Australian Government
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Aboriginal and Torres Strait Islander social and emotional wellbeing measures: SEWB measures report

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Measurement Consortium and Australian Institute of Health and Welfare

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Contents

1 Introduction

Social and emotional wellbeing (SEWB) is a holistic understanding of Aboriginal and Torres Strait Islander (First Nations) people's health that centres a collective sense of self as defined by connections to body, mind & emotion, family, community, culture, Country, and spirituality. SEWB understands this collective sense of self as inherently impacted by context, namely historical, social, cultural, and political determinants.

Improving SEWB is specifically articulated as one of the socio-economic outcome areas in the National Agreement on Closing the Gap. Yet, the lack of focus on and use of available culturally relevant SEWB measures has hindered progress in understanding and improving First Nations people's wellbeing. It is therefore imperative that means of measuring progress in building SEWB in First Nations communities continue to be developed and understood so that programs and services remain fit-for-purpose, and national policies properly reflect First Nations concepts of SEWB.

Background

In Australia, measuring First Nations people's SEWB has mostly happened through the use of standard instruments developed for the general population. These instruments are based on concepts of mental health and wellbeing that are different to First Nations concepts of SEWB. Such instruments are not always considered culturally appropriate for use with First Nations people if they have not been culturally adapted.

Over the years, there have been attempts at cultural adaptation of standard instruments for use with First Nations populations, to varying degrees of success. Some of these adapted instruments have been and continue to be used. There have also been several new culturally appropriate instruments developed specifically for use with First Nations people to measure SEWB. Many of these instruments have been developed by First Nations people and/or in consultation with First Nations communities.

Aboriginal and Torres Strait Islander SEWB Measurement Consortium

The Aboriginal and Torres Strait Islander SEWB Measurement Consortium (the Consortium) was established under the principle of Aboriginal and Torres Strait Islander Governance, from a recommendation made at the first SEWB Gathering held in March 2021. It was established to identify culturally appropriate wellbeing measures to evaluate what works and what does not work to improve SEWB, inform patient and clinical decision making, service delivery, policy, and ultimately improve patient outcomes. The Consortium is hosted and supported by the Australian Institute of Health and Welfare (AIHW).

Its priorities include reviewing SEWB assessments and national mental health surveys, protecting cultural knowledge, improving Government understanding of SEWB data collection and interpretation, outcome measures and KPIs. The Consortium members are primarily First Nations people, who have expertise in SEWB and mental health research and policy, as well as measurement in these areas.

Aboriginal and Torres Strait Islander SEWB measures

The Aboriginal and Torres Strait Islander SEWB measures project was undertaken by the First Nations Health and Welfare Group at the AIHW in collaboration with the Aboriginal and Torres Strait Islander SEWB Measurement Consortium. The work endeavours to build

understanding of the different types of SEWB measurement tools available by highlighting a range of instruments used for assessing the SEWB of First Nations people.

The project researched and collated dozens of SEWB measures and resulted in the publication of material (including this report) with information on over 30 SEWB measures.

This report contains information about the purpose, focus population, measure type and format, geography, development, adaptation, use, initial study and validation, as well as other details (where available) of these measures. The information available on measures varies; greater detail is available for some measures than others, as some measures are used more regularly and others infrequently or in a limited capacity; some measures have been adapted or developed many years ago, while others may still be in the process of adaptation or development.

The purposes of these measurement tools vary, ranging from measures for health-related quality of life, to mental health assessments, to psychosocial assessments and measures assessing SEWB. This report and the project aims to:

- explore practical assessment tools for SEWB
- provide understanding of the range of measurement tools available for different population groups among Aboriginal and Torres Strait Islander people
- promote the use of tools that are specifically designed for assessing First Nations people where possible
- encourage further development and/or refinement of culturally appropriate tools to assess First Nations people's SEWB
- provide understanding of the limitations of standard tools when used to assess First Nations people.

The tools are classified under three categories based as determined by the Consortium: *culturally derived*, *culturally informed*, and *culturally adapted*. The report include: 17 culturally derived measures; 2 culturally informed measures; 16 culturally adapted measures.

Culturally derived tools are unique instruments specifically designed for use among Aboriginal and Torres Strait Islander people, for which development was led by or involved First Nations clinical or cultural experts in the study and the tools were validated for use with First Nations people. Fourteen culturally derived measures are included in the project material. Many culturally derived tools target specific Aboriginal and Torres Strait Islander populations, for example:

- Aboriginal Resilience and Recovery Questionnaire (ARRQ) – adults; designed to assess a range of personal, relationship, community and cultural strengths and resources found to be associated with resilience, healing, and recovery from trauma.
- First Nations Child Quality of Life (FirstNations-CQoL) – parents of children aged 0–12; developed to assess three domains of First Nations children's wellbeing from the perspective of their parents and carers.
- Good Spirit Good Life Assessment – adults aged 45 and over; designed to assess quality of life for older Aboriginal Australians with and without cognitive impairment.
- Westerman Aboriginal Symptom Checklist (WASC-Y) – young people aged 13–17; a self-report symptom checklist that aims to identify young Aboriginal people who are at risk of anxiety, depression and/or suicidal behaviours.
- What Matters 2 Adults (WM2Adults) – adults; aims to generate a preference-based wellbeing measure underpinned by the values and preferences of First Nations adults.

Culturally informed measures are those that have been informed by Aboriginal and Torres Strait Islander worldviews and experience or have sought to centralise and be led by community voices and priorities. For example:

- Racial Identity and Self- Esteem of Children (IRISE_C) – an inventory developed to explore the elements of racial identity and self-esteem of urban, rural, and regional Aboriginal children aged 8-12.

Culturally adapted tools are standard instruments initially developed for the general population, but have been adapted and evaluated for use with First Nations people (to varying degrees). For example:

- Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ) – culturally responsive adaptation for Aboriginal people that measures specific traumatic stressors and trauma symptoms; includes specific cultural idioms of distress reactions relevant to First Nations people.
- Kimberley Mum's Mood Scale (KMMS) – uses a culturally secure approach to screening for depression and anxiety during the perinatal period for First Nations women.
- Modified Kessler Scale (MK-K5) – adapted from original tool to determine psychological status of First Nations peoples; it was developed in consultation with First Nations stakeholders for use in the National Aboriginal and Torres Strait Islander Health Survey.
- Pearlin Mastery Scale – measures personal control and mastery; cross-cultural adaptation with translation and back translation was conducted, and mastery was inversely correlated with measures of perceived stress and positively correlated with health behaviours.
- Supportive Care Needs Assessment Tool for Indigenous Patients (SCNAT- IP) – adapted to serve as an assessment tool for First Nations people with cancer.

Accompanying this report is a summary list of SEWB measure and a SEWB measures inventory – see Aboriginal and Torres Strait Islander social and emotional wellbeing measures.

2 Culturally derived measures

Culturally derived tools are unique instruments specifically designed for use among Aboriginal and Torres Strait Islander people, for which development was led by or involved First Nations clinical or cultural experts in the study and the tools were validated for use with First Nations people. Many culturally derived tools target specific Aboriginal and Torres Strait Islander populations.

This section looks at 17 culturally derived measures.

2.1: The Aboriginal and Islander Mental Health Initiative (AIMhi)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (social and emotional wellbeing assessment tool)	N/A	N/A	No age specified (Northern Territory)

Geography	Language	Administrator	Completer	Source
No further information	English	Clinicians, service providers	No further information	Nagel et al., 2012

Description

The Aboriginal and Islander Mental Health Initiative (AIMhi) was conducted by the Menzies School of Health Research and the Remote Alcohol and Other Drugs Workforce Program with Aboriginal people to address complex needs. AIMhi training and resources are one source of readymade tools to support patient-centred care and reduce traditional inequalities in the patient–service-provider relationship.

Context statement

AIMhi has developed resources and training which seek to address the meaning of recovery in the Indigenous context and the ways in which it differs from non-Indigenous interpretations. These resources support a culturally adapted, strengths-based approach to assessment and early intervention.

Notes

Rather than measure specifically, Nagel et al. (2012) overview the AIMhi mental health initiative. The study provides an indication as to where these resources have been translated into practice – i.e. a number of Top End communities (Tiwi Islands, East Arnhem, Wadeye) through primary care, mental health, chronic disease, substance misuse, and Red Cross services.

