



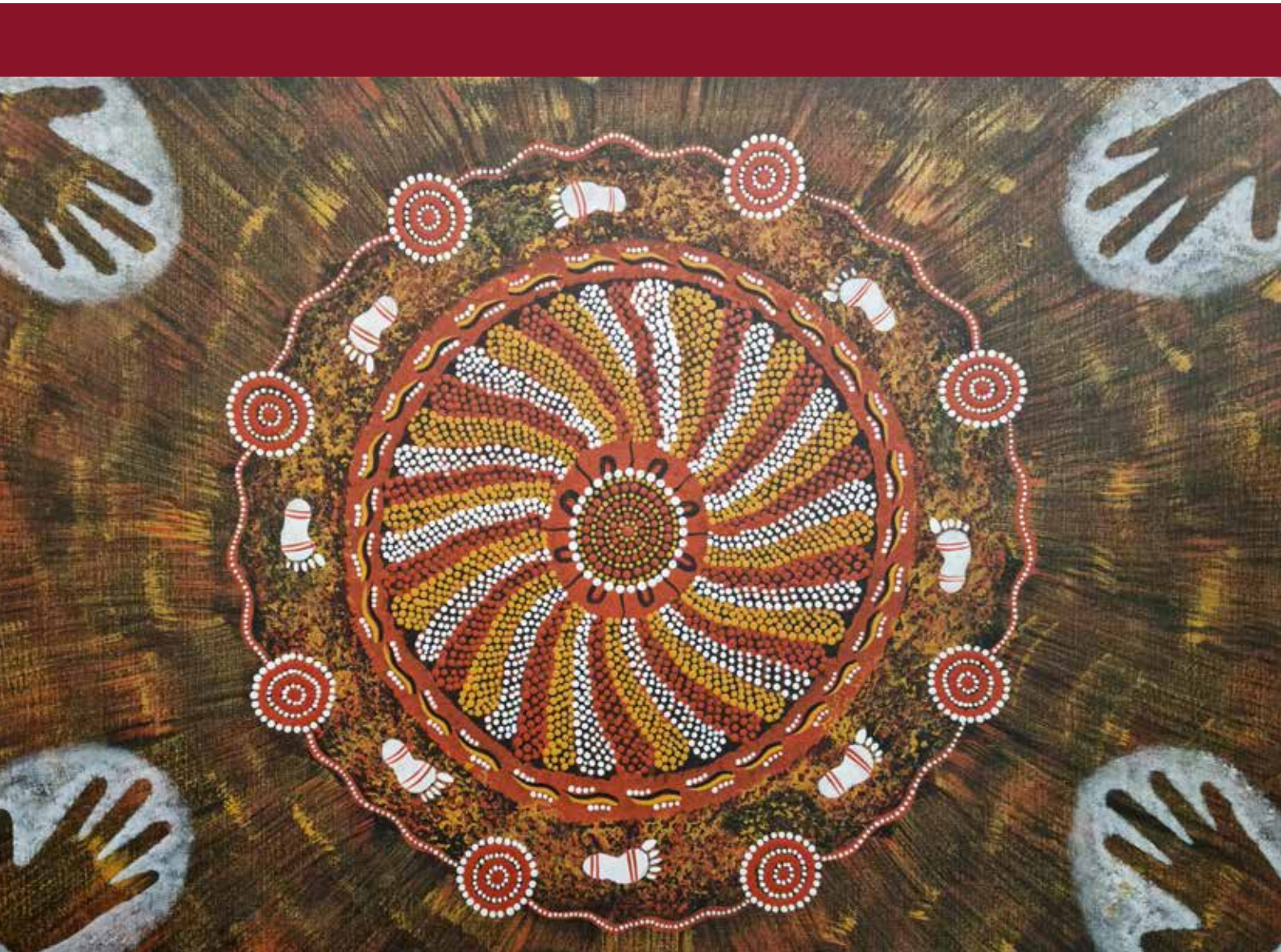
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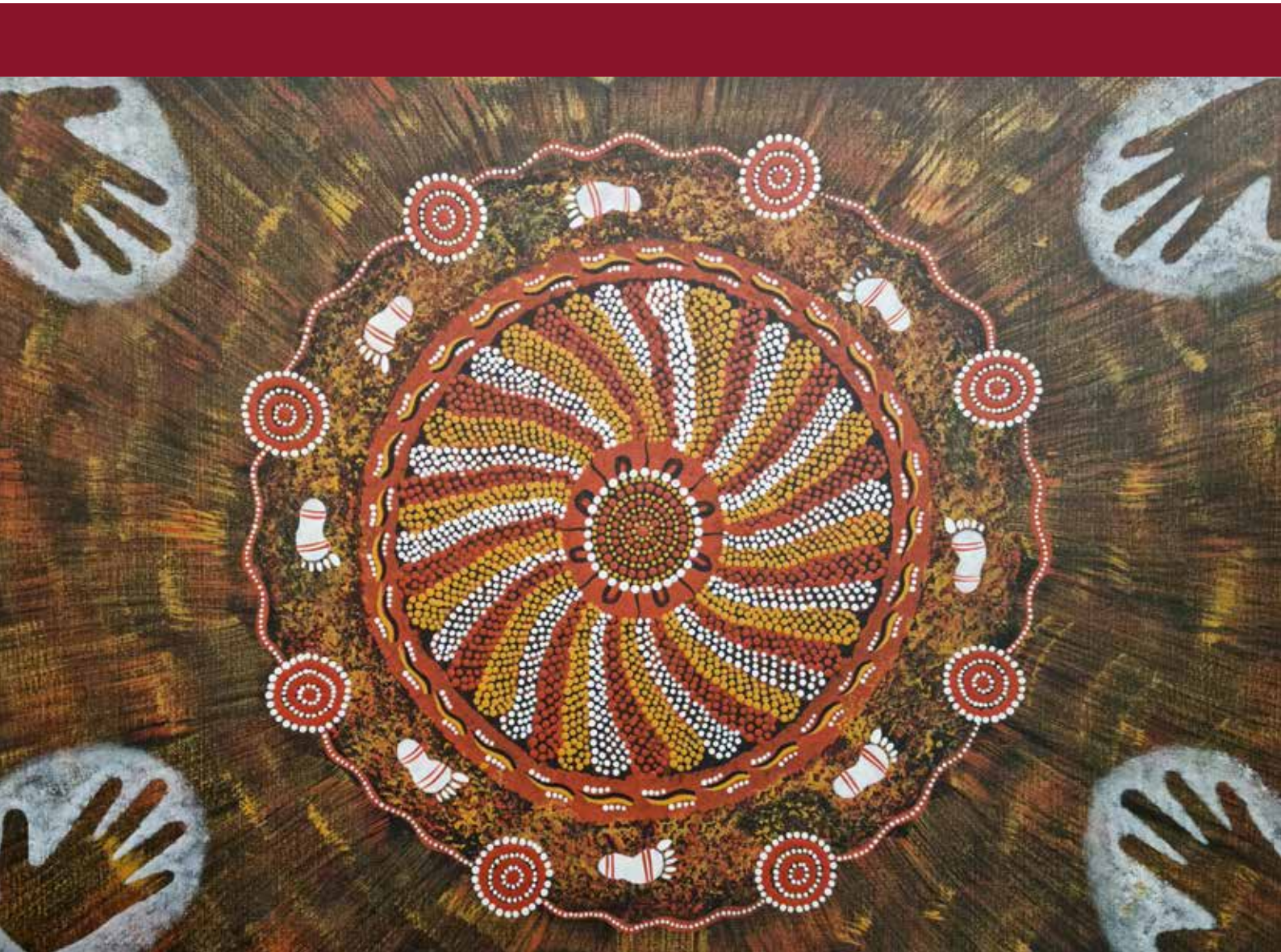
Intergenerational trauma and mental health

Leilani Darwin, Stacey Vervoort, Emma Vollert and Shol Blustein



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ISBN 978-1-922802-81-1 (Online)

ISBN 978-1-922802-82-8 (Print)

DOI: 10.25816/v8ta-1t17

Suggested citation

Darwin L, Vervoort S, Vollert E and Blustein S, 2023. *Intergenerational trauma and mental health*. Catalogue number IMH 18, Australian Institute of Health and Welfare, Australian Government.

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Board Chair

Dr Erin Lalor (acting)

Chief Executive Officer

Mr Rob Heferen

Any enquiries about or comments on this publication should be directed to:

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare.

**Please note that there is the potential for minor revisions of data in this report.
Please check the online version at www.aihw.gov.au for any amendments.**

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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.



Caution: Some people may find the content in this report confronting or distressing.

Please carefully consider your needs when reading the following information about Indigenous mental health and suicide prevention. If you are looking for help or crisis support, please contact:

13YARN (13 92 76), Lifeline (13 11 14) or Beyond Blue (1300 22 4536).

The AIHW acknowledges the Aboriginal and Torres Strait Islander individuals, families and communities that are affected by suicide each year. If you or your community has been affected by suicide and need support, please contact the **Indigenous Suicide Postvention Services** on **1800 805 801**.

The AIHW supports the use of the [Mindframe guidelines](#) on responsible, accurate and safe suicide and self-harm reporting. Please consider these guidelines when reporting on these topics.



Summary

What we know

- The dispossession of Aboriginal and Torres Strait Islander land and the forcible removal of children from their families from the 1800s to 1969 (the Stolen Generations) resulted in complex experiences of trauma and loss.
- The Stolen Generations resulted in the dislocation of Indigenous Australian children from their community, culture and family and in their subsequent exposure to multiple stressors, placing them at high risk of poor social and emotional wellbeing (SEWB).
- It is estimated that, at a minimum, one-third of the total Aboriginal and Torres Strait Islander population may be affected by intergenerational trauma as descendants of the Stolen Generations.
- Survivors of the Stolen Generations and their descendants have demonstrably poorer health and wellbeing outcomes, compared with those who were not removed and their descendants – resulting in poorer mental health, suicidal ideation, attempts and/or death.
- The transmission of this trauma through successive generations is known as ‘intergenerational trauma’.
- Intergenerational trauma can occur directly through exposure to harmful behaviours by relatives and community members such as violence, substance misuse and the feelings of stress caused by racism.
- Intergenerational trauma can be compounded by, and re-experienced through, contemporary interventions into Indigenous Australian communities – including the health, juvenile justice, child protection, and welfare systems.
- Children of survivors of the Stolen Generations have also been found to be at twice the risk of significant emotional and behavioural difficulties compared with children in families who were not separated.
- The presence and promotion of SEWB protective factors – including strong connections to families, culture and Country – are essential to building resilience and mitigating the impact of trauma for survivors of Stolen Generations and their descendants.



What works

- Initiatives that recognise, and are designed to address, holistic concepts of Indigenous health and wellbeing by promoting resilience and good SEWB. Such initiatives have been identified as contributing positively to healing among individuals experiencing intergenerational trauma.
- Trauma-informed and healing-aware models that promote Indigenous Australians to undertake their own individual healing journeys and to recognise the impact of intergenerational trauma in their own lives.
- Empowering Indigenous Australians to develop tools to solve problems they encounter in their own lives, by strengthening SEWB protective factors, including connection to family, kinship, culture, community and Country.
- Promoting the presence of SEWB protective factors among families and individuals experiencing intergenerational trauma.
- Locally developed and implemented programs that promote community governance and self-determination.
- Red Dust Healing, the Murri School and the Cultural, Social and Emotional Wellbeing (CSEW) Program have all been found to be effective in addressing the impacts of intergenerational trauma and there appears to be significant room to expand the scale of these interventions.

What doesn't work

- Approaches that do not centre on Indigenous ways of doing, knowing and being by being culturally safe and designed to address the holistic concept of SEWB.
- Approaches that do not directly recognise, acknowledge and address the impact of intergenerational trauma.

What we don't know

- There are limited quantitative data relating to the relationship between intergenerational trauma, mental health and suicide.
- There have been few formal program evaluations to assess the efficacy of activities that seek to address a person's intergenerational trauma and mental health.





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Introduction



1 Introduction

The colonisation of Aboriginal and Torres Strait Islander land and the (ongoing) oppressive practices that followed have resulted in a legacy of unresolved intergenerational trauma for Indigenous Australians.

Not only is the experience of unresolved historical trauma a risk factor impacting Indigenous Australians' social and emotional wellbeing (SEWB), but re-traumatisation and the cumulative effect of trauma-on-trauma can manifest through other risk factors such as family violence, incarceration, substance misuse and self-harm (McCallum 2022). This trauma can be passed between generations both vicariously and through prolonged exposure to stressors, leading to a cycle of trauma that is left unaddressed.

This prolonged and continuing exposure to trauma and stressors places Indigenous Australians at a heightened risk of mental ill health brought about by prolonged contact with multiple risk factors (Purdie et al. 2014). Given that intergenerational trauma is one of the most prevalent community-identified risk factors impacting SEWB, we cannot meaningfully address the current prevalence of mental ill health and suicide within the Indigenous Australian community without confronting the continuing impact of this trauma.

In recognising this legacy and the continued impact of colonisation, as well as the challenges that it presents, it is crucial to also acknowledge the strength and resilience of Indigenous Australians. Protective features unique to Indigenous Australian cultures, including connection to Country, community, and ancestors, have served to carry many Indigenous Australians through periods of adversity and contribute to collective resilience.

The purpose of this paper is twofold. It will first explore the impact of intergenerational trauma on Indigenous Australians' SEWB. It will then examine the current programs and best practice within community-controlled programs (Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs)) that address individuals' and communities' unresolved trauma. The focus on community-controlled services is grounded in the 'cultural determinants of health' approach. This approach recognises that addressing trauma should not only focus on the individual and their illness but also on collective trauma within the community and the potential for re-traumatisation along with important factors of resilience (Arabena 2020).

This paper takes the form of a scoping review of academic research and grey literature, including governmental reports and policy documents. It adopts an 'Indigenous Standpoint approach', meaning Indigenous Australian research and voices are privileged and serve as an implicit critique of the pervasive impact of colonisation on Indigenous Australian identity and culture.



2



Background

2 Background

The impact of intergenerational trauma on Aboriginal and Torres Strait Islander people's SEWB is multilayered. It can manifest at the family level where parents are unable to provide suitable care due to their own trauma, at the community level due to dislocation from culture and kin, through vicarious traumatisation from witnessing the re-traumatisation of others and prolonged exposure to stressful life events such as bereavement, family violence and incarceration (Menzies 2019). This layering of multiple stressors over a prolonged period is why intergenerational trauma places Indigenous Australians at significant risk of mental ill health and poor SEWB.

