression, distress and suicidal thinking in a culturally informed way	Tighe et al. (2017) To evaluate the effectiveness of a self-help mobile app (ibobbly) targeting suicidal ideation, depression, psychological distress and impulsivity among Indigenous youth in remote Australia Participants recruited and randomised to receive the app, which delivered acceptance-based therapy over 6 weeks, or waitlisted for 6 weeks and then received the app for the following 6 weeks Outcomes were assessed using the Depressive Symptom Inventory — Suicidality Subscale (DSI-SS) and Patient Health Questionnaire 9 (PHQ-9), The Kessler Psychological Distress Scale (K10) and the Barratt Impulsivity Scale (BIS-11)	Location(s): Kimberley region, Western Australia Participants: Indigenous people aged 18–35 who score above 10 on the Patient Health Questionnaire 9 (PHQ-9) or a score of 25 or greater on the Kessler Psychological Distress Scale (K10) and had suicidal thoughts in the previous 2 weeks Duration: Two 6 week blocks Indigenous specific: Yes	• Participants showed a statistically significant reduction in rates of depression and psychological distress • No significant changes on suicidality or impulsivity • An eHealth app developed in partnership with Indigenous communities was accepted and promoted by the target community and improved mental health symptoms

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Mental Health First Aid (MHFA) The program is administered by MHFA Australia, and is training program focused on mental health awareness, modelled on conventional First Aid training. It was launched in 2001	Location(s): Australia and 25 other countries Participants: n.a. Duration: 120-hour course Indigenous specific: No, but there is an Indigenous-specific training course Focus: Mental health and suicide prevention	Kitchener and Jorm (2008) To describe development of program in Australia, its roll-out in other countries and other evaluation studies Document development, initial evaluations, cultural adaptations and its dissemination in 7 countries. Two Australian RCTs were undertaken—the first involving employees in 2 government departments and the second with residents of a large rural community	Location(s): Australia, Canada, England, Finland, Hong Kong, Ireland, Scotland and Singapore Participants: n.a. Duration: n.a. Indigenous specific: No	- By the end of 2007, there were 600 instructors and 55 000 people trained MHFA - Two RCTs showed changes in knowledge, attitudes and first aid behaviours - The program has been adapted for Indigenous groups and non-English speaking peoples - The course has 'varying degrees of penetration' in other countries
Youth MHFA Launched in 2007, the Youth MHFA is a subset of the general MHFA program. Its aim is to teach adults, who work with or care for adolescents, the skills needed to recognise the early signs of mental illness and identify potential mental health-related crises	Location(s): Australia and 25 other countries Participants: Adults who work with youth Duration: 14-hour course Indigenous specific: No Focus: Mental health and suicide prevention	Kelly et al. (2011) Uptake and effectiveness of the program Uncontrolled trial where course participants completed questionnaire before, one month and 6 months after the course	Location(s): Two unspecified regions in Victoria Participants: 246 people who undertook the 14-hour course Duration: 6 months Indigenous specific: No	- Improvements in recognition of depression and schizophrenia, confidence in offering help, knowledge about adolescent mental health problems, and application of the MHFA action plan - Most results were maintained at follow-up - A total of 318 instructors were trained to deliver the course - These instructors have delivered courses to 10,686 people across all states and territories in Australia