2.2: Aboriginal and Islander Mental Health Initiative (AIMhi) Stay Strong App

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to family & kinship, connection to Country, connection to mind & emotions, connection to physical health, connection to culture	Mental health (resource)	iOS and Android application	No further information	No age specified (Northern Territory)

Geography	Language	Administrator	Completer	Source
Rural, remote	English	Clinicians, researchers	Aboriginal and Torres Strait Islander people accessing mental health services	Dingwall et al., 2015

Description

The AIMhi Stay Strong App was developed by Menzies School of Health Research, in partnership with Queensland University of Technology, through the translation of AIMhi care-planning tools into a digital application. The application is designed for service providers working with Aboriginal and Torres Strait Islander people.

Context statement

The Dingwall et al. (2015) study took place in Northern Territory. Participants were service providers (n=15). The AIMhi Stay Strong App is intended for use in clinical settings. Semi-structured interviews with service providers and managers in rural and remote health care settings in the Northern Territory were used by Dingwall et al. (2015) to determine the acceptability of the mental health approach.

Notes

Dingwall et al. (2015) presents qualitative thematic analysis findings from interviews with majority non-Indigenous service providers and managers in rural and remote health care settings in the Northern Territory who trialled the tool for one month. Key themes included: the tool being acceptable, building relationships, broad applicability, training recommendations, integration with existing systems, and constraints to implementation.

2.3: Aboriginal and Torres Strait Islander Complex Trauma and Strengths Questionnaire (ACTSQ)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions, connection to family & kinship, connection to community	Mental health (social and emotional wellbeing assessment tool)	Questionnaire	45	17+ years (parents of children <5 years or expecting parents)

Geography	Language	Administrator	Completer	Source
Northern Territory, South Australia, Victoria	English	Clinicians, service providers	Aboriginal and Torres Strait Islander parents or expectant parents	Gee et. al., 2024

Description

The Aboriginal and Torres Strait Islander Complex Trauma and Strengths Questionnaire (ACTSQ) was developed by researchers primarily from the University of Melbourne (Gee et al, 2024). It is a 45-item questionnaire which aims to assess complex trauma related distress, and strengths that can be protective against the impacts of trauma, among Aboriginal and Torres Strait Islander peoples.

Context statement

The ACTSQ items were informed by several co-design workshops, conducted within Intervention Mapping and Action Research cycles of the research project *Healing the Past by Nurturing the Future* (Chamberlain et al., 2019). This project involves Aboriginal and Torres Strait Islander parents in a co-design manner, to develop perinatal strategies to support parents with histories of trauma. This project was led primarily by an Aboriginal investigator team. Community engagement was the first part of the research alongside an extensive scoping review and evidence map of the research area. Four action research cycles including key stakeholder group discussions, scoping mapping of existing assessment tools and development of assessment tool areas, and community discussion groups were conducted (Chamberlain et al., 2019).

Participants (n=110) were those who identified as Aboriginal and/or Torres Strait Islander, were aged more than 17 years. Trained interviewers administered the draft tool, alongside the ICD-11 Trauma Questionnaire. Results of this process alongside working groups of Aboriginal practitioners and Aboriginal and non-Indigenous academics, informed the item selection process.

The current interim tool comprises 45 items that after factor analysis, were grouped into five factors; (1) PTSD and C-PTSD symptom clusters; (2) grief, loss and disconnection; (3) supports and relationships (with a C-PTSD relationship difficulty cluster); (4) sense of self and strengths; and (5) cultural connections and resources. The tool uses a five-point Likert scale, with response categories: “not at all”, “a little bit”, “somewhat”, “a fair bit” and “a lot”.

The interim ACTSQ is intended for verbal administration with parents and parents-to-be who identify as Aboriginal and Torres Strait Islander, over 16 years of age.

Notes

Gee et al. (2024) found preliminary evidence for adequate convergent and discriminant validity. However, this version of the ACTSQ is a preliminary, interim one, while the Healing the Past by Nurturing the Future research team continues to refine and validate the tool through further interviews with parents and psychometric analyses.

2.4: Aboriginal Resilience and Recovery Questionnaire (ARRQ)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body, connection to mind and emotions, connection to family & kinship, connection to community, connection to spirituality, connection to culture, connection to Country	Mental health (social and emotional wellbeing assessment tool)	Questionnaire	60	18+ years

Geography	Language	Administrator	Completer	Source
Metropolitan	English	Clinicians, service providers	Aboriginal and Torres Strait Islander people accessing mental health services	Gee, 2016

Description

The ARRQ, consisting of 60 items, was developed by Dr Graham Gee in 2016 and is designed to assess a range of personal, relationship, community, and cultural strengths and resources found to be associated with resilience, healing, and recovery from trauma in the international Indigenous research.

Context statement

The Gee (2016) study took place in the Victorian Aboriginal Health Service (VAHS), specifically at the Family Counselling Services (FCS) site in the northern suburbs of Melbourne. Participants were Aboriginal help-seeking clients using the FCS (n=81). ARRQ is intended for use in clinical settings and is administered verbally with the participant having access to a printed copy.

The ARRQ shows promise as a measure that can be used by Aboriginal counselling services across Australia to better assess the extent to which their therapeutic practices and programs support Aboriginal help-seeking clients to increase their strengths and resources and experience healing and trauma recovery outcomes.

Notes

A study by Gee (2016) found that the measure has good construct validity with both component subscales and the composite, global strength scores. The internal consistency of the measure was high and the correlations with other strength- and distress-based measures used in Study Two provided evidence that the ARRQ demonstrates good convergent and discriminant validity.

2.5: The Child Resilience Questionnaire (CRQ)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions, connection to family & kinship, connection to community	Social and emotional wellbeing	Questionnaire	43	5-12 years (Aboriginal & Torres Strait Islander, refugee backgrounds)

Geography	Language	Administrator	Completer	Source
South Australia, Victoria	English, Arabic, Karen, Dari	Clinicians, service providers	Parents/care-givers	Gartland et. al., 2022

Description

The Child Resilience Questionnaire (CRQ) is a culturally and socially inclusive multidimensional measure of factors supporting resilient child outcomes. The study by Gartland et al. (2022) was co-designed with Aboriginal communities and families from urban, regional and remote South Australia, and refugee communities.

Context statement

The Childhood Resilience Study was a five-year study (2016-2022), which aimed to develop an inclusive, multidimensional measure of resilience for children, between five and 12 years, relevant to contexts in which children may experience adversity. Gartland et al. (2022) focused on the Child Resilience Questionnaire parent/caregiver report (CRQ-P/C). Culturally and socially diverse parents/caregivers of children aged 5–12 years completed the CRQ-P/C in the pilot (n=489) and validation study (n=1114).

The study was conducted in partnership with the Aboriginal Health Council of South Australia, an Aboriginal family support unit in a large tertiary hospital in Victoria, and the lead provider of refugee counselling services in Victoria.

The Strengths and Difficulties Questionnaire was included in the study to test criterion validity of the new measure.

The measure includes multiple scales across individual, family, school and community domains, with parents/carers asked to respond to each subscale item for their child. To account for variability in literacy, the response options were accompanied with a pictogram of a varyingly full glass.

The final measure comprises 10 scales, with 43 items in total. It has broad applications in clinical, educational and research settings (Gartland et. al. 2022).

Notes

The use of participatory methods and codesign processes ensured content validity and development of a resilience measure that is culturally and socially inclusive. Gartland et al. (2022) found that the measure showed good psychometric properties, with some evidence of ceiling effects. Child Resilience Questionnaire scores were strongly associated with positive wellbeing and high mental health competence for Aboriginal and Torres Strait Islander children at ages 5–9 years.

2.6: Cultural Information Gathering Tool (CIGT)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind & emotions, connection to spirituality, connection family & kinship, connection to community, connection to culture	Mental health (wellbeing assessment tool)	Questionnaire	No further information	No age specified (health workers who had experience working with Aboriginal and Torres Strait Islander people)

Geography	Language	Administrator	Completer	Source
No further information	No further information	Mental health workers upon first contact with an Aboriginal or Torres Strait Islander client/consumer	Aboriginal and Torres Strait Islander people accessing mental health services	Balaratnasingam et al., 2015

Description

Developed by Townsville Hospital and Health Service in 2008, the CIGT aims to provide an effective framework for gathering consumer histories and cultural backgrounds that influence the mental and emotional health of Aboriginal and Torres Strait Islander consumers. These can be used to guide and instruct clinical teams in culturally appropriate treatments.