In examining the effect of intergenerational trauma on mental health it is necessary to first locate mental health within the SEWB framework and to unpack the role of both protective and risk factors in the promotion of SEWB.

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

SEWB is a holistic framework that is central to Indigenous Australians' mental health and wellbeing and suicide prevention. It provides a holistic definition of health that incorporates the social and cultural aspects of self that shape Indigenous Australians wellbeing (Purdie et al. 2014). It identifies 7 key domains unique to Indigenous Australians' health which support and shape their wellbeing. These are: connection to Country; culture; community; family; spirituality and ancestry; body and mind (Commonwealth of Australia 2017). In this way, SEWB recognises that the individual and their sense of self is inseparable from, and embedded within, family and community.

SEWB and mental health are not the same; instead, mental health should be seen as a component of the larger framework of SEWB (Gupta et al. 2020). Kelly et al. (2009) propose that 'psychological distress' can serve as a better measure of SEWB than 'mental illness', as it captures 'the Indigenous-identified determinants of SEWB and, in turn, its flow-on effect on health and wellbeing' (Kelly et al. 2009:8).

The framework also acknowledges that social, historical and political determinants of health can also impact SEWB. These include social factors such as employment, housing, education and the broader intergenerational legacies of colonisation: violence, trauma, abuse and social disadvantage. Implicit in this is the notion that determinants of SEWB can occur simultaneously and layer over time (Purdie et al. 2014). These social factors can serve as 'stressors' when they are not appropriately addressed in the promotion of SEWB. To ensure the holistic meeting of needs, it is essential that consideration of such determinants is integrated into programs to address Indigenous Australians' SEWB.



Risk and protective factors

International and domestic evidence suggests that the promotion of SEWB centres on harnessing unique protective factors already found within Indigenous Australian cultures that foster and promote wellbeing and minimise exposure to risk factors (stressors) (Commonwealth of Australia 2017). 'Protective factors' are those that serve as sources of strength and resilience for Indigenous Australians, such as cultural participation; connection to land, spirituality and ancestry; and strong ties to family and community (AIHW 2022; Kelly et al. 2009). Such factors work to mitigate risk of, or exposure to, stressors at the individual, family, and community level (Purdie et al. 2014).

Risk factors can be stressors, brought about through negative social determinants of health (for example, poverty, limited education or unemployment) or through specific factors identified by Indigenous Australians as affecting their SEWB (McCallum 2022). These can include such things as unresolved grief and loss; trauma; abuse; forcible removal of children; cultural dislocation; family breakdown; and discrimination (Kelly et al. 2009). Additionally, recent events, such as the coronavirus pandemic and natural disasters across Australia, have disproportionately impacted Aboriginal and Torres Strait Islander communities and the protective factors necessary for their SEWB.

The presence of risk factors alone is not indicative of poor SEWB. An imbalance between stressors, the capacity to cope and protective factors may result in psychological distress. Fraser (1997) uses the term 'risk chains' to describe how factors can accumulate over time to increase an individual's vulnerability. Dudgeon and Holland (2018:166) describe the heightened impact of these chains on Indigenous Australians' SEWB:


While some of the causes and risk factors associated with Indigenous suicide cases can be the same as those seen among non-Indigenous Australians, the prevalence and interrelationships of these factors differ due to different historical, political and social contexts.

This concept of layered risks is particularly relevant when discussing the impact of intergenerational trauma on SEWB.

Intergenerational trauma and SEWB

The link between intergenerational trauma and increased incidence of poor health and wellbeing is well established. Intergenerational trauma is rooted in colonisation of and dispossession from Aboriginal and Torres Strait Islander lands and in subsequent (and continued) oppressive colonising policies and practices (Atkinson 2002). The removal of Aboriginal and Torres Strait Islander children from their families from the late 1800s to 1969, known as 'the Stolen Generations', is the practice that has left the greatest legacy of trauma (and which is compounded by the over-representation of Aboriginal and Torres Strait Islander child removals at the present time) (McCallum 2022). It is estimated that over one-third of all Aboriginal and Torres Strait Islander people are descendants of survivors (AIHW 2018).

The trauma experienced by Aboriginal and Torres Strait Islander people is contemporary, historical and intergenerational. Historical trauma is defined as the sharing of a collective trauma among a community: it is 'the subjective experiencing and remembering of events in the mind of an individual or the life of a community passed from adults to children in cyclic processes' (Purdie et al. 2014:138).



Where this historical trauma remains unresolved it can lead to a range of harmful behaviours and re-traumatisation as well as this trauma being passed down to subsequent generations resulting in intergenerational trauma.

Internationally, the effects of trauma-related events on a community have been well documented, although the ongoing impacts on health and wellbeing were not fully recognised until recent decades. The devastating and lasting impacts of dispossession from land, the disruption of culture and the forcible removal of children are seen in other Indigenous communities, including those of the Canadian First Nations peoples, American Indian communities and New Zealand Indigenous populations (Menzies 2019). The effect of this historical trauma on the mental health and wellbeing of these communities, and the consequent effects of this, are mirrored in the experience of Aboriginal and Torres Strait Islander peoples in Australia.

To better understand the health and wellbeing outcomes of Stolen Generations and their descendants, the Australian Institute of Health and Welfare (2018) examined the outcomes of older Indigenous Australians who had been removed from their families. It found that this cohort was more likely to experience worse outcomes than Aboriginal and Torres Strait Islander people who had not been removed from their families.

They were:

- 1.7 times as likely to have poor self-assessed health
- 1.7 times as likely to have experienced violence in the previous 12 months
- 1.6 times as likely to have experienced homelessness in the last 10 years
- 1.5 times as likely to have poor mental health
- 1.5 times as likely to have used substances in the last 12 months.

Furthermore, descendants of this cohort were consistently more likely to experience adverse health and socioeconomic outcomes compared with those who grew up in households where a carer had not been removed (AIHW 2018).

Specifically, these descendants were:

- 1.9 times as likely to have experienced violence in the last 12 months
- 1.6 times as likely not to have 'good' health
- 1.5 times as likely to have been arrested in the last 5 years
- 1.4 times as likely to have poor self-assessed health
- 1.3 times as likely to have poor mental health.

These poorer health outcomes reflect the fact that survivors of the Stolen Generations and their descendants experience ongoing trauma resulting from these events, which reflects the destruction of the above-mentioned SEWB protective factors.



Cultural determinants and cultural continuity

This paper is informed by the cultural determinants of health and cultural continuity approaches to mental health and suicide prevention. There is substantial evidence demonstrating that connection to culture, in parallel with promoting cultural continuity, should be embedded in the design and operation of complex interventions into Aboriginal and Torres Strait Islander people's mental health, suicide, and the promotion of good SEWB (Dudgeon et al. 2022b).

The cultural determinants perspective is the recognition that there are cultural factors that support and foster connection, resilience, and Aboriginal and Torres Strait Islander identity, and that these in turn promote positive SEWB (Dudgeon et al. 2022a). It is a strengths-based perspective that promotes the leveraging of local knowledge and existing community and family resources and capabilities. Drawing on the SEWB model and the National Longitudinal Study of Aboriginal and Torres Strait Islander Wellbeing Project, Arabena (2020) identified 6 cultural determinants central to Aboriginal and Torres Strait Islander people's wellbeing:

- Connection to Country
- Indigenous beliefs and knowledge
- Indigenous language
- Family, kinship, and community
- Cultural expression and continuity
- Self-determination and leadership.

Similarly, cultural continuity is an approach to wellbeing and self-determination that promotes the need for a shared, protective identity bolstered by social and spiritual supports (Dudgeon et al. 2022b). This shared connection, both to culture and to those in the community, has been shown to be a crucial whole-of-community protective factor, capable of reducing psychological distress (Dudgeon and Holland 2018).

Gibson et al. (2021:647) observe that:

In communities where Aboriginal and Torres Strait Islander people have greater cultural social capital, in that people attended and participated in more cultural events, ceremonies, organisations and activities, and were more connected and involved with the broader community, young people died by suicide at a rate 37% lower.

As shown in the Healing Foundation and Emerging Minds report (2020:4), intergenerational trauma has had 'a devastating ongoing impact on connection and attachment to kinship and ecological systems'. This disruption of family and kinship networks (and, more generally, of connection to Country and culture) has resulted in the traumatisation of families that are dislocated from these protective factors (Atkinson et al. 2014). In line with this evidence, this paper considers interventions and programs that seek to promote cultural continuity and a holistic approach to addressing health and wellbeing problems in Aboriginal and Torres Strait Islander communities.



3



Methods



3 Methods

A scoping review methodology was applied to identify all relevant literature on best-practice interventions relating to SEWB and intergenerational trauma. An electronic database search was conducted to identify all academic and grey literature on the topic. The databases included in this research were Scopus, EBSCO and Google Scholar.

The database search was governed by the following set of key eligibility criteria:

- Written in English.
- Studies that focused on Aboriginal and Torres Strait Islander populations.
- Quantitative, qualitative and mixed methods research.
- Studies that examined the impact of intergenerational trauma on Aboriginal and Torres Strait Islander people's SEWB and interventions, programs or services targeted at addressing this.

A number of key search terms were developed to guide the search process. A combination of the following terms were used: Aboriginal OR Indigenous OR First Nations; AND intergenerational trauma OR historical trauma OR trauma; AND wellbeing OR SEWB OR mental health OR suicide OR healing OR grief OR psychological AND program OR project OR intervention OR service OR evaluation OR framework OR strategy OR policy OR agreement.

Grey literature was sourced from key community organisations such as the Healing Foundation and The Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and from key governmental agencies including the AIHW. In total, 53 relevant articles were identified.

This paper also adopted Indigenous Standpoint Theory as the underlying framework guiding the research and writing process. In line with the work of Dennis Foley (2008), the following key principles were recognised through the process:

- The lead authors are Indigenous.
- The research is on a subject that will be of benefit to the Indigenous community.
- Indigenous voices are privileged within the report.



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Key issues

4 Key issues

Within Aboriginal and Torres Strait Islander communities there remains a legacy of unresolved trauma rooted in the colonisation of Aboriginal and Torres Strait Islander lands and in the ongoing colonising practices of violence, social marginalisation, forcible removal of children and incarceration (Anthony et al. 2020). Where trauma is not acknowledged and addressed it can lead to re-traumatisation by other stressors such as substance misuse, family violence and self-harm. The reproduction and continuing exposure to trauma can also create a legacy that is transmitted and reproduced in successive generations of Aboriginal and Torres Strait Islander peoples (Menzies 2019). This intergenerational trauma manifests through risk factors such as violence and incarceration and is linked to higher rates of mental ill health and poor SEWB.

The following section discusses the key issues identified in the research regarding the impact of intergenerational trauma on the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Colonisation and the dispossession of land

The current trauma experienced by Aboriginal and Torres Strait Islander people has its roots in the colonisation and dispossession of Aboriginal and Torres Strait Islander land, which resulted in the disruption of cultural knowledge and practices. The taking of land and the subsequent loss of family and kinship systems and dislocation of cultural knowledge and practices has been termed 'cultural trauma' (Holloran 2004:4).

Erikson (1994:233) describes the impact of this cultural trauma as a 'blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community'. Menzies (2019:7) notes that this fracturing of the 'communal scaffolding, structures, and systems [necessary] to navigate traumatic situations' – in other words, the key cultural determinants of health – can make it difficult for communities to protect themselves from the infliction of further trauma. Where protective factors are not present, this can result in prolonged exposure to traumatic events and to serious psychological distress.

Research has demonstrated that the loss of family and community relationships and of linkages to culture has a significant impact on the mental health of Aboriginal and Torres Strait Islander peoples (Gibson et al. 2021). These connections serve as vital protective factors that can help mitigate the impact of exposure to trauma on SEWB. The disruption of these protective elements, and the subsequent impact on Aboriginal and Torres Strait Islander peoples' wellbeing, serve as a clear backdrop for understanding the trauma experienced and its intergenerational effects.

The violence committed against Aboriginal and Torres Strait Islander peoples that proceeded colonisation has also been identified as a key source of intergenerational trauma. In her book *Trauma trails: recreating Song Lines* (2002), Judy Atkinson traces the origins of Aboriginal and Torres Strait Islander trauma over 6 generations and argues that the violence experienced in the present can be linked directly to the traumas experienced during colonisation (forced removal from Country; epidemics; and genocide). She argues that, where this trauma has remained unresolved, the impact can be seen in subsequent generations in high rates of family violence and family breakdown – that is, through the reproduction of past violence in the present.



The Stolen Generations

The forcible removal of Aboriginal and Torres Strait Islander children from their families and communities over successive generations (from the late 1800s to 1969) is a practice that has left the most significant traumatic legacy. Known now as the 'Stolen Generations', this policy legitimated the forced separation of Aboriginal and Torres Strait Islander children from their families into children's institutions, orphanages and White foster homes. Many of these children were taken away at a young age and grew up without any connection to their Aboriginal heritage, community, or family (Raphael et al. 1998).

The *Bringing Them Home Report* (1997) documented the stories of children and their families affected by this policy. This report found that many children were subjected to repeated trauma once removed, including emotional, physical and sexual abuse and exploitation. It is estimated that one-third of Aboriginal and Torres Strait Islander children were forcibly removed from their communities.

Members of the Stolen Generations have poorer health and wellbeing outcomes compared with those who were not removed (AIHW 2018). Analysis of the results from the Western Australian Aboriginal Child Health Survey (WAACHS) found that those who had been removed were more likely to have experienced stressors in the previous 12 months than those who had not been separated (Silburn et al. 2006). Silburn et al. (2006) reported that they were:

- 1.95 times more likely to have been arrested or charged with an offence
- 1.61 times more likely to report the overuse of alcohol caused problems in the household
- 2.10 times more likely to report that betting or gambling caused problems in the household
- 1.50 times more likely to have had contact with Western Australian Mental Health Services
- less than half as likely to have social support in the form of someone they can 'yarn' to about problems.

Strong family ties and continuing connection to community and culture are key protective factors in building resilience against trauma. The impact of the Stolen Generations was the severing of these cultural ties through the separation of families and the dislocation of Aboriginal and Torres Strait Islander children from community and culture (Raphael et al. 1998). Once removed, children were exposed to multiple stressors arising from this dislocation including a loss of identity, grief and loss, a sense of hopelessness, high levels of distress and racial discrimination due to their Aboriginality (Menzies 2019). It has also been shown to manifest through other harmful behaviours such as substance misuse and violence (Memmott et al. 2001). This continuing exposure to trauma and the absence of protective factors places survivors and their descendants at a higher rate of mental ill health and self-harm (Raphael et al. 1998).