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Mental health first aid for Indigenous Australians In 2007 the MHFA program implemented a cultural adaptation for Indigenous Australians, a training program focused on mental health awareness. It is a subset of general MHFA training	Location(s): National Participants: n.a. Duration: 14-hour course Indigenous specific: Yes Focus: Culturally appropriate mental health and suicide prevention program	Hart et al. (2009) Develop culturally appropriate guidelines for providing first aid to an Indigenous person who is experiencing a mental health crisis or developing a mental illness 6 independent Delphi studies (n = 20–24 studies)	Location(s): n.a. Participants: 31 Indigenous Australians and mental health experts Duration: n.a. Indigenous specific: Yes	- Panel endorsed 536 statements of 1,016 statements about depression, psychosis and suicidal thoughts, deliberate self-injury and trauma for cultural considerations - Aboriginal mental health experts reached consensus about culturally appropriate first aid for mental illness - Delphi consensus method useful for identifying culturally appropriate best practice
The Red Dust Healing The program is a cultural healing program in the form of workshops with specialised facilitators, written from an Indigenous Australian perspective and targeted primarily at Indigenous men, women and families	Location(s): National Participants: 15,000 people in over 300 communities Duration: n.a. Indigenous specific: Yes Focus: overall social and emotional wellbeing, healing, and suicide prevention	Jo Thompson Consulting (2019) To understand the value of the Red Dust Healing Program as a 'unique culture-based healing model' from the perspective of the participants, the program founder and other key stakeholders Impact and process evaluation, qualitative and participatory methods, surveys and interviews, video reviews of interviews and Ripple Effect mapping	Location(s): Urban, rural and remote Australia (not specified) Participants: 42 Duration: n.a. Indigenous specific: Yes	- The program has a positive impact on the lives of interviewees - Increased ability to express deep-seated emotions, improved capacity to deal with grief and loss, and greater self-awareness - More than 55% of respondents said the program had encouraged and supported them to safely express deep-seated negative emotions - More than one-third reported increased self-awareness and clarity - Many respondents reported a 'ripple effect' of positive experiences extending to other family members and community

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Alive and Kicking Goals Aims to reduce suicide among Indigenous youth around Broome through educational workshops run by Indigenous staff (including DVDs made by community), one-on-one mentoring and professional counselling within a culturally appropriate environment. Delivered by Men's Outreach Service in partnership with the Broome Saints Football Club	Location(s): Kimberley region Participants: Indigenous youth aged 12–25 years Duration: n.a. Indigenous specific: Yes Focus: Suicide prevention	Tighe and McKay (2012) To test the effectiveness of the program and the hypothesis that vulnerability to suicide would decrease as community connectedness and empowerment is strengthened and capacity or capability increased Piloting weekly meetings and training of peer educators	Location(s): Broome Participants: 642 (421 Indigenous) Duration: 12 months (2009–2010) Indigenous specific: No	16 men from the Broome Saints Football Club have been trained as peer educators for the Kimberley region, initially as volunteers - Benefits were found where people were able to talk through their feelings and emotions to heal between suicides of people they knew - It also helped to reduce the stigma around mental health

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Deadly Thinking Tailored emotional health and wellbeing workshop designed for Indigenous people living in rural and remote areas of Australia. Aims to increase emotional health and wellbeing literacy, improve help-seeking behaviours and decrease stigma, delivered via community workshops and 'Train-the-trainer' workshop	Location(s): Rural and remote Australia Participants: Indigenous people Duration: 2-day training Indigenous specific: Yes Focus: Suicide prevention and social and emotional wellbeing of the whole community	Orygen: The National Centre of Excellence in Youth Mental Health (2018) Objective: To evaluate the effectiveness of the community workshops and train-the-trainer workshops to assess the emotional health and wellbeing of participants, their satisfaction with the training received, possible changes in help-seeking behaviours, and perceived barriers to help-seeking Survey prior to the start of the workshop and following the training	Location(s): 40 locations across Australia Participants: 413 program participants Duration: n.a. Indigenous specific: Yes	- Most common source of stress for workshop participants were family worries (57%), loss of culture (41%) and racism (41%) - For community participants, the key stressors were family worries (59%), racism (39%) and job worries (36%) - Participants reported significantly greater help-seeking intentions towards partners, friends, parents, community leaders, emotional health professionals and family doctors following the workshop - A total of 89.8% of participants reported the workshop as 'helpful' (highest score on a three-point scale)
Stronger Smarter Yarns for Life A very early suicide prevention program that was developed with and for Indigenous people using a yarnning type approach	Location(s): Queensland, Northern Territory and ACT Participants: Indigenous and farming communities Duration: n.a. Indigenous specific: Yes Focus: Suicide prevention	Almeda et al. (2019) Summarise survey results and highlight problems with program/program delivery Assessment of courses delivered between June 2017–December 2018 via 2 surveys (one before training and one after program)	Location(s): Queensland, Northern Territory and ACT Participants: 249 program participants Duration: 18 months Indigenous specific: Yes	- All participants reported that they had increased their knowledge about this topic - Participants were significantly more likely to engage in a yarn about mental health, to work out the practical steps needed to help a person at risk and take action, and to refer the person for help