Context statement

The Balaratnasingam et al. (2015) study took place at Townsville Hospital and Health Service. Phase 1 participants were health workers (workshop n=15) and senior mental health clinicians (consultation n=3). Phase 2 participants included an unspecified number of consumers (55% identified as Aboriginal and/or Torres Strait Islander). The CIGT is intended for use in clinical settings and is administered verbally.

The tool was developed through a workshop with 15 health workers who had experience working with Aboriginal and Torres Strait Islander people. Upon completion of the guide, it was distributed to three senior mental health clinicians who are of Aboriginal and Torres Strait Islander heritage for consultation and endorsement. Phase 1 trial of the measure was then carried out, which involved health workers and clinicians. Phase 2 of trial involved consumers (55% identified as Aboriginal and Torres Strait Islander).

Notes

There is no existing validation of the tool; however, after its launch in 2012 it was endorsed by the Queensland Mental Health Alcohol and Other Drugs Directorate for state-wide implementation. An evaluation was undertaken by Townsville Hospital and Health Service in 2018, which highlighted that participants consistently perceived the CIGT as a valuable cultural strategy to translate Aboriginal and Torres Strait Islander cultural information into the domain of mental health. The evaluation also identified opportunities for improvement in the use of the tool.

2.7: First Nations-Child Quality of Life (FirstNations-CQoL)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to family & kinship, connection to body, connection to mind & emotions	Quality of life (health-related assessment tool)	Questionnaire	21	0–12 years

Geography	Language	Administrator	Completer	Source
Metropolitan and regional south-east Queensland	English	Clinicians, researchers	Parents, carers	Butten et al., 2021

Description

The First Nations-Child Quality of Life (FirstNations-CQoL) measure was developed by Butten et al. (2021) to act as a culturally specific health-related quality of life metric for First Nations Australian people. The measure was developed to assess domains of Aboriginal and Torres Strait Islander children's wellbeing from the perspective of their parents and carers.

Context statement

The Butten et al. (2021) study took place in the Queensland Children's Hospital and primary healthcare clinics located in Toowoomba and Warwick. Participants included parents/carers of First Nations children aged 0–12 (n=175; reviewers n=12, survey testers n=163). FirstNations-CQoL is intended for use in clinical and research settings. FirstNations-CQoL was psychometrically assessed and developed in consultation with First Nations peoples and experts at all stages, including informing scale development, review and testing of the survey and acceptance of its reliability.

Notes

In the study by Butten et al. (2021), convergent validity was observed with the PedsQL and the Kessler Psychological Distress scale. Divergent validity against the Spence Anxiety Scale was not demonstrated.

2.8: Good Spirit Good Life Assessment

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to family & kindship, connection to Country, connection to community, connection to body, connection to culture	Quality of life (assessment tool and framework)	Questionnaire	10	45+ years (Aboriginal people with and without cognitive impairment)

Geography	Language	Administrator	Completer	Source
Metropolitan, regional	English	Self-administered, workers planning aged-care services for Aboriginal clients	Older Aboriginal and Torres Strait Islander people with and without cognitive impairment	Smith et al., 2021

Description

The Good Spirit Good Life Assessment was developed by Smith et al. (2021) and uses 10 items to assess quality of life for older Aboriginal Australians with and without cognitive impairment.

Context statement

The study was completed with Aboriginal Australians over the age of 45 years living in Perth. Semi-structured interviews were undertaken to identify the factors seen as important to having a good life. Further yarning groups were held with older Aboriginal people to develop the draft tool questions. The next stage of the study will be to test use by family members and carers.

The study took place at in Perth and Melbourne. Pilot study participants were people living in residential care (n=6) or living at home with aged care support (n=6). Main study participants were Aboriginal people (n=56). The Good Spirit Good Life Assessment is intended for use in community settings and is self-administered, with an option for a clinician to administer verbally.

Notes

Smith et al. (2021) states that the protective factors that formed the 10 items for this tool were identified by Indigenous Australians as important factors to having a ‘good life’. Face validity of the tool was completed in both regions in the study. The tool, along with instructions for use and recommendations and strategies for staff and service providers, can be found here: GSGL » Aboriginal Ageing Research | UWA (iawr.com.au).

2.9: Here and Now Aboriginal Assessment (HANAA)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind & emotions, connection to body	Mental health (screening tool)	Face-to-face diagnostic interview	No further information	18+ years (Western Australia and Queensland)

Geography	Language	Administrator	Completer	Source
Metropolitan, rural	English, in language	Clinicians, service providers	No further information	Janca et al., 2015

Description

HANAA was developed by the School of Psychiatry and Clinical Neurosciences at the University of Western Australia in 2015 as a culturally appropriate screening tool for SEWB and mental health issues in Indigenous adults. The HANAA is a semi-structured interview and contains 10 domains of SEWB.

Context statement

The Janca et al. (2015) study took place in Perth and Broome, Western Australia. Participants were Aboriginal people (n=30). The HANAA is intended for use in clinical and community settings, and can be administered verbally in yarning and narrative style format (assessors are free to use local equivalents to the prompt words provided in their exploration of each domain).

Feedback from non-mental-health clinicians and mental health workers was obtained to develop the tool.

Notes

Balaratnasingam et al. (2015) reports good inter-rater agreement and validity when findings were compared to clinical diagnosis. HANAA results were compared with information derived from the participant's medical record, which was used as the gold standard. Janca et al. (2015) found that there was agreement in the identification of the main presenting problems between the clinical team ratings and the written narrative information in 28 cases (93%). Comparison of 'recommended action' with the management plan proposed by the clinical team and assessor showed concordance in 27 cases (90%). Janca et al. (2017) found that the measure was reported as having a high level of utility and cultural applicability by 38 clinicians and health workers. Le Grande et al. (2017) notes '93% agreement with clinician team ratings in a small sample of n=28. Inter-rater agreement varied by domain and ranged from 0.5–1.0'.

2.10: Northern Peninsula Area and Torres Strait Islands Anxiety and Depression Tool

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind & emotions, connection to body, connection to community	Social and emotional wellbeing (assessment tool)	Yarning	No further information	45+ (Torres Strait Islands and Northern Peninsula Area)

Geography	Language	Administrator	Completer	Source
Torres Strait Islands and Northern Peninsula Area	No further information	Clinician, service providers	No further information	Meldrum et. al., 2024

Description

This new SEWB screening tool is underpinned by First Nations peoples' conceptualisation of health and wellbeing that is broader than Western concepts of depression and anxiety and uses a Yarning approach.

Context statement

The tool was developed by researchers in the Northern Peninsula Area (NPA) and Torres Strait Islands, who were looking to develop a culturally appropriate SEWB screening tool (Meldrum et al., 2022; 2024).

The study used a Delphi study approach, with several rounds of engagement with experts in the field and Knowledge Holders (Indigenous Reference Group) eventually deciding to design a new tool to screen for depression and anxiety for Indigenous peoples residing in the study area. The study was inspired by the HANAA tool but was not intending to adapt it as such; rather utilise the HANAA format to create a new SEWB tool that would suit the needs of Indigenous peoples living in the NPA and Torres Strait Islands.

The new tool was developed with questions in four main areas of SEWB, which arose from the original Yarning circles: community engagement and behaviour; risk; stress worries; and feeling strong. All questions in the tool are designed to be engaged with in a Yarning, strengths-based approach. Facilitators complete a 'summary' form at the end of the tool, indicating need for follow-up in area of the four main areas, and recommendations ongoing. The facilitator is also able to indicate how they felt the yarn went. A series of feedback loops were enacted across stakeholders and the Knowledge Circle attached to the project.

The tool is designed to be administrated by a health professional, in primary care and geriatric settings.

Notes

The tool is ready for piloting but has not been validated to date.