The legacy of the Stolen Generations

The transgenerational impact of the Stolen Generations and the transmission of trauma through successive generations is multilayered. As described by Professor Helen Milroy (2005:11), where this trauma remains unresolved it manifests in later generations both directly in family breakdown and exposure to harmful behaviours and indirectly by witnessing the trauma of others in the community.



She writes:

The transgenerational effects of trauma occur via a variety of mechanisms including the impact of attachment relationships with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from the extended family, culture, and society.

These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatisation where children witness the on-going effects of the original trauma which a parent or caregiver has experienced. Even where children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health, family dysfunction, community violence, psychological morbidity and early mortality.

Childhood abuse and familial breakdown has been shown to be an independent risk factor for mental ill health, substance misuse and psychological distress (Goldman et al. 2016; Grasso et al. 2013; Saunders and Adams 2014). In a study of Aboriginal youth in South Australia, Clayer (1991) found that the absence of a parent and lack of involvement in Aboriginal cultural practices correlated significantly with mental ill health and risk of suicide. In line with this, familial relationships – which constitute an important conduit for good SEWB and for protection against exposure to traumas – are weakened. The impact of the breakdown of these networks on children’s connection to culture must also be acknowledged as impacting their capacity to manage further stressors (Swan 1988).

Ratnavale (2007:3) notes that the ongoing experience of stressful life events can ‘set in motion behavioural patterns which repeat the traumas of the past’. This capacity for re-traumatisation to manifest through other harmful behaviours such as family violence, substance misuse and risk-taking places carers and their children at a higher risk of mental ill health and poor SEWB (Memmott et al. 2001).

This re-traumatisation can also occur through contemporary interventions including those made by the health, juvenile justice and welfare systems. Aboriginal and Torres Strait Islander children are removed from families and communities at very high rates. The AIHW (2019) found that Aboriginal and Torres Strait Islander children were 10 times more likely to be placed under care and protection orders compared with non-Indigenous children. The non-Indigenous health system’s focus on mental health – from a clinical perspective that fails to attend to SEWB – can also be a source of re-traumatisation (Anthony et al. 2020). In line with the social determinants of health perspective, the promotion of good SEWB is also important in addressing the way contemporary systems continue to reinforce past trauma.

The impact of this trauma on the SEWB of those removed and of their descendants was examined by Silburn et al. (2006) and De Maio et al. (2005). Both studies found that children who had a carer who had been forcibly removed were more than twice as likely to be at high risk of clinically significant emotional or behavioural difficulties, compared with those living in households where the carer had not been removed. Other stressors mentioned in these studies included the witnessing and experiencing of violence, which are also associated with an increased risk of mental ill health and suicidal ideation (De Leo et al. 2011).



The role of protective factors in building resilience

Interventions that seek to address intergenerational trauma cannot simply treat the trauma-related illness itself but must also look at the community level for support in healing the trauma and in mitigating the trauma being reproduced. This requires a holistic response that looks at the physical and mental aspects of SEWB as well as at strengthening its cultural determinants (Commonwealth of Australia 2017).

While it is difficult to directly assess the extent to which the presence of protective factors mitigates the impact of trauma and the development of psychological distress, their profound effects have been extensively documented (Purdie et al. 2014; Kelly et al. 2009). Social cohesion and strong relationships within families serve as vital supportive networks protecting the people within communities. These social bonds are also essential to the transmission of culture, language and traditions from one generation to another and to ensuring continuity of culture (Kelly et al. 2009). The impact of intergenerational trauma for many families is through the disruption of family and kinship systems, and, for this reason, these aspects of health must be integrated and strengthened within SEWB interventions.

Maintaining a connection to Country is also a central cultural determinant of health that has been weakened through the Stolen Generations' experience and through dispossession from land. There is evidence that Aboriginal and Torres Strait Islander people removed from Country can exhibit similar physiological symptoms to those of depression – a term Indigenous psychologist Dr Tracy Westerman terms 'long for, crying for country' (Vicary and Westerman 2004:8). This is also supported by evidence that Aboriginal and Torres Strait Islander people living in remote areas experience similar levels of psychological distress to Aboriginal and Torres Strait Islanders not on Country, despite being exposed to a higher incidence of stressors (Kelly et al. 2009). Connection to the land is thus an important protective factor of good SEWB and should be incorporated into SEWB services.



5



Policy context

5 Policy context

This section identifies the critical national policies, strategies and frameworks that focus on the intersection of SEWB, suicide prevention and intergenerational trauma. The following agreements provide the broader system architecture underpinning key programs and initiatives to address intergenerational trauma and Aboriginal and Torres Strait Islander peoples' SEWB:

- National Mental Health and Suicide Prevention Agreement
- National Agreement on Closing the Gap
- National Aboriginal and Torres Strait Islander Health Plan 2021–31
- Social and Emotional Wellbeing Policy Partnerships
- Gayaa Dhuwi (Proud Spirit) Declaration.

Most of these policies, strategies and frameworks have already been well documented elsewhere, both at a general level for all Aboriginal and Torres Strait Islander people and also with respect to children (Dudgeon et al. 2022a, 2022b; AIHW 2021, 2022). This paper therefore does not propose to repeat the articulation of these policies, strategies and frameworks.

The focus of this section is twofold. First, it identifies some of the most recent policy and strategy developments in SEWB and suicide prevention that extend what has already been well documented. Second, this section identifies the specific policies, strategies and frameworks that have been developed to respond to the impacts of intergenerational trauma.

Newly established policies, strategies and frameworks

National Agreement on Closing the Gap – Commonwealth Implementation Plan

The National Agreement on Closing the Gap (the National Agreement) (Commonwealth of Australia 2020a) exists to enable Aboriginal and Torres Strait Islander people and all levels of government across Australia to work collaboratively to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and to achieve life outcomes equal to all Australians. The National Agreement was developed and implemented, for the first time, in genuine partnership between the Australian Government and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. All Australian governments – the Australian Government, the governments of all Australian states and territories and the Australian Local Government Association – have committed to the actions laid out in the agreement.

At the centre of the National Agreement are 4 priority reforms designed to:

- strengthen and establish formal partnerships and shared decision-making
- build the Aboriginal and Torres Strait Islander community-controlled sector
- transform government organisations so they work better for Aboriginal and Torres Strait Islander people
- improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities make informed decisions.

Target 14

Closely tied to the 4 priority areas are 17 targets that span various social and cultural determinants. Of particular relevance to the issue of SEWB, suicide prevention and intergenerational trauma is Target 14 of the National Agreement. It has as its outcome that: 'Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing' (Commonwealth of Australia 2020a). To achieve this outcome, the National Agreement identifies a target of 'significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero' (Commonwealth of Australia 2020a).

To give effect to Target 14 of the National Agreement (together with the remaining 16 targets), each signatory to the agreement has produced its own implementation plan. The Commonwealth Implementation Plan identifies several initiatives and activities relevant to the intersection of SEWB, suicide prevention and intergenerational trauma for Aboriginal and Torres Strait Islander people.

These include:

- maintaining the local initiatives (including those focused on healing for those experiencing intergenerational trauma) across various sites that formed the national suicide prevention trial sites, including 2 Aboriginal and Torres Strait Islander-specific sites in the Kimberley and Darwin
- the Territories Stolen Generations Redress Scheme, which is a financial and wellbeing package for Stolen Generations survivors who were removed as children from their family or community in the Northern Territory or the Australian Capital Territory prior to self-government, or in the Jervis Bay Territory. The scheme seeks to recognise the harm and trauma experienced by Stolen Generations survivors (see further detail below)
- implementing Link-Up Services to provide counselling, family tracing and reunion services to members of the Stolen Generations and support to the Healing Foundation for healing projects.

National Aboriginal and Torres Strait Islander Health Plan 2021–31

The National Aboriginal and Torres Strait Islander Health Plan (the Health Plan) outlines the nationally agreed policy framework for 2021–31 designed to improve health outcomes for Aboriginal and Torres Strait Islander peoples. It was developed in full partnership with Aboriginal and Torres Strait Islander health leaders and experts and includes interim independent reviews with Aboriginal and Torres Strait Islander people in order to evaluate the progress over the duration of the plan.

The Health Plan is grounded in a holistic, strengths-based approach to Aboriginal and Torres Strait Islander people's health that recognises physical health and wellbeing along with the social, emotional and cultural wellbeing of Aboriginal and Torres Strait Islander people, families and communities. Additionally, it adopts a lifecourse approach identifying the critical stages and key preventive activities required at each transition period.

The Health Plan has 4 key priority areas:

- enabling change through genuine shared partnerships; Aboriginal and Torres Strait Islander community-controlled primary health care; and workforce development
- focusing on prevention through health promotion; early intervention; social and emotional wellbeing and trauma-aware healing informed approaches; and supporting healthy environments (including housing and infrastructure, food security and disaster planning)

- improving the health system by identifying and eliminating racism; improving access to person-centred and family-centred care; and strengthening the delivery of mental health and suicide prevention services
- undertaking culturally informed and evidence-based evaluation, research and practice and promoting shared access to data and information at the regional level to improve the current evidence base.

While the Health Plan does not explicitly address intergenerational trauma and its impact on SEWB, it is grounded in a holistic understanding of health and wellbeing that encompasses both physical health and social and emotional wellbeing in addition to supporting trauma-aware healing informed approaches.

National Mental Health and Suicide Prevention Agreement

Finalised in mid-2022, the National Mental Health and Suicide Prevention Agreement (the Agreement) sets out the shared intention of the Australian, state and territory governments to work in partnership to improve the mental health of all Australians; reduce the rate of suicide toward zero; and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system (Commonwealth of Australia 2020b). Like its predecessor, the Fifth National Mental Health and Suicide Prevention Plan, this agreement has a specific and targeted focus on enhancing SEWB and suicide-prevention activities among Aboriginal and Torres Strait Islander people. As it is a national agreement, the Australian Government has entered into bilateral agreements with the governments of every Australian state and territory.

Like its predecessor document, this agreement:

... commits to work in partnership with Aboriginal and Torres Strait Islander people, their communities, organisations and businesses to improve Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing, and access to, and experience with, mental health and wellbeing services (Commonwealth of Australia 2020b).


While not explicitly focused on the intersection of intergenerational trauma, SEWB and suicide prevention, the Agreement does identify a commitment to enhance SEWB and suicide prevention among Aboriginal and Torres Strait Islander peoples. When read together with the National Agreement (noted above), it demonstrates an emerging landscape that is aware of the intersection of intergenerational trauma, SEWB and suicide prevention.

The Uluru Statement from the Heart

In 2017, over 250 Aboriginal and Torres Strait Islander delegates gathered in Mutitjulu near Uluru and put their signatures to the historic Uluru Statement from the Heart.

The Uluru Statement from the Heart is an invitation to the Australian people. It asks Australians to ‘walk ... in a movement of the Australian people for a better future ... [and it calls] ... for the establishment of a First Nations Voice enshrined in the Constitution and a Makarrata Commission to supervise a process of agreement-making and truth-telling about [Aboriginal and Torres Strait Islander] history’ (Uluru Statement 2017).

The term ‘makarrata’ comes from the Yolngu language and is defined as ‘the coming together after a struggle’. In this way, makarrata is the end goal, as explained in the statement: ‘it captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination’ (Uluru Statement 2017).



The Uluru Statement from the Heart places a strong emphasis on addressing many of the risk factors that have been identified earlier in this paper that have contributed to intergenerational trauma and poor mental health outcomes for Aboriginal and Torres Strait Islander people.

On 23 March 2023, Prime Minister Anthony Albanese announced the constitutional amendment and question to be put to the Australian public during the 2023 referendum. The referendum proposes the recognition of Aboriginal and Torres Strait Islander peoples in the Constitution through the establishment of the Aboriginal and Torres Strait Islander Voice. The Voice to Parliament is a key element of the Uluru Statement from the Heart and will afford Aboriginal and Torres Strait Islander people with a pathway to inform policy and legal decisions that impact their lives.

Treaty for Victoria

Drawing on the key messages articulated in the Uluru Statement from the Heart, the Treaty for Victoria seeks to give effect to the 3 key features of the Uluru Statement – Voice, Treaty and Truth (Victorian Government 2022a).

The Treaty for Victoria provides a path to negotiate the transfer of power and resources for Aboriginal people in Victoria to control matters which impact their lives. Critically, in negotiating Treaty, the Victorian Government acknowledges that prior to the formation of the State of Victoria, ‘Aboriginal communities were here – practicing their own law, lore and cultural authority’ (Victorian Government 2022a). As such, the Treaty seeks to recognise the protective factors for Aboriginal and Torres Strait Islander people’s SEWB and put in place a legal mechanism that will allow for healing of past and current trauma.

Schemes targeting intergenerational trauma

There are several schemes designed to respond to the impacts of intergenerational trauma – namely the impact of Stolen Generations – by enhancing a person’s SEWB. These ‘redress schemes’ operate to provide support to Stolen Generations survivors who were removed from their families or communities. These redress schemes do not, however, provide support to the families and descendants of the Stolen Generations, and therefore are limited in their ability to adequately address the impact of intergenerational trauma on SEWB and suicide prevention.

Currently, there are 3 redress schemes in operation in Australia.

The National Redress Scheme

The National Redress Scheme began in July 2018, as a financial and wellbeing package to support people who experienced child sexual abuse in institutions. It acknowledges the suffering and intergenerational trauma caused, provides financial and practical support for people on their healing journey, and is a way to hold institutions accountable (National Redress Scheme 2022).

The National Redress Scheme operates to provide people who experienced child sexual abuse in institutions with the following (National Redress Scheme 2022):

- Free counselling support
- Free legal advice

- A redress payment, decided on an individual basis, of up to \$100,000
- Direct personal response and apology from a senior representative of the institution responsible.

The National Redress Scheme remains open for applications until 30 June 2027.

The Territories Stolen Generations Redress Scheme

The Territories Stolen Generations Redress Scheme is a financial and wellbeing package for Stolen Generations survivors who were removed as children from their family or community in the Northern Territory or the Australian Capital Territory prior to self-government, or the Jervis Bay Territory.

The Scheme seeks to recognise the harm and trauma experienced by Stolen Generations survivors and is administered by the National Indigenous Australians Agency (NIAA 2022).

The Territories Stolen Generations Redress Scheme provides support to Stolen Generations survivors who were removed from their families or communities in the by providing a financial and wellbeing package that (NIAA 2022):

- makes payments in recognition of the harm caused by removal from family or community
- assists with the healing of this trauma for the Stolen Generations survivors who were removed in the territories
- helps survivors gain access to free support services
- gives survivors the choice to tell their story.