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Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details	Evaluation	Evaluation details	Evaluation outcomes
Yuendumu Warlpiri Youth Development Aboriginal Corporation programs, including the Warra-Warra Kan A counselling and mentoring service that combines formal, tertiary counselling skills with a local Warlpiri approach to target high-risk behaviours in Warlpiri people aged 12–25 years	Location(s): Warlpiri region Participants: Warlpiri aged from 12–25 years Duration: n.a. Indigenous specific: Yes Focus: Suicide prevention and social emotional wellbeing. Targets risks: relationship issues, family violence, substance misuse (alcohol and cannabis) and self-harming behaviours	Bowchung Pty Ltd (2015) To evaluate effectiveness of the program Interviews and case studies	Warlpiri region Location(s): Yuendumu, Lajamanu, Nyirripi and Willowra Participants: 152 Duration: 4 months in 2015 Indigenous specific: Yes	• Graduates of the Jaru program reported that it taught them to be responsible and become good parents and helped them get jobs • 92% of the participants who graduated from the Jaru program in 2006 are currently employed



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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
CDEP	Community Development Employment Projects
CDP	Community Development Program
CMD	Common mental disorder
EPI	Employment Parity Initiative
FN	First nations
HILDA	Household, Income and Labour Dynamics in Australia
IA	Indigenous Australia
ICS	Indigenous Cadetship Support
MHFA	Mental Health First Aid
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
NIAA	National Indigenous Australians Agency
OEA	Office of Evaluation and Audit
OR	Odds ratio
RCT	randomised controlled trials
RJCP	Remote Jobs and Communities Program
SES	Socioeconomic status
TAEG	Tailored Assistance Employment Grants
VTEC	Vocational Training and Employment Centres

References

- Aboriginal Affairs NSW (2013) *OCHRE: opportunity, choice, healing, responsibility, empowerment: NSW Government plan for Aboriginal Affairs: education, employment and accountability*, Aboriginal Affairs NSW, NSW Government, accessed 2 November 2021, <https://www.aboriginalaffairs.nsw.gov.au/our-agency/staying-accountable/ochre/the-ochre-plan/>.
- ABS (Australian Bureau of Statistics) (2019a) *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*, ABS website, Canberra, <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>.
- ABS (2019b) *National Health Survey: first results, 2017–18*, ABS website, Canberra, <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release>.
- ABS (2021) *Causes of death, Australia*, ABS website, Canberra, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>.
- AIHW (2021a) *Improving the mental health of Indigenous children and young people in child protection*, Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government, <https://www.indigenousmhspc.gov.au/publications/child-protection>.
- AIHW (2021b) *Improving mental health outcomes for Indigenous Australians in the criminal justice system*, Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, <https://www.indigenousmhspc.gov.au/publications/criminal-justice>.
- Almeda N, Salinas-Perez JA, Wands M and Mendoza J (2019) *Stronger Smarter Yarns for Life Evaluation Report July 2019*, Australian National University, Canberra.
- ANAO (Australian National Audit Office) (2017) *The design and implementation of the Community Development Programme*, ANAO, Australian Government, <https://www.anao.gov.au/work/performance-audit/design-and-implementation-community-development-programme>.
- Atkinson J, Nelson J, Brooks R, Atkinson C and Ryan K (2014) 'Addressing individual and community transgenerational trauma', in Dudgeon P, Milroy H and Walker R (eds) *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed), PM&C, Canberra.
- ATSISPEP (Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project) (2016) *Solutions that work: what the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*, ATSISPEP website, accessed 28 April 2021, https://www.atsispep.sis.uwa.edu.au/_data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf.
- Australian Human Rights Commission (2020) *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*, accessed 21 January 2022, <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/wiyi-yanu-thangani>.
- Barr B, Taylor-Robinson D, Scott-Samuel A, McKee M and Stuckler D (2012) 'Suicides associated with the 2008–10 economic recession in England: time trend analysis', *British Medical Journal*, 345:e5142.
- Bowchung Pty Ltd (2015) *There is a path: An evaluation of the Warlpiri Youth Development Aboriginal Corporation Youth Development Program, incorporating the WETT (Warlpiri Education Training Trust) Youth Development Program*, Bowchung Pty Ltd, Canberra, accessed 17 December 2021, <http://wydac.org.au/home/wp-content/uploads/2015/11/An-evaluation-of-the-Warlpiri-Youth-Development-Aboriginal-Corporation-Youth-Development-Program.pdf>.