2.11: Strong Souls Assessment Tool (SSA)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind & emotions, connection to body	Mental health (screening tool)	Online questionnaire	25 (8-item version available)	No age specified (attending secondary or tertiary education institutions or substance use rehabilitation facilities in the Northern Territory)

Geography	Language	Administrator	Completer	Source
Metropolitan, rural, remote	No further information	Researchers	No further information	Thomas et al., 2010

Description

Developed in 2010, Strong Souls Assessment Tool (SSA) is a 25-item screening and research tool of SEWB that assesses problems related to depression, anxiety, suicide risk, and levels of resilience.

Context statement

The Thomas et al. (2010) study took place in local boarding high schools in Darwin. A pilot study of 67 participants was followed by a main study of Indigenous Australians between 16 and 20.5 years of age (n=361). The SSA is intended for use in clinical, community, and school settings, and is administered verbally.

The tool has been used and validated in Dingwall & Cairney (2011) in the context of substance-use rehabilitation and prison settings.

Notes

Thomas et al. (2010) found that the measure demonstrated validity, reliability, and cultural appropriateness as a tool for screening for SEWB among Indigenous young people in the Northern Territory. It has not yet been validated in a clinical setting and there are currently no guidelines or manual available for its use or scoring. Dingwall & Cairney (2011) found that the measure shows good internal reliability (α=0.70), good discriminant ability, and good convergent and construct validity.

2.12: Westerman Aboriginal Symptom Checklist – Adults (WASC-A)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body, connection to mind & emotions, connection to culture	Mental health (assessment tool)	Symptom checklist	53	18+ years

Geography	Language	Administrator	Completer	Source
No further information	No further information	Self-administered, clinicians	Aboriginal and Torres Strait Islander adults	Bright, 2012

Description

The Westerman Aboriginal Symptom Checklist – Adults (WASC-A) was created by Tracy Westerman, an Aboriginal psychologist. The WASC-A checklist aims to identify adult Aboriginal people at risk of depression, suicidal behaviour, substance abuse, impulsivity, and anxiety, and assess cultural resilience.

Context statement

The WASC-A is based on the Westerman Aboriginal Symptom Checklist – Youth (WASC-Y). An initial review of the structure of the checklist was conducted by Bright (2012). The Bright (2012) study included 370 participants.

Notes

The review by Bright (2012) indicated that all subscales for a theoretical WASC-A possess, at the least, acceptable fit to the data. The review found that convergent validity was satisfactory for most of the subscales. Consistently high construct reliability for all subscales was also established.

2.13: Westerman Aboriginal Symptom Checklist – Youth (WASC-Y)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body, connection to mind & emotions, connection to culture	Mental health (assessment tool)	Symptom checklist	53	13–17 years

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, rural, and remote Western Australia	English	Self-administered, researchers	Aboriginal and Torres Strait Islanders aged 13 – 17	Westerman, 2003

Description

The Westerman Aboriginal Symptom Checklist – Youth (WASC-Y) is a self-report, paper-and-pencil symptom checklist developed by Tracy Westerman, an Aboriginal psychologist, in 2003. It aims to identify young Aboriginal people aged 13–17 years who are at risk of anxiety, depression, and/or suicidal behaviours.

Context statement

The Westerman (2003) study took place in regions of Perth and North West of Western Australia. Participants were Indigenous young people (n=183). The WASC-Y is intended for use in clinical and research settings and can be administered verbally to account for low literacy.

The WASC-Y has been used exclusively with Indigenous Australian population groups with no further adaptation. The associated guideline was created from the following processes: 1) a culturally valid engagement process with Aboriginal parents and youth; 2) generating interpretation guidelines to assess potential cultural variants in reported symptoms; 3) creating a model of cultural validation to assess for the role of culture in mental health presentation; and 4) creating a model to address identified mental health problems.

Notes

Indexation and scoring are done by clinicians for at-risk young people who have completed the WASC-Y. The WASC-Y was culturally and scientifically validated using a model assessing for the role of culture in mental health presentation. The tool was further validated by Little (2007) through confirmatory factor analysis which found that the measure can be considered an adequate fit of the sample data. Factor correlations were all found to be statistically significant. Depression and anxiety as two factors showed evidence of discriminant validity and the correlation between the two factors was very high.

Westerman (2003) also reports that the attached clinician guidelines were validated through interviews with at-risk young people to assess engagement.

2.14: What Matters 2 Adults (WM2Adults)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to culture, connection to Country, connection to community, connection to spirituality	Emotional wellbeing (assessment tool)	Questionnaire	32	18+ years

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, remote	English	Self-administered within health service settings	Aboriginal and Torres Strait Islander people accessing health services	Howard et al., 2024

Description

What Matters 2 Adults is a research project by Garvey et al. (2021) that aims to generate a wellbeing measure for Aboriginal and Torres Strait Islander adults, WM2Adults, which is underpinned by their values and preferences.

Context statement

A qualitative study was conducted in three phases: 1) item development and generation; 2) scale development, including item modification and reduction through exploratory factor analysis; and 3) psychometric evaluation using Item Response Theory approaches. The study was undertaken nationally. Aboriginal adults participated in yarning circles (n=359) and Think Aloud interviews (n=17) and completed a survey (n=666). The WM2Adults is intended for use in clinical settings and is self-administered.

Notes

Howard et al. (2020) conducted the pilot study outlining planned research, whereas Garvey et al. (2021) reported on the first stage of development of the measure. In this study, the authors state that the research and creation of this tool adopts an Indigenist approach; Aboriginal and Torres Strait Islander researchers led yarning circle discussions with a total of 359 Aboriginal and Torres Strait Islander participants. More recently, Howard et al. (2024) reported on further testing and development of the tool with Indigenous adult participants. In this study, the authors established content validity of the items. Some items with low factor loading were retained due to content validity.

2.15: What Matters to Youth (WM2Youth)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to culture, connection to Country, connection to community, connection to spirituality	Social and emotional wellbeing (assessment tool)	Survey	No further information	12-17 years

Geography	Language	Administrator	Completer	Source
Across Australia	English	No further information	No further information	Garvey et. al., 2024

Description

What Matters to Youth (WM2Youth) aims to develop a new nationally relevant, strengths-based, wellbeing measure for Aboriginal and Torres Strait Islander youth that is grounded in their experiences, values, preferences, aspirations and culture, to inform clinical and policy decision-making (Garvey et al., 2024).

Context statement

The WM2Youth research team is comprised of researchers from the Menzies School of Health Research, the University of Sydney, the University of Queensland, and other stakeholders and experts in the field of youth wellbeing and mental health. The research uses a strengths-based Indigenist approach, using Indigenist research methods, and prioritising and privileging the voices and preferences of Aboriginal and Torres Strait Islander youth throughout.

The project has three research phases: (1) qualitative exploration of wellbeing using PhotoYarning and yarns with adult mentors to develop candidate items; (2) Think Aloud study, quantitative survey, psychometric analysis, validity testing of candidate items and finalisation of the descriptive system; and (3) scoring development using a quantitative preference-based approach (Garvey et al., 2024).

A national qualitative survey (n=~200) was initially undertaken with groups of Aboriginal and Torres Strait Islander youths, which sought to understand what parts of life impact youth wellbeing. The findings of this qualitative phase informed the development and validation of a new measure items. Psychometric testing was undertaken to evaluate each of the new measure items for reliability and validity. A scoring system was then developed through survey completion with a large number (n=~1000) of Aboriginal and Torres Strait Islander youth.

Analysis of the study by Anderson et al. (2025) identified an interconnected set of six themes that describe the parts of life that foster and support youth wellbeing: having a sense of belonging; feeling connected with others; receiving care and self-care; doing activities you enjoy; working towards goals and achievements; and having access to safe spaces.

Notes

The study is still underway and aims to produce a valid wellbeing measure for Aboriginal and Torres Strait Islander youth aged 12 to 17 years. However, Anderson et al. (2025) noted that findings from the study provide valuable evidence around First Nations youth wellbeing that are relevant to many settings and applications.

2.16: Words for Feelings Map

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind & emotions	Mental health (social and emotional wellbeing guide)	A2 poster	No further information	No age specified (Ngaanyatjarra and Pitjantjatjara children and young people)

Geography	Language	Administrator	Completer	Source
No further information	Ngaanyatjarra / English OR Pitjantjatjara / English	Workers in Aboriginal schools and health and related services	No further information	NPYWC, 2014

Description

This culturally sensitive guide was developed by the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council to encourage Aboriginal children and young people to talk about their feelings and seek mental health support when they need to.