The Territories Stolen Generations Redress Scheme began on 1 March 2022 and remains open for applications until 28 February 2026.

The Victorian Stolen Generations Reparations Package

The Stolen Generations Reparations Package aims to help address the trauma and suffering caused by the forced removal of Aboriginal children from their families, community, culture, identity and language. The package includes (Victorian Government 2022b):

- a lump sum payment of \$100,000
- a personal apology from the Victorian Government
- supported access to healing programs such as family reunions, reconnection to Country and language programs
- an opportunity to record and share individual stories and experiences
- access to trauma-informed counselling
- access to records held by the State about a person's removal.

The Package began in March 2022 and remains open for applications until 31 March 2027

Additional information relating to the above policies, strategies and frameworks are set out in Appendix A.



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Programs and initiatives

6 Programs and initiatives

This section provides a brief description of 3 evaluated programs and initiatives that are explicit in their attempts to address intergenerational trauma, suicide prevention and SEWB. In addition to the programs that are identified in this section, there are many other programs and initiatives that seek to enhance a person's SEWB, prevent suicide and contribute to a person's healing, some of which have been evaluated and others that have not. Many of these programs and initiatives have been well documented elsewhere (Dudgeon et al. 2022a; Dudgeon et al. 2022b; AIHW 2022; AIHW 2021), so this paper does not explore these in any detail. However, for completeness, these programs and initiatives are included in Appendix B.

Aboriginal and Islander Independent School – Murri School

The Healing Foundation provides funding for programs to address intergenerational trauma among Aboriginal and Torres Strait Islander children. The goal of the funding is to assist young Aboriginal and Torres Strait Islander people to heal from their distress and prevent the continuing transmission of trauma through future generations. The funded programs aim to improve the SEWB of young people by strengthening cultural connectedness and identity, providing opportunities for individual and family healing, and building skills to manage pain and loss in a way that allows for a hopeful future (Healing Foundation 2013).


One project supported by the Healing Foundation was the Murri School, which is located in Brisbane. The healing program at the Murri School has run since 2012. It combines various interventions and activities (Deloitte Access Economics 2017), including:

- therapeutic intervention
- service coordination
- family case work, family camps
- cultural and group activities
- (re)connection with educational and sporting activities.

In February 2017, this program was evaluated by Deloitte Access Economics (2017). The evaluation covered the period from January to June 2016, during which time 230 children and young people and 180 adult family members took part in healing activities at the Murri School.

The outcomes of the evaluation were positive and its key findings (Deloitte Access Economics 2017) showed that the program:

- contributed to improved educational attainment, reflected by the fact that the Murri School had higher than average Year 12 completion rates and higher attendance rates for the general school population when compared with other schools with Aboriginal and Torres Strait Islander students
- supported improved mental health
- led to less contact among the student population with the child protection system
- led to less contact by members of the student population with the justice system.



Taking all these benefits into account, the evaluators determined that the economic benefit of the program is \$6.5 million, or approximately \$28,248 per student, compared with the average Aboriginal and Torres Strait Islander student in a state school (Deloitte Access Economics 2017). These savings reflected savings from decreasing use of child protection services and improvements in mental health.

The Cultural, Social and Emotional Wellbeing (CSEWB) Program

The CSEWB Program was developed in response to a significant research project – the National Empowerment Project – as a comprehensive structured program designed to promote the cultural, social and emotional wellbeing of Aboriginal participants incorporating empowerment, healing and leadership, building resilience and giving people strength. The CSEWB Program was initially implemented and evaluated in Kuranda and Cherbourg in Queensland between 2014 and 2016 (CBPATSISP 2022).

In 2017, Relationships Australia WA (RAWA) applied to the West Australian Primary Health Alliance (WAPHA) to fund the CSEWB Program. RAWA engaged Langford Aboriginal Association (LAA) to deliver the program at 3 identified sites in the Perth metropolitan area (CBPATSISP 2022):

- Balga, Girrawheen, Koondoola
- Kwinana and Rockingham
- Langford, Kelmscott and Gosnells.


In 2018–19 the WAPHA re-funded the program through LAA which, in partnership with RAWA, delivered the CSEWB Program twice in Kwinana, with 46 graduates. In 2019–20 the program was re-funded to be delivered twice at Langford with 21 participants attending the first program (CBPATSISP 2022).

The CSEWB Program aims to provide participants with strategies to:

- promote their positive cultural, social and emotional wellbeing
- strengthen their mental health of their families
- build resilience
- prevent psychological distress (CBPATSISP 2022).

A Community Reference Group (CRG) provides direction to ensure the effective and culturally safe implementation of the CSEWB Program. The CRG provides overall cultural governance for the program managers and facilitators who implement the program. Membership of the CRG includes Elders, other Aboriginal community members and organisations providing health and social services to the local community (CBPATSISP 2022).

The CSEWB Program is delivered over a 3 month period with 12 culturally secure sessions once a week, including a field trip, a graduation ceremony and an opportunity for participants to implement a community project. The program is available to Aboriginal people over the age of 18 years as well as to non-Aboriginal people who are well-known in the community and want to participate in the program (Mia and Oxenham 2017). In Western Australia, for example, this is delivered through Langford Aboriginal Association in partnership with Relationships Australia WA.



Over the course of the CSEWB Program, each participant explores concepts of self, including their personal understanding of how the legacy of colonisation has affected their understanding of Aboriginal social history; loss of culture; family and parenting concepts; leadership styles; personal development; and self-esteem and efficacy. These concepts are further explored through group discussions (Mia and Oxenham 2017).

Program participants are given a task to complete that involves a cultural project within the community. This project is developed through the group, who design, develop and implement the project using their existing skills and knowledge and new resources learned through the program (CBPATSISP 2022).

In 2017 an evaluation of the program (Mia and Oxenham 2017) indicated that program participants had:


- increased confidence so that they were able to seek employment and become employed
- improved relationships with their children, partners and extended family and community including in a reduced prevalence of family violence
- increased knowledge about Aboriginal history
- a better understanding of the impacts of intergenerational trauma and therefore an increased understanding of determinants impacting on their own lives
- a better ability to speak up for themselves and therefore becoming empowered
- developed strategies to cope with their grief and loss around suicide, poverty, mental illness and deaths impacting on themselves, their families and communities.

Red Dust Healing

Red Dust Healing was originally designed in response to issues of oppression within the contemporary juvenile justice system. It targets Aboriginal males in recognition of the disproportionately high suicide rate among this group due their heavy load of oppression and loss (CBPATSISP 2022). The program addresses this oppression by seeking to reverse the colonisation process as it affects an individual's self-image, roles and responsibilities and actions.

Red Dust Healing examines the intergenerational effects of colonisation on the mental, physical and spiritual wellbeing of Aboriginal people and families and directly addresses the determinants of wellbeing. This program provides a culturally safe environment, mechanisms for healing, a shared discourse, along with language and tools to enable participants to gain a sense of understanding and control in their lives. Because of the authority of the father figure in Aboriginal culture, addressing the high suicide rates of Aboriginal males needs to include the establishment of family harmony. The program also encourages individuals to confront and deal strategically with the impact of rejection, hurt and anger in their lives and to understand that rejection is the foundation of all hurt (CBPATSISP 2022).

The design of the program acknowledges the need to approach the healing journey in an individualised and personalised manner so that participants can apply their new tools and knowledge to their own circumstances. This is done using narratives from an individual's life and encouraging them to reflect on their own situation while applying the program's messages (Caritas Australia 2018).



Participants examine their hurt and rejection and reflect on how this is manifested in their actions towards the people around them. Participants are also encouraged to examine their own personal hurt in order to heal themselves. This is seen as the first step in addressing the hurt they inflict on others within their personal relationships, their family and the overall patterns of violence and abuse in their lives (CBPATSISP 2022).

Red Dust Healing promotes an individual's empowerment to find their own solutions. A tool has been developed called 'POUCH', which is a solution-based, problem-solving concept allowing participants to deal with issues in their own lives. Discussing this tool encourages participants to look at solving some of their concerns and gives them responsibility without blame (CBPATSISP 2022).

The name 'POUCH' is an acronym for identifying 'what Problems U have, what Options U have, what Choices U have and How U are going to deal with them'.

In 2017 and 2018, Red Dust Healing was recognised nationally with 2 awards. The first was the United Nations of Australia Award for services to human rights and the second was the Mental Health Matters Award awarded by the Mental Health Association of NSW in the category of Aboriginal Social and Emotional Wellbeing (Caritas Australia 2018).

Caritas Australia undertook a formal evaluation of this project in 2018 using a mixed methods approach (Caritas Australia 2018). Interviews were conducted with participants and the evaluators found that participants had gained an improved understanding of the impact of rejection, grief and loss; of the impacts of colonialism and oppression; and of the learning tools needed to circumvent these hurdles. It also found that participants had improved self-esteem and had improved their ability to restore broken relationships and strengthen existing ones. At a community level, families were connected to service providers and the capacity of Aboriginal men to contribute, plan, implement and evaluate a variety of strategies, projects, and programs in their community increased (Caritas Australia 2018).

Additional information on the programs identified above – together with a range of other programs that focus on SEWB and suicide prevention – can be found in Appendix B.



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Overarching strategies, approaches and best practice



7 Overarching strategies, approaches and best practice

The most important work on SEWB, mental health and suicide prevention in Aboriginal and Torres Strait Islander communities is contained in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project *Solutions that work* report (Dudgeon et al. 2016). This report identified several critical factors that are indicative of successful whole-of-community, on the ground, whole-of-government approaches to SEWB, mental health and suicide prevention (Dudgeon et al. 2016). The importance of this work is reflected by the fact that these efforts have led to 2 evaluation frameworks: the first by the Aboriginal and Torres Strait Islander Suicide Prevention Project (ATSISPEP 2016); the second by the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP 2018).

Central to these frameworks is the fact that they:

- are guided by expert Indigenous groups
- privilege Indigenous ways of doing, knowing and being, including program design, methodologies and delivery
- involve the National Aboriginal and Torres Strait Islander Mental Health Indigenous Leadership.

The following essential criteria are identified by the CBPATSISP Evaluation Framework (CBPATSISP 2018). They are based on evidence of what works in suicide prevention and SEWB programs and services. These criteria assess whether programs and services:

- assist in Indigenous capacity building
- prioritise Indigenous knowledge and experience
- respect cultural values
- recognise Indigenous rights and self-determination
- facilitate cultural strengthening
- facilitate and promote Indigenous leadership and governance
- foster genuine partnerships and community engagement
- promote healing.

These criteria represent the foundational features that must be present for any SEWB-related program or initiative, and therefore must be the basis for determining whether a program or initiative designed to address the impact of intergenerational trauma and mental health is (or may be) effective.



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Conclusions and recommendations for further research



8 Conclusions and recommendations for further research


The Healing Foundation (2021) notes that more (and urgent) action is required to provide effective responses to Indigenous Australians impacted by intergenerational trauma. The Healing Foundation (2021) emphasises that such action – speaking specifically in the context of Stolen Generations – must include an increased focus on the following topics within existing and future policies, strategies and frameworks across all jurisdictions:

- Holistic approaches that recognise the impact of intergenerational trauma
- Stolen Generations-led and centred responses
- Self-determination
- Trauma-aware, healing-informed practice
- Evidence-informed programs and services.

In addition to a more targeted focus within the policy landscape, there is also further work to do to identify data on trauma research specifically for Aboriginal and Torres Strait Islander children and their families. It is, therefore, recommended that future research on this topic should focus on identifying which factors have the greatest impact in protecting Indigenous Australians from the stressors associated with intergenerational trauma. Most prominently, there has been no systematic examination conducted to determine the psychological effects of Stolen Generations policies across the lifespan, on families and communities and across generations. This is not to say that the work of the Healing Foundation has not added tremendously to the evidence base on this topic; however, even these analyses are limited in scope and reach. The impact of this is that there are limited quantitative data that chart the impact of intergenerational trauma on mental health and suicide.

It is also recommended that further research be conducted to explore mental health practitioners' understanding of the impact of historical and intergenerational trauma on the mental health of Indigenous Australians, and to what extent practitioners implement trauma-informed principles. Finally, little work has been undertaken to understand how trauma frameworks can be applied to other areas of practice such as child protection, social work and the legal sector. Given the capacity for re-traumatisation through these systems, practitioners in these fields should have a thorough understanding of the impact of trauma and how to interact with Indigenous Australians in a trauma-informed manner.

The ripple effects of colonisation are ever-present in the legacy of unresolved trauma that has been transmitted and reproduced in successive generations of Aboriginal and Torres Strait Islander communities. The impact of this intergenerational trauma on Indigenous Australians' SEWB is well documented. This legacy can be traced through the violent dispossession of Aboriginal and Torres Strait Islander peoples from Country; the forcible removal of children from families during the Stolen Generations; and contemporary institutions such as the health, welfare and juvenile justice systems. Where the trauma arising from these policies and practices is not addressed, it can manifest through



further traumatising events such as family violence, substance misuse and self-harm. The resulting dissociation from Country, culture, family and kin networks – which serve as key protective factors from such harms – can further exacerbate the impact of this trauma on Indigenous Australians' SEWB.

In recognition of these multilayered risk factors and of the continuing impact of intergenerational trauma on the SEWB of Indigenous Australians, policies and programs must look to acknowledge and address this trauma within the context of suicide prevention and SEWB. Programs that centre on empowerment, healing and leadership have been shown to improve self-confidence, to strengthen community ties and to enhance key protective factors. In line with the SEWB framework, these interventions seek to address the holistic needs of the individual, in recognition of the way in which social and cultural determinants shape health outcomes.

At the time of writing, implementation of the National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program is underway. This is a promising initiative that centres a community-led approach to suicide prevention and aftercare. In order to improve the current evidence base, a detailed evaluation of the Program should be undertaken.

In line with the work described in the *Solutions that work* report, program success is underpinned by key features including Indigenous capacity building; respect and centring of Indigenous knowledge, experience and values; recognition of self-determination; promotion of cultural strength and healing; Indigenous leadership; and governance. These criteria must serve as the basis for the future design of interventions that look to address intergenerational trauma and SEWB.

Finally, national and state-level policies must recognise the continuing impact of intergenerational trauma and incorporate this into frameworks and pathways for strengthening SEWB.