Bubonya M, Cobb-Clark DA and Ribar DC (2019) 'The reciprocal relationship between depressive symptoms and employment status', *Economics and Human Biology*, 35:96–106, doi: 10.1016/j.ehb.2019.05.002.

Butterworth P and Berry H (2004) 'Addressing mental health problems as a strategy to promote employment: an overview of interventions and approaches', *Australian Social Policy*, 2004:19–49.

Butterworth P, Fairweather AK, Anstey KJ and Windsor TD (2006) 'Hopelessness, demoralization and suicidal behaviour: the backdrop to welfare reform in Australia', *Australian and New Zealand Journal of Psychiatry*, 40(8):648–56, doi: 10.1080/j.1440-1614.2006.01864.x.

Butterworth P, Leach LS, Strazdins L, Olesen SC, Rodgers B and Broom D (2011) 'The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey', *Occupational and Environmental Medicine*, 68:806–812, doi: 10.1136/oem.2010.059030.

Calma T (2007) 'Creating futures: influencing the social determinants of mental health and wellbeing in rural, Indigenous and Island peoples', *Australasian Psychiatry*, 15(1):S5–S9, doi:10.1080/10398560701701122.

Case A and Deaton A (2020) *Deaths of despair and the future of capitalism*, Princeton University Press, Princeton.

CATSIPO and Australian Governments (Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Governments) (2020) National Agreement on Closing the Gap, CATSIPO and Australian Governments, accessed 14 December 2020, <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf>.

Clark A (2003) 'Unemployment as a social norm: Psychological evidence from panel data', *Journal of Labor Economics*, 21(2):323–351, <https://doi.org/10.1086/345560>.

Commonwealth of Australia (2021) *Commonwealth Closing the Gap Implementation Plan*, NIAA, Canberra, accessed 7 February 2022, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/closing-gap-implementation-plan>.

Crowe L and Butterworth P (2016) 'The role of financial hardship, mastery and social support in the association between employment status and depression: results from an Australian longitudinal cohort study', *BMJ Open*, 6(5): e009834–e009834.

Deloitte Access Economics (2021) *Evaluation of the Indigenous Employment Programs - Final Report*, Evaluation Report for the NIAA, accessed 21 January 2022, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/evaluation-indigenous-employment-programs-final-report>.

DESE (Department of Education, Skills and Employment) (2021) *Time to Work Employment Service*, DESE, accessed 27 April 2021, www.jobs.gov.au/time-work-employment-service.

Dinku Y, Hunter B and Markham F (2020) 'How might COVID-19 affect the Indigenous labour market?' *Australian Journal of Labour Economics*, 23(2):189–209.

Diversity Council Australia (DCA)/Jumbunna Institute (Brown C, D'Almada-Remedios R, Gilbert J, O'Leary J and Young N) (2020) *Gari Yala (Speak the Truth): Centring the Work Experiences of Aboriginal and/or Torres Strait Islander Australians*, Sydney, accessed 21 January 2022, https://www.dca.org.au/sites/default/files/dca_synopsisreport_web_0.pdf.



DoHA (Department of Health and Aging) (2013) *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, DoHA, Australian Government.

Dudgeon P, Bray A, Ring I and McPhee R (2021) *Beyond evidence-deficit narratives in Indigenous suicide prevention*, Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government, <https://www.indigenoussmhspc.gov.au/publications/evidence-deficit-narratives>.

Dudgeon P, Rouhani L, Darwin L and Boe M (2018) *Indigenous lived experience of suicide: literature review*, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, accessed 20 December 2021, <https://cbpatsisp.com.au/wp-content/uploads/2021/03/Indigenous-Lived-Experience-Literature-Review.pdf>.