Context statement

It was created by the ngangkari and senior Anangu (Anangu are people of the NPY region). The tool depicts characters experiencing a range of adverse feelings and links English and Aboriginal (Ngaanyatjarra and Pitjantjatjara languages) words to express them.

Notes

No further information.

2.17: Yawuru Wellbeing Survey

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body, connection to Country, connection to culture, connection to community, connection to family & kinship	Emotional wellbeing (assessment tool)	Questionnaire	No further information	18+ years (Yawuru people)

Geography	Language	Administrator	Completer	Source
Regional	No further information	Self-administered, researchers	Yawuru peoples	Yap & Yu, 2016

Description

The measure was developed by Yap & Yu (2016), in collaboration with Yawuru people, for the purpose of measuring wellbeing.

Context statement

The Yawuru Wellbeing Survey was developed using Yawuru wellbeing indicators. The study was conducted in two phases: Phase 1 was the collection of data, analysis, and validation, in which the pool of potential indicators was defined, refined, and developed into surveyable questions; Phase 2 was focused on the survey development, analysis, and validation. The study was undertaken in Broome. Participants were Yawuru mean and women (n=156), and the survey could be completed online or offline, as well as face-to-face (either answering questions on a tablet or responding to verbal administration).

Notes

Yap & Yu (2016) report that all data was collected and validated by the (adult) Yawuru people.

3 Culturally informed measures

Culturally informed measures are those that have been informed by Aboriginal and Torres Strait Islander worldviews and experience or have sought to centralise and be led by community voices and priorities. This section looks at two culturally derived measures.

3.1: Indigenous Risk Impact Screen (IRIS)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body, connection to mind & emotions	Mental health (assessment tool)	Screening instrument	13	18+ years

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, rural, and remote Queensland	English	Clinicians	Aboriginal and Torres Strait Islander adults	Schlesinger et al., 2007

Description

The Indigenous Risk Impact Screen (IRIS) was developed by Indigenous and non-Indigenous researchers in Queensland to assist with the early identification of alcohol and other drugs (AOD) problems and mental health and emotional wellbeing risks amongst adult Aboriginal and Torres Strait Islander Australians.

Context statement

The IRIS is a validated, evidence-based, culturally appropriate screening and brief intervention tool developed by and for Aboriginal and Torres Strait Islander people. It comprises screening instruments for alcohol and other drugs, mental health, and emotional wellbeing, as well as accompanying instructions and resources to inform a brief intervention. The Schlesinger et al. (2007) study took place in the Clinical Centre for Drug and Alcohol Studies, part of the Alcohol and Drug Service at the Prince Charles Hospital Health Service District, Brisbane. Participants were Queensland-based Indigenous adults (n=175). The IRIS is intended for use in clinical settings.

Notes

The IRIS demonstrates strong internal consistency, convergent validity, and evidenced valid cut-offs for determining symptomatic individuals in terms of drug and alcohol use and mental health problems in Indigenous populations. The tool was further validated by Ober et al. (2013) through use of data from a cross-sectional study of mental health among Indigenous inmates in Queensland custodial centres.

Newton et al. (2015) described the IRIS as 'promising' given it has been shown to have strong internal consistency and temporal stability, as well as strong convergent validity with other well-established measures of substance use.

3.2: IRISE_C (Racial Identity and Self- Esteem of Children)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to community, connection to culture, connection to spirituality, connection to Country	Mental health (psychosocial assessment tool)	Interview and visual score chart	40	8–12 years

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, rural	English (with terminology mirroring language used by Aboriginal children)	Aboriginal community research assistants	Aboriginal and Torres Strait Islanders aged 8-12 years	Kickett-Tucker et al., 2015

Description

The IRISE_C was designed by an Aboriginal researcher and based on a literature review and Aboriginal community consultation to explore the elements of racial identity and self-esteem of metropolitan, rural, and regional Aboriginal children.

Context statement

The Kickett-Tucker et al. (2015) study took place in the Swan, Peel and Kalgoorlie regions of Western Australia. Participants in the pilot study were metropolitan children aged 8–12 years (n=35), and participants in the main study were children aged 6–13 years (n=229). IRISE_C is intended for use in school settings.

In Australia, there is little empirical research of the racial identity of Indigenous children and youth – most of the literature focuses on adults. Furthermore, there are no instruments developed with cultural appropriateness when exploring the identity and self-esteem of the Australian Aboriginal population, especially children. A pilot study was followed by the main study; exploratory factor and confirmatory factor analyses were employed to assess factor structures.

Notes

The purpose, content, and procedures for the IRISE_C have been developed in accordance with the wider Aboriginal community's communication protocols and culturally safe and secure practices deemed appropriate for Australian Aboriginal children aged 8–12 years. Study limitations acknowledged that results may not be generalised to Aboriginal children living in remote areas and that this is a static, point-in-time measure. The tool was validated using confirmatory factor analysis by Kickett-Tucker et al. (2015). In this study, the internal consistency and reliability of each sub-scale was assessed using Cronbach's co-efficient α.

4 Culturally adapted measures

Culturally adapted tools are standard instruments initially developed for the general population but have been adapted and evaluated for use with First Nations people (to varying degrees). This section looks at 16 culturally adapted measures.

4.1: Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (stress and trauma assessment tool)	Questionnaire	17 items on individual stressor events or experiences specific to Australian Aboriginal peoples; 16 items from DSM-III-R (symptom severity score); 14 items that are Aboriginal specific	18–50 years (Aboriginal males who have been convicted of violent offences)

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, remote	English	Clinicians	Aboriginal males who have been convicted of violent offences	Atkinson, 2008

Description

The Australian Aboriginal Version of the Harvard Trauma Questionnaire (AAVHTQ) is 47-item, culturally responsive adaptation of the Harvard Trauma Questionnaire for Aboriginal people.

Context statement

The Atkinson (2008) study was conducted in criminal institutions nationally. Participants were Indigenous males incarcerated for a crime that was not violent in nature (n=60). The AAVHTQ is intended for use in clinical settings and includes specific cultural idioms of distress reactions relevant to Australian Aboriginal people. Plain English and Aboriginal English are also used, and an interpreter is offered.

The AAVHTQ comprises two subscales designed to assess individual levels of trauma exposure and posttraumatic symptomology. This questionnaire measures specific traumatic stressors and trauma symptoms (DSM-III-R criteria for post-traumatic stress disorder (PTSD)).

Notes

Atkinson (2008) adapted the original measure. Atkinson states: ‘Under a Western-oriented quantitative framework, validation of the AAVHTQ must be tested against a “gold standard”. This becomes “catch 22”, as the primary reason for developing the AAVHTQ is the lack of a current instrument that is culturally sensitive and relevant. Therefore, to measure the AAVHTQ against an existing non-Aboriginal gold standard cannot provide an indication of validity. Within an Aboriginal methodology, however, it is the Stories, the qualitative narratives that give credibility and validity to the research. It is the narratives that provide

contextual data that improve the validity and cultural specificity of the quantitative questionnaire'. Gee et al. (2023) noted that Atkinson (2008) found sensitivity was 82.4% and its specificity was 98.5%. Gee et al. (2023) used the AAVHTQ measure in their study (n=81 Aboriginal participants) and found 'a sensitivity of 83 per cent, and a specificity of 81 per cent for the AAVHTQ to correctly classify participants using the PTSD symptomatic threshold'.

4.2: EuroQol EQ-5D-5L

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body, connection to mind and emotions	Physical health (quality-of-life assessment tool)	Questionnaire	5	18+ years (from distinct language groups: Adnyamathanha, Akenta, Amarak, Bungandidj, Diyari, Erawirung, Kaurna, Kokatha Mula, Maralinga Tjarutja, Mirning, Mulbarapa, Narungga, Ngaanyatjarra, Ngadjuri, Ngarrindjeri, Nukunu, Parnkalla, Peramangk, Pitjantjatjara, Wirangu, Yankunjatjarra)

Geography	Language	Administrator	Completer	Source
Metropolitan, regional	No further information	Social workers and counsellors	Aboriginal and Torres Strait Islander peoples	Santiago et al., 2021a

Description

The original measure was developed by the EuroQol Group in 2009 for measuring five specific aspects (mobility, self-care, usual activities, pain/discomfort, anxiety/depression).