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Appendixes

Appendix A: Policies and frameworks

Table A1. Policies and frameworks

| Name | Details | Key recommendations | Implementation |
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| <p>National Agreement on Closing the Gap 2020</p> | <p>In 2019, all levels of government and a Coalition of Aboriginal and Torres Strait Islander Peak Organisations signed a formal agreement to work in genuine partnership. This culminated in the Closing the Gap 2020 Strategy, which adopts a community-led, strengths-based approach that acknowledge that to close the gap, 'Aboriginal and Torres Strait Islander people must determine, drive and own the desired outcomes, alongside all governments.'</p> <p>This new partnership represents the first time a COAG Ministerial Council has included non-government representatives and is a significant step that could drive change in the mental health service provision and suicide prevention (Commonwealth of Australia 2020).</p> | <p>Target 14:</p> <ul style="list-style-type: none"> • People enjoy high levels of social and emotional wellbeing Outcome Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing (p.38). • Target significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero. | <p>Each party to the National Agreement has developed their own implementation plan and will report annually on their actions to achieve the outcomes of the Agreement. Plans have been developed and will be delivered in partnership with Aboriginal and Torres Strait Islander partners.</p> <p>Each implementation plan sets out how policies and programs are aligned to the National Agreement and what actions will be taken to achieve the Priority Reforms and outcomes, including information on funding and timeframes for actions.</p> <p>The key actions set out in the Australian Government's Implementation Plan are as follows:</p> <ul style="list-style-type: none"> • Working with Gayaa Dhuwi (Proud Spirit) Australia (Gayaa Dhuwi) to renew and co-design the National Aboriginal and Torres Strait Islander Prevention Strategy • Gayaa Dhuwi and the Australian Government will work in partnership to develop an implementation plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing • Increased funding for mental health and suicide prevention • Increased funding for healing services, including redress and workforce support. |

| Name | Details | Key recommendations | Implementation |
|--------------------------------|--|---|---|
| Uluru Statement from the Heart | <p>In 2017, over 250 Aboriginal and Torres Strait Islander delegates gathered in Mutitjulu near Uluru and put their signatures to the historic Uluru Statement from the Heart – addressed to the Australian people as an invitation to work together to create a better future (Uluru Statement 2017).</p> | <p>The Uluru Statement from the Heart is an invitation to the Australian people. It asks Australians to ‘walk ... in a movement of the Australian people for a better future ... [It calls] ... for the establishment of a First Nations Voice enshrined in the Constitution and a Makarrata Commission to supervise a process of agreement-making and truth-telling about [Aboriginal and Torres Strait Islander] history’.</p> <p>The Uluru Statement from the Heart places a strong emphasis on addressing many of the risk factors that have been identified earlier in this paper that have contributed to intergenerational trauma and poor mental health outcomes for Aboriginal and Torres Strait Islander peoples.</p> | <p>Implementation measures not identified</p> |
| Treaty for Victoria | <p>Drawing on the key messages articulated in the Uluru Statement from the Heart, the Treaty for Victoria seeks to give effect to the three key features of the Uluru Statement – Voice, Treaty and Truth (Victorian Government 2022a).</p> | <p>The Treaty for Victoria provides a path to negotiate the transfer of power and resources for Aboriginal peoples in Victoria to control matters which impact their lives. Critically, in negotiating the Treaty, the Victorian Government acknowledges that prior, to the creation of the State of Victoria, Aboriginal communities were here, practising their own law, lore and cultural authority.</p> <p>The Treaty seeks to recognise the protective factors for Aboriginal and Torres Islander peoples’ SEWB and to put in place a legal mechanism that will allow for healing of past and current trauma.</p> | <p>Implementation measures not identified</p> |

| Name | Details | Key recommendations | Implementation |
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| <p>National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013)</p> | <p>The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (the Prevention Strategy) complements the LIFE (Living Is For Everyone) Framework in acknowledgement of the disproportionately high rates of suicide and suicidal behaviour among Aboriginal and Torres Strait Islander peoples.</p> <p>The Prevention Strategy:</p> <ul style="list-style-type: none"> • commits governments to engaging with Aboriginal and Torres Strait Islander peoples to develop local, culturally appropriate strategies to identify and respond to those most at risk within communities • focuses on early interventions to strengthen community • prioritises the integration of approaches and places community at the centre of initiatives for suicide prevention (DoHA 2013). | <p>Six action areas:</p> <ol style="list-style-type: none"> 1. Building strengths and capacity in Aboriginal and Torres Strait Islander Communities 2. Building strengths and resilience in individuals and families 3. Targeted suicide prevention services 4. Coordinating approaches to prevention 5. Building evidence base and disseminating information 6. Standards and quality in suicide prevention. | <p>The Australian Government is yet to revise its National Aboriginal and Torres Strait Islander Suicide Prevention Strategy or to develop an associated implementation plan.</p> |
| <p>The National Mental Health and Suicide Prevention Agreement (the Agreement)</p> | <p>The Agreement sets out the shared intention of the Australian, state and territory governments to work in partnership to improve the mental health of all Australians and to ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.</p> <p>The Agreement includes a specific commitment 'to close the gap, improve mental health and wellbeing outcomes and reduce suicide for vulnerable cohorts, including Aboriginal and Torres Strait Islander peoples' (Commonwealth of Australia 2020b).</p> | <p>The Agreement contains a shared commitment among all Australian governments to contribute to the National Agreement on Closing the Gap. This includes progressing against the National Agreement on Closing the Gap commitments, including Outcome 14 'Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing'.</p> <p>The Agreement also commits to working in partnership with Aboriginal and Torres Strait Islander peoples, their communities, organisations and businesses to improve Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing; and their access to, and experience with, mental health and wellbeing services.</p> | <p>The agreement contains a shared commitment among all Australian governments to contribute to the National Agreement on Closing the Gap.</p> <p>This includes progressing the National Agreement on Closing the Gap commitments, including Outcome 14 ('Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing'); contributing to closing the gap in Aboriginal and Torres Strait Islander peoples' disadvantage and life expectancy; and achieving the Closing the Gap targets, including a significant and sustained reduction (towards zero) in suicide of Aboriginal and Torres Strait Islander peoples (Target 14).</p> |

| Name | Details | Key recommendations | Implementation |
|---|--|--|--|
| National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017-2023). | This framework is intended to guide and inform Aboriginal and Torres Strait Islander mental health and wellbeing reforms in response to the high incidence of social and emotional wellbeing problems and mental ill health among Aboriginal and Torres Strait Islander populations (PM&C 2017). | <p>The framework provides specific direction by highlighting the importance of preventive actions that focus on children and young people.</p> <p>This includes:</p> <ul style="list-style-type: none"> • strengthening the foundation • promoting wellness • building capacity and resilience in people and groups at risk • providing care for people who are mildly or moderately ill • caring for people living with severe mental illness. | Implementation measures not identified |
| Gayaa Dhuwi (Proud Spirit Declaration) | <p>The Gayaa Dhuwi (Proud Spirit) Declaration is the touchstone of Gayaa Dhuwi (Proud Spirit) Australia's work to reform Indigenous social and emotional wellbeing, mental health and suicide prevention and to secure a fit-for-purpose mental health system for Aboriginal and Torres Strait Islander peoples (Gayaa Dhuwi 2020).</p> <p>The declaration has five themes:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice. <p><i>(continued next page)</i></p> | <p>Theme 3(b):</p> <p>'Led by Aboriginal and Torres Strait Islander peoples, Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system' (p.5).</p> | Implementation measures not identified |

| Name | Details | Key recommendations | Implementation |
|------|--|---------------------|----------------|
| | <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing, combined with clinical perspectives, will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples. • Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures, in combination with clinical outcome measures, should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples. • Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes. • Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system. <p>The <i>Gayaa Dhuwi Declaration</i> is an Aboriginal and Torres Strait Islander-specific companion to the <i>Wharerāta Declaration</i>.</p> | | |

| Name | Details | Key recommendations | Implementation |
|---|--|--|--|
| National Redress Scheme | <p>The National Redress Scheme began in July 2018 as a financial and wellbeing package to support people who experienced child sexual abuse in institutions.</p> <p>It acknowledges the suffering and intergenerational trauma caused, provides financial and practical support for people on their healing journey, and is a way to hold institutions accountable (National Redress Scheme 2022).</p> | <p>The National Redress Scheme operates to provide people who experienced child sexual abuse in institutions with:</p> <ul style="list-style-type: none"> • free counselling support. • free legal advice. • a redress payment, decided on an individual basis, of up to \$100,000. • a direct personal response and apology from a senior representative of the institution responsible. | <p>The National Redress Scheme began in July 2018 and remains open for applications until 30 June 2027</p> |
| Territories Stolen Generations Redress scheme | <p>The Territories Stolen Generations Redress Scheme is a financial and wellbeing package for Stolen Generations survivors who were removed as children from their family or community in the Northern Territory or the Australian Capital Territory prior to self-government, or the Jervis Bay Territory.</p> <p>The Scheme seeks to recognise the harm and trauma experienced by Stolen Generations survivors (NIAA 2022).</p> <p>The Scheme is administered by the National Indigenous Australians Agency.</p> | <p>The Territories Stolen Generations Redress Scheme provides support to Stolen Generations survivors who were removed from their families or communities in the package that:</p> <ul style="list-style-type: none"> • makes payments in recognition of the harm caused by removal from family or community • assists with the healing of this trauma for the Stolen Generations survivors who were removed in the territories • helps survivors gain access to free support services • gives survivors the choice to tell their story. | <p>The Territories Stolen Generations Redress Scheme begin on 1 March 2022 and remains open for applications until 28 February 2026.</p> |
| Stolen Generations Package (Victoria) | <p>The Stolen Generations Reparations Package is to help address the trauma and suffering caused by the forced removal of Aboriginal children from their families, community, culture, identity and language (Victorian Government 2022b).</p> | <p>The Package operates to address the trauma and suffering caused by the forced removal of Aboriginal children from their families, community, culture, identity and language through:</p> <ul style="list-style-type: none"> • a lump sum payment of \$100,000 • a personal apology from the Victorian Government <p><i>(continued next page)</i></p> | <p>The package began in March 2022 and remains open for applications until 31 March 2027</p> |

| Name | Details | Key recommendations | Implementation |
|---|---|--|---|
| <p>Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (The Bringing Them Home report)</p> | <p>The inquiry was commissioned in 1995 to:</p> <ul style="list-style-type: none"> trace the past laws, practices and policies which resulted in the separation of Indigenous children from their families examine the adequacy of and the need for any changes in current laws, practices and policies relating to services and procedures currently available to those Indigenous peoples who were affected by the separation examine the principles relevant to determining the justification for compensation for persons or communities affected by such separations examine current laws, practices and policies with respect to the placement and care of Indigenous children and advise on any changes required taking into account the principle of self-determination by Indigenous peoples (HREOC 1997). | <ul style="list-style-type: none"> supported access to healing programs such as family reunions, reconnection to Country, and language programs an opportunity to record and share your story and experience access to trauma-informed counselling access records held by the State about your removal. <p>Recommendations 43a to 43c proposed the negotiated transfer of responsibility for child welfare from government agencies to Indigenous organisations (HREOC 1997)</p> | <p>There has been some legislative reform. For example, current legislation in Queensland and South Australia mandates consultation with Aboriginal or Torres Strait organisations in all decisions made about Indigenous children (SNAICC 2019).</p> <p>In Victoria and Tasmania, there is an obligation to consult with an Aboriginal organisation about significant decisions including the placement of a child (SNAICC 2019).</p> <p>Most states and territories are engaging with Indigenous people, but not all: some jurisdictions still have no specific obligation to consult with Indigenous people about these matters (SNAICC 2019).</p> |

| Name | Details | Key recommendations | Implementation |
|---|--|---|---|
| <p>Bringing Them Home 20 years on: An action plan for healing</p> | <p>Most Aboriginal and Torres Strait Islander people have been affected by the Stolen Generations. The resulting trauma has been passed down to children and grandchildren, contributing to many of the issues faced in Indigenous communities, including family violence, substance abuse and self-harm.</p> <p>Two decades on and the majority of the <i>Bringing Them Home</i> recommendations have not yet been implemented.</p> <p>‘For many Stolen Generations members, this has created additional trauma and distress. Failure to act has caused a ripple effect to current generations. We are now seeing an increase in Aboriginal people in jails, suicide is on the rise and more children are being removed. Addressing the underlying trauma of these issues through healing is the only way to create meaningful and lasting change.’ (Healing Foundation 2017:4)</p> | <p>3 key recommendations that have corresponding action plans, with the second relating to families and young people:</p> <p>A national study into intergenerational trauma to ensure that there is real change for young Aboriginal and Torres Strait Islander people in the future.</p> | <ul style="list-style-type: none"> • A national Aboriginal and Torres Strait Islander trauma strategy <p>Such a strategy should link to existing national strategies, in particular the National Framework for Protecting Australia’s Children and the National Plan to Reduce Violence Against Women and their Children (p. 40).</p> <ul style="list-style-type: none"> • Addressing contemporary child removal <p>This is a vital part of bringing the cycle of intergenerational trauma to an end. Approaches may include the setting of targets for the reduction of Aboriginal and Torres Strait Islander children being removed from their families to be included in the ‘Close the Gap’ measures.</p> <ul style="list-style-type: none"> • Adequate mental health, social and emotional wellbeing funding <p>The <i>Report of the National Review of Mental Health Programs and Services</i> found numerous barriers to social and emotional wellbeing and mental health services for Aboriginal and Torres Strait Islander people, including a lack of a clear funding processes for preferred community-controlled, culturally-capable models of care.</p> <p>Secure and dedicated funding for such services is therefore critical, in recognition of the widespread social and emotional wellbeing and mental health issues prevalent in Aboriginal and Torres Strait Islander communities and the inappropriate nature of many mainstream service responses.</p> |