Eckert KA, Wilkinson D, Taylor AW, Stewart S and Tucker GR (2006) 'A population view of mental illness in South Australia: broader issues than location', *Rural and Remote Health*, 6:541–554.

Flatau P, Galea J and Petridis R (2000) 'Mental health and wellbeing and unemployment', *The Australian Economic Review*, 33(2):161–81.

Frijters P, Johnston DW and Shields MA (2014) 'The effect of mental health on employment: evidence from Australian panel data', *Health Economics*, 23(9):1058–1071, doi: 10.1002/hec.3083.

Gray M, Edwards B, Hayes A and Baxter J (2009) 'The impacts of recessions on families', *Family Matters*, 83:7–14, <https://aifs.gov.au/publications/family-matters/issue-83/impacts-recessions-families>

Gray MC and Hunter BH (2005) 'The labour market dynamics of Indigenous Australians', *Journal of Sociology*, 41(4): 389–408.

Gray M, Hunter B and Lohar S (2012) Increasing Indigenous employment rates. Issues Paper No. 3 produced for the Closing the Gap Clearinghouse, AIHW website, accessed 20 December 2021, <https://www.aihw.gov.au/reports/indigenous-australians/increasing-indigenous-employment-rates/contents/table-of-contents>.

Gunasinghe C, Gazard B, Aschan L, Maccrimmon S, Hotopf M and Hatch SL (2018) 'Debt, common mental disorders and mental health service use', *Journal of Mental Health*, 27(6):520–528, doi: 10.1080/09638237.2018.1487541.

Gunnell D and Chang S (2016) 'Economic recession, unemployment, and suicide', in O'Connor RC and Pirkis J (eds) *The international handbook of suicide prevention* (2nd ed), Wiley, Chichester, UK, <https://doi.org/10.1002/9781118903223.ch16>.

Haar M, Russo M, Suñe A and Ollier-Malaterre A (2014) 'Outcomes of work–life balance on job satisfaction, life satisfaction and mental health: a study across seven cultures', *Journal of Vocational Behavior*, 85(3):361–373, <https://doi.org/10.1016/j.jvb.2014.08.010>.

Hart LM, Jorm AF, Kanowski LG, Kelly CM and Langlands RM (2009) 'Mental health first aid for Indigenous Australians: using Delphi consensus studies to develop guidelines for culturally appropriate responses to mental health problems', *BMC Psychiatry*, 9(47):1–12, <https://doi.org/10.1186/1471-244X-9-47>.

Hoare PN and Machin MA (2010) 'The impact of reemployment on access to the latent and manifest benefits of employment and mental health', *Journal of Occupational and Organizational Psychology*, 83:759–770.

Hunter BH (2009) 'A half-hearted defence of CDEP scheme', *Family Matters*, 81:43–54, <https://caepr.cass.anu.edu.au/events/half-hearted-defence-cdep-scheme>.