Context statement

The measure was adapted in 2021 for Aboriginal adults. Participants in the Santiago et al. (2021a) were Aboriginal adults (n=1,012). The EQ-5D-5L is intended for use in clinical settings or by service providers.

Notes

Santiago et al. (2021a) found that EQ-5D-5L individual items displayed good discriminant validity.

4.3: Growth and Empowerment Measure (GEM)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (outcomes measure)	Questionnaire	14-item Emotional Empowerment Scale (EES14); 12 Scenarios (12S); 6-item Kessler Psychological Distress Scale (K6) supplemented by two questions	18+ years (involved in personal and/or organisational social health activities)

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, remote	No further information	Clinicians, researchers	Aboriginal and Torres Strait Islander peoples	Haswell et al., 2010

Description

The GEM was developed by Haswell et al. (2010) for the purpose of measuring change in dimensions of empowerment as defined and described by Aboriginal Australians who participated in the Family Well Being programme.

Context statement

The study was conducted in Queensland, New South Wales, and the Northern Territory and included 184 participants. In some studies, the GEM has been accompanied by the Kessler Psychological Distress Scale (K-6 or K-10). While this measure is perceived to be culturally adapted, a limitation to be noted is that the study was not led by Aboriginal clinical and cultural experts.

Notes

Haswell et al. (2010) found that 'preliminary data on GEM suggest that the tool is collecting valid and reliable data on domains of empowerment that are relevant to Indigenous Australians'. Berry et al. (2012) used the GEM in their study set in a substance abuse treatment setting and found that the GEM subscales effectively measure inter-related but distinct aspects of empowerment. Kinchin et al. (2015) conducted a qualitative outcomes assessment where a set of validated surveys were assessed, including the GEM, and found that the GEM was the 'most sensitive and most tangible measure' for capturing communication, conflict resolution, decision making and life skill development. Newton et al. (2015) described the GEM as 'approaching well-established assessment'. Le Grande et al. (2017) noted the GEM has a 'positive wellbeing perspective and is one of the only SEWB instruments that specifically seeks to assess connectedness'.

4.4: Kessler Psychological Stress Scales (K-6)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (assessment tool)	Questionnaire	6 (study also examines the 10-item version)	18+ years

Geography	Language	Administrator	Completer	Source
No further information	No further information	Clinicians	Aboriginal and Torres Strait Islander people in primary care	Furukawa et al., 2003

Description

The K-6 is a six-item inventory, rated on a five-point Likert-type scale, which functions as a global measure of distress drawing from depressive and anxiety related symptomology. It is a truncated version of the K-10 and was developed by Kessler and colleagues in 2003. It is intended for use in clinical settings and is self-administered, with the option for a clinician to administer verbally.

Context statement

It has been acknowledged that the K-6 is a robust measure. Le Grande et al. (2017) notes the K-6 was subjected to full cross-cultural adaptation and retains the ‘worthlessness’ item.

Notes

Furukawa et al. (2003) used the original measure on an Indigenous population group. Jorm et al. (2012) used the measure, alongside other measures, on an Indigenous population group.

4.5: Kimberley Assessment of Depression of Older Indigenous Australians (KICA-dep)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (assessment tool)	Questionnaire	11	45+ years

Geography	Language	Administrator	Completer	Source
Remote	English	Clinicians	Older Indigenous Australians living in remote areas	Almeida et al., 2014

Description

The KICA-dep was developed for the purpose of screening for the presence of depression among older Indigenous Australians.

Context statement

The Almeida et al. (2014) study was conducted in Derby, in Western Australia, and in the Kimberley region, and had 250 participants. The KICA-dep is intended for use in clinical settings and is verbally administered. The tool was adapted by re-wording and translating some of the questions to align with Aboriginal and Torres Strait Islander cultural norms, and then validated among remote-living Aboriginal and Torres Strait Islander communities.

The KICA-dep is a modified version of the Patient Health Questionnaire (PHQ-9). The questionnaire items were 'derived from the signs and symptoms required to establish the diagnosis of a depressive episode according to the DSM-IV-TR and ICD-10 criteria and followed the same format of the Patient Health Questionnaire'. These are previously existing psychometric tools that are not culturally adapted or derived. However, the wording of each item within the KICA-dep were formulated to reflect linguistic and cultural sensitivities and relevance.

Notes

Almeida et al. (2014) found that the KICA-dep showed excellent internal consistency and good face-validity as a screening instrument for depressive disorders according to DSMIV-TR and ICD-10 criteria. The measure was validated among remote-living Aboriginal and Torres Strait Islander communities.

4.6: Kimberley Mum's Mood Scale (KMMS)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (psychosocial assessment tool)	Questionnaire and yarning template	No further information	No age specified

Geography	Language	Administrator	Completer	Source
Remote	No further information	Midwives, Community Health Nurses, and Aboriginal Health Workers	Mothers	Kotz et al., 2016

Description

The KMMS measure was developed by Kotz et al. (2016) and uses a culturally secure approach to screening for depression and anxiety during the perinatal period for Aboriginal and Torres Strait Islander women.

Context statement

The Kotz et al. (2016) study was conducted in the Kimberley region. Participants were healthcare practitioners (n=72) and Kimberley women (n=100). The KMMS is intended for use in clinical settings and is jointly completed with a clinician.

This assessment tool was adapted by Kotz and colleagues from the Edinburgh Postnatal Depression Scale (EPDS) (Standard Instrument), using language and graphics which were informed by consultations with the Kimberley Aboriginal Medical Services (KAMS) and more than 100 Aboriginal women from eight Kimberley language groups.

Notes

Marley et al. (2017) tested the validity and acceptability of the measure. They found that the first part of the measure (EPDS) had high internal consistency. Overall, the measure's risk equivalence for screening anxiety or depressive disorders was moderate. The opportunity for healthcare providers to ask participants questions in Part 2 of measure was viewed as resulting in a deeper understanding between them. Carlin et al. (2022) describe the implementation of the measure in a mixed-methods assessment. Aboriginal female participants identified the measure as appropriate because it asked about mood and feelings during prenatal period.

4.7: Modified Kessler Scale (MK-K5)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (assessment tool)	Questionnaire	5	18+ years

Geography	Language	Administrator	Completer	Source
No further information	No further information	Clinicians	Aboriginal and Torres Strait Islander patients in primary care	AIHW, 2009

Description

The Modified Kessler Scale (MK-K5) was developed by the AIHW in consultation with Aboriginal and Torres Strait Islander stakeholders at a 2003 SEWB workshop for use in the National Aboriginal and Torres Strait Islander Health Survey.

Context statement

The AIHW (2009) study comprised an unspecified number of Aboriginal and Torres Strait Islander stakeholders. The MK-K5 is intended for use in clinical settings and is self-administered, with the option for a clinician to administer verbally.

Slight changes were made to wording for two of the original Kessler items to enhance understanding in an Indigenous context: the item which refers to feeling ‘hopeless’ was changed to one that asked about feeling ‘without hope’, and the original item that asked about feeling ‘restless or fidgety’ was modified to one that asked about feeling ‘restless or jumpy’.

Notes

McNamara et al. (2010) used the measure among older Aboriginal and Torres Strait Islanders and non-Aboriginal individuals. They established convergent validity as evidenced by a strong graded relationship between the level of distress and the odds of problems with daily activities due to emotional problems, current treatment for depression or anxiety, and poor quality of life. Brinckley et al., 2021 conducted a full psychometric evaluation of the culturally modified K-5 measure. They found that ‘the MK-K5 demonstrated face validity for psychological distress in two focus groups, and had good acceptability, good internal consistency/reliability (α=0.89), good construct validity (uni-dimensional; one underlying component explaining 70.1% of variance) and demonstrated convergent and divergent validity in the sample. The MK-K5 had good clinical utility at a cut-off score of 11 for detecting ever being diagnosed with depression or anxiety’. Le Grande et al. (2017) assessed this measure as a limited adaptation.