Appendix B: Programs

Table B.1 Programs

| Program | Program details | | Evaluation | Evaluation details | | Outcomes |
|---|---------------------|---|------------|---------------------|---|--|
| Youth Empowerment and Healing Cultural Camp (YEaHCC) Healing camps strengthen connection to community, family and Country and develop leadership skills and cultural knowledge. | Location(s) | WA | | Location(s) | WA | Strong evidence of effectiveness and is aligned to CBPATSISP best-practice principles. Participants reported they were better able to manage negative feelings associated with suicide related behaviour. |
| | Participants | 7-10 youths per camp | | Participants | n/p | |
| | Duration | 6 independent 1-week school camps | | Duration | 2 years | |
| | Indigenous specific | Yes | | Indigenous specific | Yes | |
| | Focus | SEWB Mental health Culture & spirituality | | Focus | SEWB Mental health Culture & spirituality | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|------------------------|---|--|-------------|-----------|--------------|-----|----------|---------|---------------------|-----|-------|------------------------|---|
| <p>Uti Kulintjaku Project</p> <p>Uti Kulintjaku means 'to think and understand clearly' in Pitjantjatjara</p> <p>Based on the cultural principle of 'ngapartji ngapartji' (reciprocity in relationships)</p> <p>Objectives:</p> <ul style="list-style-type: none"> to strengthen shared understandings of mental health between Aboriginal people and non-Aboriginal health professionals increasing help-seeking, strengthening health services' cultural competency, and Aboriginal leadership. | <table border="1"> <tr> <td>Location(s)</td> <td>APY lands</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Service provision SEWB</td> </tr> </table> | Location(s) | APY lands | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | Service provision SEWB | <p>Togni (2017)</p> <p>Methods:</p> <ul style="list-style-type: none"> 10 x 3-4-day workshops reflective practice participant observation focused discussion groups 21 semi-structured, in-depth | <table border="1"> <tr> <td>Location(s)</td> <td>APY lands</td> </tr> <tr> <td>Participants</td> <td>>21</td> </tr> <tr> <td>Duration</td> <td>3 years</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Service provision SEWB</td> </tr> </table> | Location(s) | APY lands | Participants | >21 | Duration | 3 years | Indigenous specific | Yes | Focus | Service provision SEWB | <p>The model:</p> <ul style="list-style-type: none"> facilitates clear thinking, enables safe ways to talk about difficult issues, fosters healing and empowerment promotes finding new ways to enhance mental health and wellbeing. <p>A multilingual compendium of words and phrases was created and innovative resources were produced.</p> <p>Partnerships with mental health services were strengthened.</p> <p>CBPATSISP assessment:</p> <ul style="list-style-type: none"> The project's model and the healing, empowerment and leadership outcomes for the Aboriginal participants are consistent with programs identified as 'most effective' in enhancing the social and emotional wellbeing and 'suicide proofing' of Aboriginal communities. The Uti Kulintjaku Project has secured six years of funding for suicide prevention. The model developed has potential application to address other complex social and health issues in various contexts. The 'words for feelings' products were created by the Uti Kulintjaku Project – a mental health literacy project of Ngangkari Program. |
| Location(s) | APY lands | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Service provision SEWB | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | APY lands | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | >21 | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | 3 years | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Service provision SEWB | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|--|---|---|--|--|
| <p>Marumali Program</p> <p>The Marumali Journey of Healing for members of the Stolen Generations.</p> <p>The Marumali Program has been developed and are delivered by a survivor of removal policies. The workshops are delivered in a variety of formats; each designed to meet the needs of different groups of participants. In addition to the standard program formats, the program can be tailored to meet the specific needs of a particular client group.</p> | <p>Location(s) n/p</p> <p>Participants 15 per workshop</p> <p>Duration <4-day workshops</p> <p>Indigenous specific Yes (although non-Indigenous people are welcomed at workshops)</p> <p>Focus Community</p> | <p>Peeters (2010)</p> <p>Peeters, Hartmann and Kelly (2014)</p> <p>(Evaluation completed in 2014 but not publicly available)</p> <p>Methods included:</p> <ul style="list-style-type: none"> organisational documents review examination of completed workshop evaluation forms 2002–12 an online survey 2x case studies interviews with key staff | <p>Location(s) n/p</p> <p>Participants >61</p> <p>Duration >10 years</p> <p>Indigenous specific Yes</p> <p>Focus Community</p> | <p>The model:</p> <ul style="list-style-type: none"> Lorraine Peeters' story was effective as a model to dealing with the trauma caused by the past removal from family. It builds individual, family and community capacity. It addresses issues in the local community and that the workshops were based on culturally safe, trauma-informed practice. <p>Evidence:</p> <ul style="list-style-type: none"> Identified as a 'good practice,' 'promising practice' and 'best-practice' Aboriginal model of healing for those who have been forcibly removed by the Moving Forward Conference (2002), the evaluation of the Bringing Them Home and Indigenous Mental Health Programs. The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009 identified the Marumali Journey of Healing as an initiative that achieved the key result area of 'recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing'. |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|---|--|--|-------------|----------|--------------|-----|----------|-----|---------------------|-----|-------|-----|--|
| <p>Telling Story</p> <p>Telling Story is a social and emotional wellbeing project that aims to reclaim and document stories of survival and resilience and enable people to speak of future hopes and dreams (Wood and Coutinho 2016). The approach is based on narrative therapy, which believes that people make decisions based on good reasons and that one's history, biography, culture, and character determine what one considers good reasons (Fisher 1989). Telling story uses digital technology to create an archive of stories of hope and survival. These stories can then re-author or acknowledge remote communities as places of care.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>WA NT</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>n/p</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health Suicide prevention</td> </tr> </table> | Location(s) | WA NT | Participants | n/p | Duration | n/p | Indigenous specific | n/p | Focus | n/p SEWB Mental Health Suicide prevention | | <table border="1"> <tr> <td>Location(s)</td> <td>WA NT</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>n/p</td> </tr> <tr> <td>Focus</td> <td>n/p</td> </tr> </table> | Location(s) | WA NT | Participants | n/p | Duration | n/p | Indigenous specific | n/p | Focus | n/p | <p>The model:</p> <ul style="list-style-type: none"> helps participants identify skills, knowledge and wisdom they possess to navigate and respond to problems in their own lives and those impacting family and community. helps family and community create an archive of stories which lay testimony to their strengths enables peer-to-peer learning and support both within and between communities identifies people in need of additional support and links them to local networks of support including mental health services, community service providers etc. <p>CBPATISIP assessment:</p> <ul style="list-style-type: none"> Promising evidence of effectiveness and practice. |
| Location(s) | WA NT | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health Suicide prevention | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | WA NT | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|---------------------------|---|---|-------------|----------------------------------|--------------|-----|----------|-----|---------------------|-----|-------|---------------------------|---|
| <p>The National Empowerment Project</p> <p>The National Empowerment Project (NEP) is an Indigenous-led research project designed to build community capacity through empowering people and strengthening cultural, social and emotional wellbeing (National Empowerment Project 2020).</p> <p>The NEP Cultural, Social and Emotional Wellbeing (CSEWB) Program commenced in 2014 based on consultations with 11 communities across Australia. It aims to promote the positive cultural, social and emotional wellbeing and mental health of individuals, families and the community, to build resilience, and to prevent psychological distress and suicide.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>QLD WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health</td> </tr> </table> | Location(s) | QLD WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | n/p SEWB Mental Health | <p>Mia (2017)</p> <p>Mia et al. (2017)</p> <p>Mia and Oxenham (2017)</p> <p>Methods included:</p> <ul style="list-style-type: none"> patient observations stories of 'Most Significant change' (MSC) the Kessler Psychological Distress Scale (K5) | <table border="1"> <tr> <td>Location(s)</td> <td>2 sites in QLD, 3 sites in WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health</td> </tr> </table> | Location(s) | 2 sites in QLD, 3 sites in WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | n/p SEWB Mental Health | <p>The model:</p> <ul style="list-style-type: none"> acknowledges the importance of 'going back to Country' for cultural purposes, and for family and community reconnection to the land and cultural ceremony builds confidence and empowerment builds greater sense of wellbeing, resilience increases capacity to address and resolve issues, impacting participants, their families and communities. skill and knowledge acquisition assists participants to succeed in other, generalised ways throughout their life. <p>CBPSATSISP assessment:</p> <ul style="list-style-type: none"> Promising evidence of effectiveness and practice. |
| Location(s) | QLD WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | 2 sites in QLD, 3 sites in WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|---|---------------------|--|---------------------|---------------------------------------|
| Kalka Healing: Healing starts with you Kalka Healing is an Indigenous-led and developed suicide prevention program which provides workshops which are practical, at the grassroots level, and culturally sensitive. | Location(s) | NT | Location(s) | NT |
| | Participants | n/p | Participants | n/p |
| | Duration | n/p | Duration | n/p |
| | Indigenous specific | Yes | Indigenous specific | Yes |
| | Focus | SEWB Healing Suicide Prevention | Focus | SEWB Healing Suicide Prevention |
| Ongoing participatory action research evaluation This training program has not yet been formally evaluated. However, by community invitation, evaluation of strategy proceeds 3 months after delivery of program. Method: • Workshops | | The model: • improved coping mechanisms • improved positivity • supported ability to express feelings • reduced feelings of suicidality • reduced stigma of talking about issues associated with suicide • affirmed the importance of culture, family and community. CBPSATSISP assessment: • Promising evidence of effectiveness and practice | | |
| The Enemy Within Comprises core programs focused on suicide prevention, healing and strengthening social and emotional wellbeing. | Location(s) | National | Location(s) | National |
| | Participants | n/p | Participants | n/p |
| | Duration | n/p | Duration | n/p |
| | Indigenous specific | Yes | Indigenous specific | Yes |
| | Focus | SEWB Mental health Healing | Focus | SEWB Mental health Healing |
| This program has not yet been formally evaluated. | | The model: • addresses disconnection, cultural wellbeing, suicide prevention and the impacts of trauma • helps break down the stigma associated with talking about mental health challenge • reconnects individuals to themselves, family and community. CBPSATSISP assessment: • Promising program, assessment pending. | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|---|--|---|--|--|
| GREATS Youth Services GREATS (Great Recreation, Entertainment, Arts, Training and Sport) Youth Services [GYS] is a core service provider of Malala Aboriginal Health Service (MAHS) | Location(s) Maningrida, NT | Walker and Scrine (2015) Healthcare Management Advisors MAHS Method: <ul style="list-style-type: none"> MAHS undertakes regular community assessments across the clan groups | Location(s) Maningrida, NT | The model: <ul style="list-style-type: none"> builds strengths, capacity and resilience at an individual, family and community level provides a targeted suicide prevention service supports the development of governance and infrastructure and capacity for planning to support the regional and local coordination of suicide prevention demonstrates comprehensive plans to develop and support participation of Aboriginal people in suicide prevention and wellbeing workforce demonstrates standards for community engagement and cultural awareness in wellbeing services for early intervention plans for Aboriginal people, families and communities. CBPSATSISP assessment: <ul style="list-style-type: none"> High standard of community engagement, cultural awareness, early intervention and wellbeing services for Aboriginal people. |
| | Participants n/p Duration n/p Indigenous specific Yes Focus n/p SEWB Suicide prevention Youth | | Participants n/p Duration n/p Indigenous specific Yes Focus n/p SEWB Suicide prevention Youth | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|-----|---|---|-------------|----------|--------------|-----|----------|-----|---------------------|-----|-------|-----------|---|
| <p>Aboriginal Mental Health First Aid (AMHFA-National)</p> <p>Aboriginal Mental Health First Aid focuses on developing knowledge about symptoms and behaviours linked with help-seeking by Aboriginal people experiencing mental illness, as well as increasing individual and community understanding of suicide prevention.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>National</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>n/p</td> </tr> <tr> <td>Focus</td> <td>n/p</td> </tr> </table> | Location(s) | National | Participants | n/p | Duration | n/p | Indigenous specific | n/p | Focus | n/p | <p>Mental Health First Aid Australia (2018)</p> <p>Kanowski (2009)</p> <p>Day and Franciso (2013)</p> <p>Day et al. (2021)</p> <p>Method:</p> <ul style="list-style-type: none"> Delphi consensus method with 28 Aboriginal health experts across 2 independent Delphi studies | <table border="1"> <tr> <td>Location(s)</td> <td>National</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>n/p</td> </tr> <tr> <td>Focus</td> <td>Community</td> </tr> </table> | Location(s) | National | Participants | n/p | Duration | n/p | Indigenous specific | n/p | Focus | Community | <p>The model:</p> <ul style="list-style-type: none"> encouraged accredited instructors to run AMHFA courses through follow up support from program trainers improved recognition of mental disorders improved confidence in value of treatment decreased social distance from people with mental disorders increased confidence in provision of help increased the amount of help provided to others, sustained 6 months post program completion. <p>CBPSATSISP assessment:</p> <ul style="list-style-type: none"> Strong evidence of effectiveness and best practice Strongest evidence of improving SEWB in Aboriginal people Strong evidence of increased knowledge and skills. |
| Location(s) | National | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | National | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Community | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | |
|---|---------------------|---|--|--|---------------------|-----|
| Deadly Thinking SEWB promotion program targeted to remote and rural Aboriginal and Torres Strait Islander communities. Deadly Thinking aims to improve emotional health literacy, psychological well-being and attitudes towards associated help-seeking. Deadly Thinking workshops involve participant's engaging with a series of videos and facilitated group discussions with other participants related to SEWB topics relevant to individuals and communities | Location(s) | n/p | Snodgrass (2020) Method: participant surveys | The model: <ul style="list-style-type: none"> increased positive perceptions of community safety and wellbeing decreased levels of marked distress improved help-seeking intentions produced high rates of satisfaction with participants. CBPSATSISP assessment: Promising program. Initial evaluation indicates good acceptability and feasibility of program delivery in rural and remote Indigenous communities. However, a more robust evaluation of the program is warranted using controlled conditions. | | |
| | Participants | n/p | measures of psychological distress, suicidal ideation, substance use, changes in attitudes towards help-seeking and help-seeking intentions and satisfaction | | | |
| | Duration | 1 day workshop | train-the-trainer workshop participants rated their confidence to deliver programs | | Location(s) | n/p |
| | Indigenous specific | No (non-Indigenous people are welcome to participate) | | | Participants | 413 |
| | Focus | Suicide prevention | | | Duration | n/p |
| Alive and Kicking Goals! Community-led youth suicide prevention project which aims to prevent suicide through football and peer education, one-on-one mentoring and counselling | Location(s) | WA | Tighe (2012) Method: • Surveys | The model: Preliminary findings from the pilot were positive and informed ways the program could be further developed. CBPSATSISP assessment: Promising program. Designed to respond to local needs and interests and to effectively engage with young people. It takes a strength-based approach focusing on enhancing protective factors and working to dismantle stigma, open a discourse around depression and suicidality, and encourage positive help-seeking among young people. | | |
| | Participants | n/p | | | Location(s) | WA |
| | Duration | n/p | | | Participants | n/p |
| | Indigenous specific | Yes | | | Duration | n/p |
| | Focus | SEWB Mental health Suicide prevention Youth | | | Indigenous specific | Yes |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|---|--|--|--|---|
| <p>Suicide Story Developed by the Mental Health Association of Central Australia in partnership with local Aboriginal people, launched in 2010 and trialled in three central Australian sites.</p> | <p>Location(s) 3 x sites in Central Australia</p> <p>Participants n/p</p> <p>Duration 2-3-day workshop</p> <p>Indigenous specific Yes</p> <p>Focus SEWB Suicide prevention Culture</p> | <p>Guenther and Mack (2019) Methods:</p> <ul style="list-style-type: none"> interviews (3 questions) desktop analysis of: <ul style="list-style-type: none"> workshop reports annual reports historical documents internal monitoring and evaluation data (from 2008) a 'Realist' approach used for interpretation | <p>Location(s) 3 x sites in Central Australia</p> <p>Participants n/p</p> <p>Duration 2-3-day workshop</p> <p>Indigenous specific Yes</p> <p>Focus SEWB Suicide prevention Culture</p> | <p>The model overall showed strong evidence of impact. Outcomes included:</p> <ul style="list-style-type: none"> increased resilience stronger skills to better respond to grief, trauma and the needs of those who may be contemplating suicide greater awareness of the signs of suicidal thoughts increased willingness to talk about suicide with less stigma helping behaviour greater confidence to act and intervene as required greater sense of empowerment, self-awareness and strength a focus on cultural safety a prioritisation of community ownership Aboriginal facilitators being trained and leading workshops sharing knowledge and stories restoring hope use of local language program integrity maintained ensuring local protocols were adhered to highlighted the importance of reducing stigma associated with suicide focused on 'both ways' training. <p>CBPSATSISP assessment:</p> <ul style="list-style-type: none"> Promising practice. |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------------------|--------------|--|----------|----------|---------------------|-----|-------|---------|---|--|-------------|----|--------------|--|----------|----------|---------------------|-----|-------|---------|--|
| <p>Mowanjium Connection to Culture program and the Junba Project</p> <p>Commenced 2012</p> <p>The program was a response to a cluster of youth suicides. Community Elders believed that the learnings and activities that connect young people to culture, Country and a strong identity would give them strength and be the source of their happiness, wellbeing and health.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>WA</td> </tr> <tr> <td>Participants</td> <td></td> </tr> <tr> <td>Duration</td> <td>>8 years</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Culture</td> </tr> </table> | Location(s) | WA | Participants | | Duration | >8 years | Indigenous specific | Yes | Focus | Culture | <p>Program evaluation is forthcoming</p> <p>Methods:</p> <ul style="list-style-type: none"> Unspecified but understood to be qualitative | <table border="1"> <tr> <td>Location(s)</td> <td>WA</td> </tr> <tr> <td>Participants</td> <td></td> </tr> <tr> <td>Duration</td> <td>>8 years</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Culture</td> </tr> </table> | Location(s) | WA | Participants | | Duration | >8 years | Indigenous specific | Yes | Focus | Culture | <p>ATSISEEP assessment:</p> <p>The program:</p> <ul style="list-style-type: none"> provides young people, children and Elders with a pathway and a future built around a strong cultural identity and sense of belonging to community is developing a repository of cultural knowledge is succeeding in upskilling the community in multimedia skills strengthens SEWB at an individual, family and community level brings benefits that are recognised throughout the community. <p>CBPSATSIISP assessment:</p> <ul style="list-style-type: none"> Rated very highly as promising evidence of effectiveness and practice Culturally embedded, responsive, based around a clear program logic, supports Indigenous SEWB and self-determination pathways for young people. |
| Location(s) | WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | >8 years | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Culture | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | >8 years | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Culture | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|--|--|--|-------------|-----|--------------|-----|----------|-----|---------------------|-----|-------|-------|---|
| <p>Talking about Suicide</p> <p>Talking About Suicide emerged from the AMHFA courses run by Mental Health First Aid Australia. The short-course format is delivered by Indigenous AMHFA Instructors and teaches people how to support an Indigenous person who is experiencing suicidal thoughts. An expert panel of 27 Indigenous people with professional and personal experience in suicide prevention established developed the best-practice guidelines on which the course is based (Armstrong, Sutherland et al. 2020).</p> | <table border="1"> <tr> <td>Location(s)</td> <td>n/p</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health Suicide prevention Youth</td> </tr> </table> | Location(s) | n/p | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | n/p SEWB Mental Health Suicide prevention Youth | <p>Armstrong, Sutherland et al. 2020</p> <p>2020 evaluation</p> <p>Methods:</p> <ul style="list-style-type: none"> A non-randomised trial of Talking About Suicide was considered culturally appropriate by Indigenous participants (n=110) (Armstrong et al. 2020). Information was collected at three time points – pre-training, post-training and 4-month follow-up – about a range of outcome measures: beliefs about suicide; stigmatising attitudes; confidence in ability to assist; intention to assist; and actual assisting behaviour. <i>(continued next page)</i> | <table border="1"> <tr> <td>Location(s)</td> <td>n/p</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Youth</td> </tr> </table> | Location(s) | n/p | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | Youth | <p>Participants learn how to:</p> <ul style="list-style-type: none"> identify the risk factors and warning signs of suicide confidently support an Indigenous person in crisis connect an Indigenous person to appropriate professional assistance and to other cultural or community supports manage their own self-care when assisting someone who is experiencing suicidal thoughts and behaviours (Armstrong, Sutherland et al. 2020). <p>CBPSATSISP assessment:</p> <ul style="list-style-type: none"> Not assessed |
| Location(s) | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health Suicide prevention Youth | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Youth | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|---------|-----------------|---|--------------------|----------|
| | | <ul style="list-style-type: none"> All but one of the participants had some personal or workplace experience of suicidality or death from suicide, and most held beliefs that were consistent with the evidence. Despite high levels of knowledge prior to training, improvements were observed in beliefs about suicide, stigmatising attitudes, confidence in one's ability to assist and intended assisting actions. | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|---------------------------|--|--|-------------|--------------------|--------------|----|----------|-----|---------------------|-----|-------|---------------------------|--|