- Hunter B (2015) 'Whose business is it to employ Indigenous workers?', *Economics and Labour Relations Review*, 26(4):631–651, DOI:10.1177/1035304615598526.
- Hunter BH, Gray MC and Chapman B (2000) *An analysis of data from the Longitudinal Survey of ATSI Job Seekers, Topic 3: labour market programs for Indigenous Australians*, report to the Australian Government Department of Employment, Workplace Relations and Small Business, CAEPR, ANU.
- Hunter B and Gray M (2013) 'Workplace agreements and Indigenous-friendly workplaces', *Indigenous Law Bulletin*, 8(8):7–13.
- Hunter B and Hawke A (2001) 'A comparative analysis of the industrial relations experiences of Indigenous and other Australian workers', *Journal of Industrial Relations*, 43(1):44–65, <https://doi.org/10.1111/1472-9296.00004>.
- Hunter B and Stephenson N (2013) *Less is more: reflections on the Overcoming Indigenous Disadvantage reports*, Topical Issue No 1/2013, CAEPR, ANU, Canberra.
- Inside Policy (2021) *The Indigenous Skills & Employment Program Consultation Outcomes Report*, Inside Policy, Evaluation for the NIAA, accessed 21 January 2022, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/isep-consultations-and-discussion-paper-findings-report>.
- Jo Thompson Consulting (2019) *Red Dust Healing Program evaluation: final report 2018*, Jo Thompson Consulting.
- Jordan K and Hunter B (2009) 'Indigenous social exclusion and inclusion: what are people to be included in, and who decides?', *Impact*, Spring:18–21.
- Kealy D, Spidel A, Sandhu S, Kim D and Izbicki A (2018) 'Financial concerns and symptom distress among psychiatric outpatients', *Journal of Public Mental Health*, 17(3):105–113, <https://doi.org/10.1108/JPMH-12-2017-0041>.
- Kelly CM, Mithen JM, Fischer JA, Kitchener BA, Jorm AF, Lowe A and Scanlan C (2011) 'Youth mental health first aid: a description of the program and an initial evaluation', *International Journal of Mental Health Systems*, 5(4):1–9, <https://doi.org/10.1186/1752-4458-5-4>
- Kiely K, Leach L, Olesen S and Butterworth P (2015) 'How financial hardship is associated with the onset of mental health problems over time', *Social Psychiatry and Psychiatric Epidemiology*, 50(6):909–918, doi: 10.1007/s00127-015-1027-0
- Kitchener BA and Jorm AF (2008) 'Mental Health First Aid: an international programme for early intervention', *Early Intervention in Psychiatry*, 2(1):55–61, doi: 10.1111/j.1751-7893.2007.00056.x.
- Le Grande M, Ski CF, Thompson DR, Scuffham P, Kularatna S, Jackson AC and Brown A (2017) 'Social and emotional wellbeing assessment instruments for use with Indigenous Australians: a critical review', *Social Science and Medicine*, 187:164–173, doi: 10.1016/j.socscimed.2017.06.046.
- Lindsey DB and Lindsey RB (2016) 'Build cultural proficiency to ensure equity', *Journal of Staff Development*, 37(1):50–56.
- Liu Y, Rehkopf D, Zhong J and Rodriguez E (2015) 'Job loss, unemployment benefits, and mental health of middle-aged US women', in Rodriguez E and Wejnert B (eds) *Enabling gender equality: future generations of the global world 23*, Emerald Group Publishing Limited, United Kingdom.
- Mann JJ, Apter A, Bertolote J, Beautrais A, Currier D, Haas A, Hegerl U, Lonnqvist J, Malone K, Marusic A, Mehlum L, Patton G, Phillips M, Rutz W, Rihmer Z, Schmidtke A, Shaffer D, Silverman M, Takahashi Y, Varnik A, Wasserman D, Yip P and Hendin H (2005) 'Suicide prevention strategies: a systematic review', *JAMA*, 294(16):2064–2074, doi: 10.1001/jama.294.16.2064.