4.8: Multidimensional Scale of Perceived Social Support (MSPSS)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to community, connection to family and kinship	Social wellbeing (social and emotional wellbeing assessment tool)	Questionnaire	6 (subset of the original 12-item instrument)	18+ years (living in urban areas)

Geography	Language	Administrator	Completer	Source
Metropolitan	No further information	No further information	Aboriginal and Torres Strait Islander peoples	ABS, 2013

Description

The MSPSS was originally developed by Zimet et al. (1998) for the purpose of measuring social support from family, friends, and significant others (i.e. romantic, subordinate, or other particularly close relationship). It is verbally administered.

Context statement

The measure was altered in the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) through simple item deletion (rather than cross-cultural translation and adaptation).

Notes

ABS (2013) is a critical review of social and emotional wellbeing assessment instruments for Aboriginal and Torres Strait Islander people and provides a brief overview of the MSPSS. Le Grande et al. (2017) found that the measure is ‘not a true cross-cultural adaptation. Subset of six items from original 12 items used in the ABS NATSIHS. In the NATSIHS only used with urban Indigenous Australians, not with those living in remote areas’. McCormick et al. (2023) used network analysis to establish that the MSPSS is a reliable and valid tool to measure Aboriginal and/or Torres Strait Islander Australians' perceptions of social support across different dimensions.

4.9: Negative Life Events Scale (NLES)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (stress and trauma assessment tool)	Questionnaire scale	16	18+ years (heads of households)

Geography	Language	Administrator	Completer	Source
Remote	Northern Territory Aboriginal English	Clinicians, researchers	Aboriginal and Torres Strait Islander peoples	Kowal et al., 2007

Description

The Negative Life Events Scale (NLES) was originally used by the Australian Bureau of Statistics (ABS) to measure levels of chronic stress in a national survey of Indigenous peoples.

Context statement

The Kowal et al. (2007) study was conducted in the Northern Territory. Participants were carers (n=436) and householders (n=306).

While the ABS have not released their methodology for this scale, Kowal et al. (2007) mentions that the items for the tool were chosen by the ABS and refined by consultation with Indigenous mental health experts. However, the National Institutes of Health (NIH) have a Negative Life Events Inventory published on their website with very similar themes and English (Western-focused) language. This inventory was created and published by non-Indigenous researchers in 1986 and 1992, well before the NLES was used in the 2002 National Aboriginal and Torres Strait Islander Social Survey. The NLES requires respondents to answer ‘yes’ or ‘no’ to a list of negative life events, which are not weighted or rated according to their perceived impact.

Notes

Kowal et al. (2007) evaluated the measure stated that, ‘more generally, the evaluation of the NLES presented here does not enable an assessment of construct validity, or the degree to which the NLES items accurately reflect the life events perceived as stressful for Indigenous people’. Stevens & Paradise (2014) conducted a factor analysis of NLES results and found that ‘the NLES, as a measure of SEWB, has good construct validity for the Aboriginal and Torres Strait Islander and Australian population when used in population surveys’. Le Grande et al. (2017) noted that a ‘complete process of cultural validation was not undertaken. Reasonable discriminant validity and reliability. Three items had poor descriptive ability. Further psychometric evaluation is required.’

4.10: Patient Health Questionnaire (PHQ-9, PHQ-2, aPHQ)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (assessment tool)	Questionnaire	10	18+ years (with ischaemic heart disease (IHD))

Geography	Language	Administrator	Completer	Source
Regional	English	Health workers	Aboriginal and Torres Strait Islander peoples	Esler et al., 2008

Description

The original PHQ-9 measure was developed by Kroenke et al. (2001) to assess the frequency of depressed mood and anhedonia over the past two weeks.

Context statement

The Esler et al. (2008) study was conducted in an Aboriginal Community-Controlled Health Service in Darwin. Participants (n=34) completed screening and a psychiatric interview. The PHQ is intended for use in clinical settings and is verbally administered.

This adapted tool has culturally appropriate questions about mood, appetite, sleep patterns, energy, and concentration levels. Brown and colleagues then presented a different adapted version of the measure in 2013 which has subsequently been subject to a validation study (The Getting it Right Collaborative Group, 2019).

Notes

Esler et al. (2008) provided the first adaptation of the measure and demonstrated validity of measure for screening for depression in a group of Indigenous patients with ischaemic heart disease (IHD). Brown et al. (2013) adapted the original measure through five focus groups with Indigenous participants in central Australia. Validation study of the adapted measure is flagged as required by authors. Farnbach et al. (2017) present a process evaluation study protocol which outlines intentions to investigate the validity of the adapted measure presented by Brown et al. (2013). The Getting it Right Collaborative Group (2019) tested the validity of Brown and colleague's adapted measure with 500 Aboriginal and Torres Strait Islander people. They conclude that the adapted measure was deemed acceptable by participants. Nagel et al. (2015) classified PHQ-9 as 'approaching well-established assessment'. Le Grande et al. (2017) noted reasonable reliability and validity demonstrated by this measure.

4.11: Pearlin Mastery Scale

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (assessment tool)	Questionnaire	7	15+ years (Yolngu people)

Geography	Language	Administrator	Completer	Source
Remote	Yolngu Matha	No further information	Aboriginal and Torres Strait Islander peoples	Daniel et al., 2006

Description

This measure was adapted by Daniel et al. (2006) from the original standard measure (developed by Pearlin and Schooler in 1978) for the purposes of measuring personal control and mastery (e.g. perceived stress, physical activity, and fruit and vegetable consumption).

Context statement

The study had 177 participants and was conducted in the Galiwin'ku settlement on Elcho Island, in northeast Arnhem Land in the Northern Territory. The Pearlin Mastery Scale is intended for use in community settings and has been cross-culturally adapted with translation and back-translation conducted.

The original seven-item tool was cross-culturally adapted: all questions were translated into the local language and revised with assistance from 15 Yolngu (local people who participated in the study). The results were then translated back into English. This process happened several times until the Yalu Clan Management Committee had approved all items. Additional cultural measures were taken: a story was drafted to accompany each question, and the response options were limited to ‘yes’, ‘somewhat’, or ‘no’.

Notes

Daniel et al. (2006) refer to previous scientific validation of the original version of the measure. Le Grande et al. (2017) note ‘cross-cultural adaptation and back translation conducted, but further psychometric testing required’.

4.12: Social and emotional wellbeing module (SEWB Module)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions, connection to culture, connection to family and kinship	Social and emotional wellbeing (assessment tool)	Brochure, poster, or page/s (e.g. questionnaire)	No further information	No age specified

Geography	Language	Administrator	Completer	Source
No further information	English	No further information	Aboriginal and Torres Strait Islander peoples	AIHW, 2009

Description

The SEWB Module is an interim social and wellbeing assessment tool which was developed to collect national data on SEWB for the 2004–05 National Aboriginal and Torres Strait Islander Health Survey for the AIHW.

Context statement

The SEWB Module comprises a mixture of select items from previously developed scales such as the Kessler Scale (K-10), the Short Form 36 Health Survey (SF-36), as well as new items specifically developed for the survey with wording modified to be culturally appropriate. The module is perceived to be largely culturally adapted, with some aspects that may be considered as being culturally derived. AIHW (2009) notes consultation with Indigenous Australians in developing some aspects of the tool.

Notes

AIHW (2009) found that the psychological distress, positive wellbeing, anger, life stressor, and discrimination 'in general' domains of the measure are internally valid. Newton et al. (2015) provides a review of social and emotional wellbeing measures for Indigenous Australians and concludes that the SWEB Module has been specifically developed for use with Indigenous populations and should be used for epidemiological comparative purposes (not as a clinical measure).

4.13: St George's Respiratory Questionnaire (SGRQ/SGRQ-I)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to body	Physical health (clinical assessment tool)	Questionnaire	No further information	40–80 years (patients with chronic obstructive pulmonary disease (COPD))

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, rural, remote	No further information	Aboriginal health workers	Aboriginal and Torres Strait Islander patients with COPD	Meharg et al., 2022

Description

The St George's Respiratory Questionnaire (SGRQ) was initially developed by Jones et al. (1991) for the purposes of measuring the symptoms (frequency and severity) of airway disease and activities that cause or are limited by breathlessness, and impact (social functioning, psychological disturbances) resulting from airways disease.