| <p>Wesley LifeForce Community Suicide Prevention Networks</p> <p>Wesley LifeForce provides suicide prevention services that educate and empower local communities, supporting people most at risk. Established in 1995, Wesley LifeForce began as a response to the growing number of suicides in Australia.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>4 sites in NT, NSW</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Suicide prevention Men</td> </tr> </table> | Location(s) | 4 sites in NT, NSW | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | Suicide prevention Men | <p>Evaluation report not publicly released</p> <p>Methods:</p> <ul style="list-style-type: none"> • Interviews • Email correspondence with two Indigenous practitioners involved in adapting training program. | <table border="1"> <tr> <td>Location(s)</td> <td>4 sites in NT, NSW</td> </tr> <tr> <td>Participants</td> <td>>2</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Suicide prevention Men</td> </tr> </table> | Location(s) | 4 sites in NT, NSW | Participants | >2 | Duration | n/p | Indigenous specific | Yes | Focus | Suicide prevention Men | <p>The model:</p> <ul style="list-style-type: none"> • included a community co-facilitator, strengthened reciprocal learning and offered a small strategy of 'continued or after care' • achieved a strong increase in knowledge regarding the incidence of suicide in Australia and contributing factors • improved ability to identify suicidal behaviours, communicate with a suicidal person and conduct a suicide intervention • improved competence in addressing suicide in community. <p>CBPSATSISP assessment:</p> <ul style="list-style-type: none"> • Promising evidence of effectiveness and practice |
| Location(s) | 4 sites in NT, NSW | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Suicide prevention Men | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | 4 sites in NT, NSW | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | >2 | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Suicide prevention Men | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------------------|--------------|------------------------|----------|-----|---------------------|-----|-------|--|--|--|-------------|--------------------|--------------|------------------------|----------|---------|---------------------|-----|-------|---------------------------------------|---|
| <p>The Yiriman Project</p> <p>Attention is focused on young Aboriginal people (aged 12-30 years) within an immersion style cultural framework as they learn strategies to address problems such as substance abuse, self-harm and contact with the justice system.</p> <p>The Yiriman Project is auspiced and strongly supported by the Kimberley Aboriginal Law and Culture Centre (KALACC), one of three peak Indigenous organisations in the Kimberley.</p> <p>KALACC has provided a regional cultural governance structure since 1985 and is situated in Fitzroy Crossing.</p> <p>The Kimberley Aboriginal Law and Culture Centre (KALAAC) is the principal organisation for the maintenance of customary law and life in the region.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>Remote Communities</td> </tr> <tr> <td>Participants</td> <td>Youth aged 12-30 years</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Healing Suicide Prevention</td> </tr> </table> | Location(s) | Remote Communities | Participants | Youth aged 12-30 years | Duration | n/p | Indigenous specific | Yes | Focus | SEWB Healing Suicide Prevention | <p>Palmer (2013) Methods:</p> <ul style="list-style-type: none"> • audit • observations of outsiders • case studies • evidence (not explicitly outlined) of community change • evidence from elsewhere (not identified) of the efficacy of culture, language and Country • comparing 'good practice' with Yiriman Project. | <table border="1"> <tr> <td>Location(s)</td> <td>Remote Communities</td> </tr> <tr> <td>Participants</td> <td>Youth aged 12-30 years</td> </tr> <tr> <td>Duration</td> <td>3 years</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Healing Suicide Prevention</td> </tr> </table> | Location(s) | Remote Communities | Participants | Youth aged 12-30 years | Duration | 3 years | Indigenous specific | Yes | Focus | SEWB Healing Suicide Prevention | <p>The model achieves:</p> <ul style="list-style-type: none"> • a strong increase in community involvement in cultural activities • stronger community cohesion. <p>The model has undergone extensive evaluation identifying the rigour and effectiveness of the program for its context, with validated and culturally responsive, strength-based methodologies underpinning its approach to suicide prevention.</p> <p>It takes an 'upstream', strength-based approach to addressing many of the risk factors for youth suicide. The role of connection to Country, culture and law is regarded as critical for the youth of the regions in which it operate.</p> <p>According to ATSISSIP:</p> <ul style="list-style-type: none"> • This project is recognised as national best practice for providing a 'back to Country' program for Aboriginal youth in remote communities <p>CBPSATSIISP assessment:</p> <ul style="list-style-type: none"> • Promising practice |
| Location(s) | Remote Communities | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | Youth aged 12-30 years | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Healing Suicide Prevention | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | Remote Communities | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | Youth aged 12-30 years | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | 3 years | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Healing Suicide Prevention | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|--|--|--|--|--|
| <p>Red Dust Healing</p> <p>Red Dust Healing is an Aboriginal cultural healing program. It was initially focused on Aboriginal male offenders and those at risk of offending.</p> <p>Currently, it is also delivered directly in response to community suicide and self-harm, as well as addressing the precursors to suicide such as alcohol and substance misuse, incarceration, family violence and poor wellbeing.</p> | <p>Location(s)</p> <p>NSW QLD</p> <p>Participants</p> <p>15,000+</p> <p>Duration</p> <p>Varied</p> <p>Indigenous specific</p> <p>Yes</p> <p>Focus</p> <p>SEWB Mental health Suicide prevention Healing</p> <p>Participants</p> <p>n/p</p> <p>Duration</p> <p>n/p</p> <p>Indigenous specific</p> <p>Yes</p> <p>Focus</p> <p>n/p SEWB Suicide prevention Youth</p> | <p>Caritas Australia (2015)</p> <p>Method:</p> <ul style="list-style-type: none"> A mixed methods approach, while being primarily qualitative in nature using a participatory method, including semi-structured interviews. | <p>Location(s)</p> <p>NSW QLD</p> <p>Participants</p> <p>15,000+</p> <p>Duration</p> <p>Varied</p> <p>Indigenous specific</p> <p>Yes</p> <p>Focus</p> <p>SEWB Mental health Suicide prevention Healing</p> <p>Participants</p> <p>n/p</p> <p>Duration</p> <p>n/p</p> <p>Indigenous specific</p> <p>Yes</p> <p>Focus</p> <p>n/p SEWB Suicide prevention Youth</p> | <p>Outcomes:</p> <ul style="list-style-type: none"> Participants had an improved understanding of the impact of rejection, grief and loss, along with the impacts of colonialism and oppression and the learning tools to circumvent these hurdles. The program improved self-esteem, restored broken relationships and strengthened existing ones. At a community level, families were connected to service providers and the capacity of Aboriginal men to contribute, plan, implement and evaluate a variety of strategies, projects and programs in their community increased. <p>CBPSATSISP assessment:</p> <ul style="list-style-type: none"> Red Dust Healing is rated very highly with strong evidence of effectiveness, commitment and alignment with CBPATSISP best-practice principles. Importantly, the program is only delivered to communities where members have invited their assistance, which respects the community's rights of self-determination. |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|--|---|---|---|--|
| <p>Intergenerational Trauma Initiative</p> <p>Aimed at acknowledging and addressing the impact of intergenerational trauma on Aboriginal and Torres Strait Islander young people.</p> <p>The overarching goal of the initiative is to assist Aboriginal and Torres Strait Islander young people to heal from their distress and prevent the continuing transmission of trauma through future generations.</p> <p>The projects aim to improve the social and emotional wellbeing of young people by strengthening cultural connectedness and identity, providing opportunities for individual and family healing, and building skills to manage pain and loss in a way that allows for a hopeful future.</p> | <p>Location(s)</p> <p>QLD NT WA</p> | <p>Healing Foundation (2013)</p> <p>Method: Mixed methods approach relying on qualitative and quantitative data gathering</p> | <p>Location(s)</p> <p>WA</p> | <p>Strong evidence of effectiveness and is aligned to CBPATSISP best-practice principles.</p> <p>Participants reported they were better able to manage negative feelings associated with suicide related behaviour.</p> <p>Outcomes – the initiative:</p> <ul style="list-style-type: none"> • created a supportive environment for healing • facilitated change and growth • strengthened relationships to school and education • coordinated service delivery. |
| | <p>Participants</p> <p>Varied</p> | | <p>Participants</p> <p>n/p</p> | |
| | <p>Duration</p> <p>Varied</p> | | <p>Duration</p> <p>n/p</p> | |
| | <p>Indigenous specific</p> <p>Yes</p> | | <p>Indigenous specific</p> <p>Yes</p> | |
| | <p>Focus</p> <p>SEWB Mental health Suicide prevention Youth</p> | | <p>Focus</p> <p>SEWB Mental health Suicide prevention Youth</p> | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------------------|--------------|--|----------|--|---------------------|-----|-------|----------------------------------|---|--|-------------|----|--------------|--|----------|--|---------------------|-----|-------|----------------------------------|---|
| <p>Akeyulerre Healing Centre</p> <p>The Akeyulerre Healing centre runs various programs that seek to maintain the Arrernte culture and support the Arrernte people such as Angkwerre-iweme (traditional healing), Interrentye (traditional remedies and personal care products), Ingkenteme Bush Schools & Family Nights (a bush schools program), Artwe-Areye Men's Work Team, and Apmere Angkentye-kenhe (Arrente Language program). The centre also provides cultural consultancy on a wide range of services such as smoking ceremonies, bush medicine workshops, cross-cultural training and interpreting.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>NT</td> </tr> <tr> <td>Participants</td> <td></td> </tr> <tr> <td>Duration</td> <td></td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Mental health Healing</td> </tr> </table> | Location(s) | NT | Participants | | Duration | | Indigenous specific | Yes | Focus | SEWB Mental health Healing | <p>Charles Darwin University (2010)</p> <p>Methods:</p> <ul style="list-style-type: none"> Mixed methods | <table border="1"> <tr> <td>Location(s)</td> <td>NT</td> </tr> <tr> <td>Participants</td> <td></td> </tr> <tr> <td>Duration</td> <td></td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Mental health Healing</td> </tr> </table> | Location(s) | NT | Participants | | Duration | | Indigenous specific | Yes | Focus | SEWB Mental health Healing | <p>Findings from the evaluation noted that the range of activities carried out by the centre are highly important to supporting family based Aboriginal health in Alice Springs and healing from the damage and trauma inflicted on the Indigenous people by colonisation.</p> <p>Outcomes included:</p> <ul style="list-style-type: none"> improved mental health processes of education and learning for young people and adults social inclusion support for aged care and disability services crime prevention prevention of substance abuse. |
| Location(s) | NT | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Mental health Healing | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | NT | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Mental health Healing | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|----------------------------------|----|--|-------------|-----|--------------|-----|----------|-----|---------------------|-----|-------|-----|-----|
| <p>Bringing Them Home Program (WA)</p> <p>The Bringing Them Home program provides counselling, family tracing, reunion services and support to all Aboriginal and Torres Strait Islander people from the Stolen Generations in the Mid-West and Murchison region. There has been ongoing health and social effects for the Stolen Generations and their descendants.</p> <p>The program aims to support the healing journey of many Stolen Generations members by providing services including:</p> <ul style="list-style-type: none"> • grief and loss counselling • referrals to agencies to find your relatives • access to records and family tree • access to services relating to Stolen Generation support. | <table border="1"> <tr> <td>Location(s)</td> <td>WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Mental health Healing</td> </tr> </table> | Location(s) | WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | SEWB Mental health Healing | NA | <table border="1"> <tr> <td>Location(s)</td> <td>n/p</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>n/p</td> </tr> <tr> <td>Focus</td> <td>n/p</td> </tr> </table> | Location(s) | n/p | Participants | n/p | Duration | n/p | Indigenous specific | n/p | Focus | n/p | N/A |
| Location(s) | WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Mental health Healing | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|--------------------------------------|--|---|-------------|-----------|--------------|-----|----------|-----|---------------------|-----|-------|---------|--|
| <p>Cultural, Social and Emotional Wellbeing Program</p> <p>This structured program is designed to promote the cultural, social and emotional wellbeing of Aboriginal participants by incorporating empowerment, healing and leadership, building resilience and giving people strength.</p> <p>The Cultural, Social and Emotional Wellbeing (CSEWB) Program aims to provide participants with strategies to:</p> <ul style="list-style-type: none"> • promote their positive cultural, social and emotional wellbeing • strengthen their mental health of their families • build resilience, and • prevent psychological distress. | <table border="1"> <tr> <td>Location(s)</td> <td>QLD WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health Healing</td> </tr> </table> | Location(s) | QLD WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | n/p SEWB Mental Health Healing | <p>Varied Methods:</p> <ul style="list-style-type: none"> • Observations of participants • Feedback gathered over the duration of the program which includes a pre- and post-evaluation and Stories of Most Significant Change | <table border="1"> <tr> <td>Location(s)</td> <td>QLD WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Healing</td> </tr> </table> | Location(s) | QLD WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | Healing | <p>Outcomes included:</p> <ul style="list-style-type: none"> • increased confidence of participants so that they are able to seek employment and become employed • improved relationships with their children, partners and extended family and community including the prevalence of family violence • increased knowledge about Aboriginal history • a better understanding of the impacts of intergenerational trauma and therefore an increased understanding of determinants impacting on their own lives • a better ability to speak up for themselves and therefore becoming empowered • developed strategies to cope with their grief and loss around suicide, poverty, mental illness and deaths impacting on themselves, their families and communities. |
| Location(s) | QLD WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health Healing | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | QLD WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Healing | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------|--------------------|--------------|-----|----------|-----|---------------------|-----|-------|--|--|---|-------------|----|--------------|-----|----------|-----|---------------------|-----|-------|---------|---|
| <p>Family Support Service (WA)</p> <p>Yorgum is a respected Aboriginal Community Controlled Organisation based in WA. It provides a range of services that empower Aboriginal people, their families and communities to have the skills and supports to improve and maintain their social and emotional wellbeing.</p> <p>The Family Support Service includes Intensive Family Support, Indigenous Family Safety, and Building Solid Families.</p> <p>The objectives of the Family Support Service are to ensure the safety of children at their homes; improve children's wellbeing and development; build stronger, more resilient families and support Aboriginal communities who are affected by trauma; grief and loss; mental health challenges; and those at risk of self-harm.</p> | <table border="1"> <tr> <td>Location(s)</td> <td>WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health Suicide prevention Healing</td> </tr> </table> | Location(s) | WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | n/p SEWB Mental Health Suicide prevention Healing | <p>Internal evaluation</p> <p>Methods:</p> <ul style="list-style-type: none"> Qualitative | <table border="1"> <tr> <td>Location(s)</td> <td>WA</td> </tr> <tr> <td>Participants</td> <td>n/p</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Healing</td> </tr> </table> | Location(s) | WA | Participants | n/p | Duration | n/p | Indigenous specific | Yes | Focus | Healing | <p>Outcomes:</p> <ul style="list-style-type: none"> 90% of clients identified that working with Yorgum has improved their knowledge of SEWB and their knowledge of support services available to them. Majority of clients identified that getting help from Yorgum is easy and they would recommend Yorgum to family and friends if they needed healing support. |
| Location(s) | WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health Suicide prevention Healing | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | WA | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Healing | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes |
|--|---|---|---|---|
| Gan'na Healing Program Gan'na provides trauma-informed workshops; men's and women's healing camps, community healing circles, education and custom programs. | Location(s) NT Participants Duration Indigenous specific Yes Focus Healing | Internal | Location(s) NT Participants Duration Indigenous specific Yes Focus n/p SEWB Mental Health Healing | NA |
| | Location(s) NSW Participants Various Duration Various Indigenous specific No Focus SEWB Mental health Healing | Blignault I and Haswell M R (2017) Methods: • Qualitative | Location(s) NSW Participants Various Duration Various Indigenous specific No Focus SEWB Mental health Healing | The evaluation was formative only, and therefore did not make recommendations on the outcomes of the program. However, recommendations were made to enhance the program further, including: <ul style="list-style-type: none"> to support each school to develop, and maintain, a locally tailored toolkit for yarnning circles containing lesson plans, exercises and activity sheets, as well as tools for other program components as they are implemented. to give consideration to a system for regular exchange between the 2 participating schools. |
| Brewarrina Central School and Bourke High School The program is a school and community partnership designed to promote positive healing pathways for Aboriginal children, young people and their families. It fosters a 'whole of school' understanding of trauma, the relationship between past government practices and the trauma that impacts Aboriginal children and families in Bourke and Brewarrina today. It also looks at how the school community can support healing for Aboriginal children, their families and carers and the broader communities of Bourke and Brewarrina. | Location(s) NSW Participants Various Duration Various Indigenous specific No Focus SEWB Mental health Healing | Blignault I and Haswell M R (2017) Methods: • Qualitative | Location(s) NSW Participants Various Duration Various Indigenous specific No Focus SEWB Mental health Healing | The evaluation was formative only, and therefore did not make recommendations on the outcomes of the program. However, recommendations were made to enhance the program further, including: <ul style="list-style-type: none"> to support each school to develop, and maintain, a locally tailored toolkit for yarnning circles containing lesson plans, exercises and activity sheets, as well as tools for other program components as they are implemented. to give consideration to a system for regular exchange between the 2 participating schools. |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------|--------------------|--------------|---------|----------|---------|---------------------|-----|-------|----------------------------------|--------------|-----------------|--|--|-------------|-----|--------------|---------|----------|---------|---------------------|-----|-------|----------------------------------|--------------|-----|---|
| <p>Core elements to the program are:</p> <ul style="list-style-type: none"> • weekly yarning circles with students themed around SELF – Safety, Emotional Management, Loss and Future – facilitated by trained members of a school-based Aboriginal Healing Team • young people and family camps where the Healing Team support parents and carers to engage with children through cultural and recreational activities designed to strengthen bonds and build capacity and confidence in parents and carers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Aboriginal and Islander Independent School Murri School</p> <p>This project creates collaborative, responsive services to meet the needs of not only the children that attend the school but their families and wider community. <i>(continued next page)</i></p> | <table border="1"> <tr> <td>Location(s)</td> <td>QLD</td> </tr> <tr> <td>Participants</td> <td>Various</td> </tr> <tr> <td>Duration</td> <td>Various</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Mental health Healing</td> </tr> <tr> <td>Participants</td> <td>15 per workshop</td> </tr> </table> | Location(s) | QLD | Participants | Various | Duration | Various | Indigenous specific | Yes | Focus | SEWB Mental health Healing | Participants | 15 per workshop | <p>Deloitte Access Economics (2017)</p> <p>Methods:</p> <p>Qualitative</p> <p>Quantitative (cost-benefit analysis)</p> | <table border="1"> <tr> <td>Location(s)</td> <td>QLD</td> </tr> <tr> <td>Participants</td> <td>Various</td> </tr> <tr> <td>Duration</td> <td>Various</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>SEWB Mental health Healing</td> </tr> <tr> <td>Participants</td> <td>>61</td> </tr> </table> | Location(s) | QLD | Participants | Various | Duration | Various | Indigenous specific | Yes | Focus | SEWB Mental health Healing | Participants | >61 | <p>Outcomes:</p> <ul style="list-style-type: none"> • Improved educational attainment • Improved mental health • Less contact with child protection system • Significant economic benefit, representing in the order of \$28,248 per student. |
| | Location(s) | QLD | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | Various | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | Various | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Mental health Healing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | 15 per workshop | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | QLD | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | Various | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | Various | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | SEWB Mental health Healing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | >61 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Program | Program details | Evaluation | Evaluation details | Outcomes | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|--------------------|--------------|---------|----------|-----|---------------------|-----|-------|--------------------------------------|----|---|-------------|----------|--------------|---------|----------|-----|---------------------|-----|-------|---------|----|
| The healing program at the Murri School has run since 2012, and combines therapeutic intervention, service coordination, family case work, family camps, cultural and group activities, and (re)connection with educational, and sporting activities. | | | | | | | | | | | | | | | | | | | | | | | | |
| Link-Up program Link-Up services provide the opportunity for members of the Stolen Generations and their families to find family connections. They do this by providing family tracing, reunions and counselling support for members of the Stolen Generations and their families. | <table border="1"> <tr> <td>Location(s)</td> <td>National</td> </tr> <tr> <td>Participants</td> <td>Various</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>n/p SEWB Mental Health Healing</td> </tr> </table> | Location(s) | National | Participants | Various | Duration | n/p | Indigenous specific | Yes | Focus | n/p SEWB Mental Health Healing | NA | <table border="1"> <tr> <td>Location(s)</td> <td>National</td> </tr> <tr> <td>Participants</td> <td>Various</td> </tr> <tr> <td>Duration</td> <td>n/p</td> </tr> <tr> <td>Indigenous specific</td> <td>Yes</td> </tr> <tr> <td>Focus</td> <td>Healing</td> </tr> </table> | Location(s) | National | Participants | Various | Duration | n/p | Indigenous specific | Yes | Focus | Healing | NA |
| Location(s) | National | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | Various | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | n/p SEWB Mental Health Healing | | | | | | | | | | | | | | | | | | | | | | | |
| Location(s) | National | | | | | | | | | | | | | | | | | | | | | | | |
| Participants | Various | | | | | | | | | | | | | | | | | | | | | | | |
| Duration | n/p | | | | | | | | | | | | | | | | | | | | | | | |
| Indigenous specific | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| Focus | Healing | | | | | | | | | | | | | | | | | | | | | | | |