- Marmot M (2005) 'Social determinants of health inequalities', *Lancet*, 365(9464):1099–1104, doi:10.1016/S0140-6736(05)71146-6.
- Masarik AS and Conger RD (2017) 'Stress and child development: a review of the Family Stress Model', *Current Opinion in Psychology*, 13:85–90, doi:10.1016/j.copsyc.2016.05.008.
- Melbourne Institute of Applied Economics and Social Research (2019) *An evaluation of an Aboriginal Employment and Training Activity*, report to the Australian Government Department of Prime Minister and Cabinet, Melbourne Institute of Applied Economics and Social Research.
- Mendolia S (2009) *The impact of job loss on family mental health* [unpublished manuscript] School of Economics, University of New South Wales, Sydney.
- Minderoo Foundation (n.d.) *Indigenous employment index*, Generation One, <https://www.minderoo.org/indigenous-employment-index>.
- Morrell S, Taylor R and Kerr C (1998) 'Jobless: unemployment and young people's health', *Medical Journal of Australia*, 168(5):236–240.
- Morrell S, Taylor R, Quine S, Kerr C and Western J (1994) 'A cohort study of unemployment as a cause of psychological disturbance in Australian youth', *Social Science and Medicine*, 38(11):1553–1564.
- NIAA (National Indigenous Australians Agency) (2020) *Evaluation of the Indigenous Cadetship Support (ICS) and Tailored Assistance Employment Grants (TAEG) Cadets Programs*, NIAA, Australian Government, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/ics-and-taeg-cadets-programs-evaluation>.
- Office of Evaluation and Audit (1997) *Evaluation of the Community Development Employment Projects Program: Final report*, ATSIC, Canberra.
- Orygen: The National Centre of Excellence in Youth Mental Health (2018) *Evaluation of Deadly Thinking: an emotional health promotion program for remote and rural Aboriginal and Torres Strait Islander communities*, Orygen, Melbourne, accessed 17 December 2021, <https://www.rrmh.com.au/wp-content/uploads/2019/02/Deadly-Thinking-Final-Evaluation-Report-2018.pdf>.
- Osman A, Bagge C, Gutierrez P, Konick L, Kopper B and Barrios F (2001) The suicidal behaviours questionnaire-revised (SBQ-R): validation with clinical and nonclinical samples. *Assessment*. 8: 443–54, doi: 10.1177/107319110100800409.
- Palmer D (2016) *'We know they healthy cos they on country with old people': demonstrating the value of the Yiriman Project*, Community Development Programme, Murdoch University, Perth.
- Paul K and Moser K (2009) 'Unemployment impairs mental health: meta-analyses', *Journal of Vocational Behavior*, 74(3):264–282, <https://doi.org/10.1016/j.jvb.2009.01.001>.
- PM&C (Department of the Prime Minister and Cabinet) (2018a) *Community Development Programme: evaluation of participation and employment outcomes*, PM&C, Australian Government, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/community-development-programme-evaluation-participation-and-employment-outcomes>.
- PM&C (2018b) *The many pathways of the Community Development Programme: summary report of community voices and stakeholder perspectives from eight communities*, PM&C, Australian Government, <https://www.niaa.gov.au/node/126292>.
- Pohlan L (2019) 'Unemployment and social exclusion', *Journal of Economic Behavior and Organization*, 164:273–299, <https://doi.org/10.1016/j.jebo.2019.06.006>.

- Productivity Commission (2020a) *Mental health report, no. 95*, Productivity Commission, Australian Government, <https://www.pc.gov.au/inquiries/completed/mental-health/report>
- Productivity Commission (2020b) *Indigenous evaluation strategy*, Productivity Commission, Australian Government.
- Richardson S, Lester L and Zhang G (2012) 'Are casual and contract terms of employment hazardous for mental health in Australia?', *Journal of Industrial Relations*, 54:557–578, <https://doi.org/10.1177/0022185612454974>.
- Scutella A and Wooden M (2008) 'The effects of household joblessness on mental health', *Social Science and Medicine*, 67(1): 88–100, DOI: 10.1016/j.socscimed.2008.02.025.
- Selenko E and Batinic B (2011) 'Beyond debt: a moderator analysis of the relationship between perceived financial strain and mental health', *Social Science and Medicine*, 73:1725–1732, <https://doi.org/10.1016/j.socscimed.2011.09.022>.
- Shaw, G (2015) *An evaluation of the Warlpiri Youth Development Aboriginal Corporation Youth Development Program, incorporating the WETT (Warlpiri Education Training Trust) Youth Development Program*, Bowchung Pty Ltd.
- Shepherd CC, Li J, Mitrou F and Zubrick SR (2012) 'Socioeconomic disparities in the mental health of Indigenous children in Western Australia', *BMC Public Health*, 12:756.
- Shi Z, Taylor AW, Goldney, R, Winefield H, Gill TK, Tuckerman, J and Wittert G (2011) 'The use of a surveillance system to measure changes in mental health in Australian adults during the global financial crisis', *International Journal of Public Health*, 56:367–372, doi: 10.1007/s00038-010-0200-1
- Shirodkar S (2020) 'Bias against Indigenous Australians: implicit association test results for Australia', *Journal of Australian Indigenous Issues*, 22(3):3–34.
- Shirodkar S and Hunter B (2019) 'Factors underlying the Indigenous business sector', *Australian Journal of Labour Economics*, 22(1):5–28.
- Sones R, Hopkins C, Manson S, Watson R, Durie M and Naquin V (2010) 'The Wharerata Declaration — the development of indigenous leaders in mental health', *International Journal of Leadership in Public Services*, 6(1):53–63, <https://doi.org/10.5042/ijlps.2010.0275>.
- Suicide Prevention Australia (2020) *State of the nation in suicide prevention: A survey of the suicide prevention sector: September 2020*, Suicide Prevention Australia, Sydney, <https://www.suicidepreventionaust.org/our-work/state-of-the-nation>.
- SVA Consulting (2021) *Evaluation of the Time to Work Employment Service*, SVA Consulting evaluation report for the NIAA.
- Thorburn K and Marshall M (2017) *The Yiriman Project in the West Kimberley: an example of justice reinvestment?*, Current Initiatives Paper 5, Indigenous Justice Clearinghouse, accessed 17 December 2021, <https://www.indigenousjustice.gov.au/publications/the-yiriman-project-in-the-west-kimberley-an-example-of-justice-reinvestment/>.
- Tighe J and McKay K (2012) 'Alive and Kicking Goals!: Preliminary findings from a Kimberley suicide prevention program', *Advances in Mental Health*, 10(3):240–245, DOI: 10.5172/jamh.2012.10.3.240.