Context statement

The SGRQ was adapted with a joint sample of Indigenous Australians with chronic obstructive pulmonary disease and Indonesians with pulmonary tuberculosis. The BE WELL project (Breathe Easy Walk Easy Lungs for Life) implemented an Indigenous version of the St George's Respiratory Questionnaire (SGRQ-I) as stated on the ANZCTR website (clinical trials registry). However, Meharg et al. (2022) make no mention of using a culturally adapted version of this tool.

Notes

Le Grande et al. (2017) noted that further psychometric testing is required in relation to the adapted SGRQ that used the joint sample of Indigenous Australians with chronic obstructive pulmonary disease and Indonesians with pulmonary tuberculosis. Meharg et al. (2022) presents a study protocol for use of the measure with Indigenous people. The study aims to evaluate the implementation of the BE WELL program in four distinct Aboriginal communities – metropolitan, regional, rural, remote – was prospectively registered in 2017 on the ANZCTR website (ANZCTR, 2017), with details for use of the Indigenous version of the St George's Respiratory Questionnaire (SGRQ-I). The last reported round of data collection occurred in June 2021.

4.14: Strengths and Difficulties Questionnaire (SDQ)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions, connection to community	Mental health (behavioural screening)	Questionnaire	25	4–18 years (Aboriginal children and young people using carer reports)

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, remote	English	Parents, teachers, self-administered (>11 years of age)	Aboriginal and Torres Strait Islander children aged 4-18 years	Zubrick et al., 2005

Description

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening questionnaire. This measure was first adapted from the original SDQ measure (Goodman, 1997) by Zubrick et al. (2005) for the purpose of screening children at high risk of clinically significant emotional or behavioural difficulties, using carer responses.

Context statement

The study was conducted in Western Australia and New South Wales and involved an unspecified number of participants (who were carers). The SDQ is intended for use in school and clinical settings, and by service providers. Pilot testing indicated the need for change to wording of items and the response scale; these modifications were made to the SDQ, and the modified instrument was used in the study.

Zubrick et al. (2005) was the first attempt to systematically assess proportions of children at high risk of clinically significant emotional or behavioural difficulties in a large representative sample of Western Australian Aboriginal children and young people. Limitations have been experienced with adapting the tool (i.e. issues with validation for use with Aboriginal and Torres Strait Islander peoples).

Notes

Zubrick et al. (2006) first adapted the SDQ, rewording it to make it more culturally acceptable. The Western Australia Aboriginal Child Health Survey did adapt the SDQ, however there have been issues with validation for use with Aboriginal and Torres Strait Islander peoples. Jorm et al. (2012) conclude that the SDQ 'has been reported to be culturally acceptable to clinicians working in Aboriginal health services in one region of Australia'. Williamson et al. (2014b) found that construct validity was acceptable but not good and consider the SDQ 'promising' for urban Aboriginal children in NSW. In their study looking at the construct validity of the SDQ for Aboriginal children in NSW, Williamson et al. (2014a) did not adapt the SDQ for Indigenous people initially, but later removed the 'Peer Problems' subscale as results showed it wasn't 'completely appropriate'. Santiago et al. (2021b) conducted an exploratory graph analysis of the SDQ and found robust evidence against construct validity of the original five-factor SDQ structure.

4.15: Structured Diagnostic Interview for Mental Disorders (SCID-I)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind and emotions	Mental health (assessment tool)	Face-to-face diagnostic interview	25	18+ years

Geography	Language	Administrator	Completer	Source
Metropolitan, regional, remote	No further information	Culturally trained psychologist	No further information	Nasir et al., 2018

Description

The Structured Diagnostic Interview for Mental Disorders (SCID) is a semi-structured interview schedule that was originally developed by First et al. (1997) and is designed to help make diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders (DSM).

The Nasir et al. (2018) study used the Structured Clinical Interviews for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision Axis I Disorders (SCID-I).

Context statement

The Nasir et al. (2018) study was conducted in four Aboriginal Medical Services in metropolitan, regional and remote areas of Southern Queensland, and two Aboriginal reserves located in New South Wales, and included 544 participants. The SCID-I is intended for use in clinical settings.

When administered by a culturally trained psychologist, SCID-I is considered culturally appropriate.

Notes

Nasir et al. (2018) used the measure with an Indigenous cohort. The authors state that the 'SCID-I has been validated as a diagnostic tool with high inter-rater, multisite and test–retest reliability, although it has not been previously used in Indigenous Australians'. Toombs et al. (2019) conducted a cultural validation study and found that measure 'is well tolerated'.

4.16: Supportive Care Needs Assessment Tool for Indigenous Patients (SCNAT-IP)

Domain	Measure focus	Measure format	No. of items	Age (and subgroups)
Connection to mind & emotions, connection to body, connection to culture.	Physical health (needs assessment tool)	Face-to-face diagnostic interview	40	18+ years (patients with cancer)

Geography	Language	Administrator	Completer	Source
Metropolitan	No further information	Clinicians, researchers	Aboriginal and Torres Strait Islander patients with cancer	Garvey et al., 2012

Description

The SCNS-SF34 measure was developed by Boyes et al. (2009) to assess the needs of people with cancer. This measure was adapted to become the SCNAT-IP to serve as an assessment tool for Aboriginal and Torres Strait Islander people with cancer.

Context statement

The Garvey et al. (2012) study predominantly took place at the Royal Brisbane and Women's Hospital. Participants were Indigenous cancer patients (n=29) and Indigenous key informants (n=23). The SCNAT-IP is intended for use in clinical settings and is intended to be administered verbally and includes a participant response booklet.

Garvey et al. (2012) (Cancer Australia) adapted the SCNS-SF34 measure through face-to-face interviews with Indigenous cancer patients (n=29) and five focus groups with Indigenous key informants (n=23).

Notes

Garvey et al. (2012) found promising content validity. Le Grande et al. (2017) found 'internal consistency of four domains ranged from 0.7 to 0.89'. Good convergent and discriminant validity were reported.

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Definitions

The table below outlines the definitions used across the SEWB measures summary list, report and measures inventory.

Term	Definition
Administrator	Measure administrator in the study (e.g., clinician, culturally trained psychologist, parents and carers, service providers, researchers, self-administered).
Age (and subgroup/s)	Age of study participants and subgroup type of study participants (e.g. clinical patients, children and young people, service providers, carers, language groups, location).
Completer	Measure completer in the study (e.g. young people, parents, carers).
Culturally adapted	Culturally adapted tools are standard instruments initially developed for the general population, but have been adapted and evaluated for use with Aboriginal and Torres Strait Islander people (to varying degrees). From: Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) – see Best Practice Screening & Assessment – CBPATSISP.
Culturally derived	Culturally derived tools are unique instruments specifically designed for use among Aboriginal and Torres Strait Islander people, where their development was led by or involved Aboriginal clinical or cultural experts in the study and the tools were validated for use with Aboriginal and Torres Strait Islander people. From: Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) – see Best Practice Screening & Assessment – CBPATSISP.
Culturally informed	Culturally informed tools are measures that have been informed by Aboriginal and Torres Strait Islander worldviews and experience, or have sought to centralise and be led by community voices and priorities. For more information see: Vine et al., 2023.
Description	Intended use of the measure (e.g. measuring wellbeing indicators, depression symptoms, health/care needs).
Domains	SEWB describes the holistic conceptualisation of health held by Aboriginal and Torres Strait Islander peoples that encompasses one's connection to body, mind & emotion, family, community, culture, Country, and spirituality. For more information see: Diagram adapted from Gee et al., 2014.
Geography	The geography of study participants (urban, regional, rural, remote).
Language	Language in which the measure was administered in the study (e.g. English only, in language).

Measure focus (and type)	Primary wellbeing dimension with which the measure engages (i.e. physical health, mental health, quality of life, social and emotional wellbeing) and measure/resource type (e.g. assessment tool, screening tool, mapping tool, guide, manual).
Measure format	Measure/resource type (e.g. diagnostic, risk assessment, needs assessment, screening tool, exploratory, guidance or educational, social mapping, symptom measurement, impact assessment).
Number of items	Number of measure items featured in the tool/resource.
Source	Author of measure or author to first use measure with Indigenous population.

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