Acknowledgements

This paper was commissioned for the Indigenous Mental Health and Suicide Prevention Clearinghouse. The Clearinghouse is funded by the Australian Government Department of Health and overseen by the Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee.

We acknowledge the traditional owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present. We would like to thank Aboriginal and Torres Strait Islander people for their assistance in the collection of data, without which this publication would not have been possible.

We thank the Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee and Fadwa Al-Yaman for their advice and guidance on this publication during its development. We also thank the Indigenous Mental Health and Suicide Prevention Unit for their support.

Abbreviations


| | |
|------------|---|
| AHMAC | Australian Health Ministers Advisory Council |
| AIHW | Australian Institute of Health and Welfare |
| AMHFA | Aboriginal Mental Health First Aid |
| CBPATSISP | Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention |
| COAG | Council of Australian Governments |
| CRF | Cultural Respect Framework |
| CRG | Community Reference Group |
| CSEWB | Cultural, Social and Emotional Wellbeing Program |
| GREATS | Great Recreation, Entertainment, Arts, Training and Sport |
| GYS | GREAT Youth Services |
| IAHA | Indigenous Allied Health Australia |
| KALAAC | Kimberley Aboriginal Law and Culture Centre |
| LAA | Langford Aboriginal Association |
| LIFE | Living Is For Everyone |
| NATSIHSC | National Aboriginal and Torres Strait Islander Health Standing Committee |
| NEP | National Empowerment Project |
| n/p | Not published |
| NSW | New South Wales |
| POUCH | acronym of a strategy for identifying 'what <i>Problems U have, what Options U have, what Choices U have and How U are going to deal with them?</i> ' |
| QLD or Qld | Queensland |
| NT | Northern Territory |
| RAWA | Relationships Australia WA |
| SA | South Australia |
| SEWB | social and emotional wellbeing |
| WA | Western Australia |
| WAACHS | Western Australian Aboriginal Child Health Survey |
| WAPHA | West Australian Primary Health Alliance |
| YEaHCC | Youth Empowerment and Healing Cultural Camp |

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The link between exposure to trauma and increased risk of poor mental health is well established. This paper aims to define the link between intergenerational trauma and Aboriginal and Torres Strait Islander peoples' mental health and to identify current best-practice policies and programs to address this issue.



Stronger evidence,
better decisions,
improved health and welfare