Tighe J, Shand F, Ridani R, MacKinnon, A, De La Mata N and Christensen H (2017) 'ibobbly mobile health intervention for suicide prevention in Australian Indigenous youth: a pilot randomised controlled trial', *BMJ Open*, 2017;7:e013518, doi: 10.1136/bmjopen-2016-013518.

Tingey L, Larzelere, Goklish N, Rosenstock S, Jennings Mayo-Wilson L, O'Keefe V, Pablo E, Goklish W, Grass R, Sprengeler F, Ingalls A, Craig M and Barlow A (2020) 'Behavioral and mental health outcomes from an RCT of a Youth Entrepreneurship Intervention among Native American Adolescents', *Children and Youth Services Review*, 119:1–8, doi.org/10.1016/j.chilyouth.2020.105603.

Upton P, Ford L, Wallace R, Jackson S, Richard J and Upton D (2021) Improving Indigenous mental health outcomes with an Indigenous mental health workforce, Indigenous Mental Health and Suicide Prevention Clearinghouse, AIHW, Australian Government, <https://www.indigenoussmhspc.gov.au/publications/mental-health-workforce>.

Ware J, Kosinski M and Keller S (2001) SF-36 physical and mental health summary scales. A user's manual.

Warr P and Jackson P (1985) 'Factors influencing the psychological impact of prolonged unemployment and of re-employment', *Psychological Medicine*, 15(4):795–807, doi:10.1017/S003329170000502X.

Warr P and Jackson P (1987) 'Adapting to the unemployed role: A longitudinal investigation', *Social Science and Medicine*, 25(11):1219–1224, [https://doi.org/10.1016/0277-9536\(87\)90369-8](https://doi.org/10.1016/0277-9536(87)90369-8).

Warr P, Jackson P and Banks MH (1988) 'Unemployment and mental health: some British studies', *Journal of Social Issues*, 44(4):47–68, <https://doi.org/10.1111/j.1540-4560.1988.tb02091.x>.

Williams R (1999) 'Cultural safety: what does it mean for our work practice?', *Australian and New Zealand Journal of Public Health*, 23(2):213–214, <https://doi.org/10.1111/j.1467-842X.1999.tb01240.x>

Ypinazar VA, Margolis SA, Haswell-Elkins M and Tsey K (2007) 'Indigenous Australians' understandings regarding mental health and disorders', *Australian and New Zealand Journal of Psychiatry*, 41(6):467–478, doi: 10.1080/00048670701332953.

Zalsman G, Hawton K, Wasserman D, van Heeringen K, Arensman E, Sarchiapone M, Carli V, Höschl C, Barzilay R, Balazs J, Purebl G, Kahn JP, Sáiz PA, Lipsicas CB, Bobes J, Cozman D, Hegerl U and Zohar J (2016) 'Suicide prevention strategies revisited: 10-year systematic review', *Lancet Psychiatry*, 3(7):646–659, doi: 10.1016/S2215-0366(16)30030-X.

Employment is a protective factor for mental health outcomes for Aboriginal and Torres Strait Islander people. This paper provides an overview of policies and programs that address employment and its association with mental health outcomes for Indigenous Australians.



Stronger evidence,
better decisions,
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