



Australian Government

Department of Health and Ageing

DEVELOPMENT OF A RENEWED

*Aboriginal & Torres Strait Islander*

SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK

DISCUSSION PAPER



**Nulungu**

Research Institute

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**SPRC**

Social Policy Research Centre

# **DEVELOPMENT OF A RENEWED ABORIGINAL AND TORRES STRAIT ISLANDER SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK - DISCUSSION PAPER**

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# DISCUSSION PAPER

## DEVELOPMENT OF A RENEWED

### *Aboriginal & Torres Strait Islander*

## SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK





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The views expressed in this publication do not represent any official position on the part of the Social Policy Research Centre, but the views of the individual authors.

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# TABLE OF CONTENTS

<b>OVERVIEW</b>	<b>4</b>
Introduction	4
Who is undertaking the review?	5
How can you be involved?	5
<b>BACKGROUND</b>	<b>6</b>
Why do we need a renewed SEWB Framework?	6
Linkages with other strategies	7
<b>SOCIAL AND EMOTIONAL WELLBEING FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES</b>	<b>8</b>
What is social and emotional wellbeing in the Aboriginal and Torres Strait Islander context?	8
What is the current state of Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing?	9
Social and emotional wellbeing through the life course	9
<b>DEVELOPING A RENEWED FRAMEWORK</b>	<b>11</b>
Clarification of the concept of Social and Emotional Wellbeing	11
What is included in the current Social and Emotional Wellbeing Framework and what needs to be considered for the renewed Framework?	14
The Guiding Principles	15
The Key Strategic Directions	16
Key strategic directions – issues to consider	17
1. Focus on children, young people, families and communities	17
2. Strengthen Aboriginal community-controlled health services	17
3. Improve access and responsiveness of mental health care	17
4. Coordinate resources, programs, initiatives and planning	18
5. Improve quality, data and research	18
Activities relating to the current Framework	19
Implementation, monitoring and evaluation of the Social and Emotional Wellbeing Framework	19
<b>HAVE YOUR SAY</b>	<b>20</b>
<b>APPENDIX A RELEVANT ACTIVITIES TO THE FRAMEWORK</b>	<b>21</b>
<b>APPENDIX B SUMMARY OF CONSULTATION QUESTIONS</b>	<b>26</b>
<b>REFERENCES</b>	<b>27</b>



# OVERVIEW

## INTRODUCTION

The Department of Health and Ageing (DoHA) is leading the renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework (the Framework) under Action 7 of the Fourth National Mental Health Plan (2009-2014), which commits all jurisdictions to 'lead the development of coordinated actions to implement a renewed Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Framework'.

It is three years since the Framework's nominal end-date. Although much of its content may remain relevant to the needs and expectations of Aboriginal and Torres Strait Islander people today, a number of important events have occurred in Australia in recent years and their impact needs to be considered. Amongst these milestones are: the 2008 National Apology to members of the Stolen Generations; the commitment of all governments to Close the Gap between Indigenous and non-Indigenous Australians; the establishment of the Aboriginal and Torres Strait Islander Healing Foundation and the creation of the National Congress of Australia's First Peoples; and the Aboriginal and Torres Strait Islander Recognition Bill that was passed by the House of Representatives on 13 February 2013 and paves the way for a referendum to recognise Aboriginal and Torres Strait Islander people as the first inhabitants of Australia in the Australian Constitution.

These initiatives have helped to raise awareness of the issues impacting on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples and highlighted the importance of cultural identity to the health of individuals and communities. It is therefore appropriate that the Framework should be renewed to acknowledge the impact of these developments and, also, to describe the work that still needs to be done to provide equitable opportunities for Aboriginal and Torres Strait Islander peoples in the future.

The renewed Framework will be an important document for governments and service providers to use in making decisions about how policies and practices to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples should be developed, including where funding should be spent, how services and policies should be prioritised and the standards that should be applied to services.

The renewed Framework therefore needs to reflect the current knowledge and understanding of Aboriginal and Torres Strait Islander social and emotional wellbeing and the experiences of Aboriginal and Torres Strait Islander peoples.

## WHO IS UNDERTAKING THE REVIEW?

The Social Policy Research Centre at the University of NSW, in partnership with the Nulungu Research Institute, the University of Notre Dame Australia, has been engaged by the Commonwealth Department of Health and Ageing to progress the Framework renewal. It is due to complete this work by the middle of 2013.

A Working Group with Commonwealth, Queensland, Northern Territory and NSW government representation, along with representatives from the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC); the National Aboriginal Community Controlled Health Organisation (NACCHO); the Chair of the Aboriginal and Torres Strait Islander Mental Health Advisory Group; the National Sorry Day Committee; the National Stolen Generations Alliance; and an Indigenous mental health consumer and carer, has also been established to guide the development of the renewed Framework.

The membership of this group reflects the shared responsibilities of the Commonwealth, States and Territories and Aboriginal and Torres Strait Islander peoples, to ensure that the renewed Framework meets the needs of Aboriginal and Torres Strait Islander peoples and to foster shared ownership of, and responsibility for, the Framework.

## HOW CAN YOU BE INVOLVED?

To inform the renewal process a number of community consultations are planned in each state and territory. Individuals and communities are strongly encouraged to participate in these consultations and to share your views and experiences of the existing Framework. This is an opportunity to ensure that the renewed Framework meets the needs of Aboriginal and Torres Strait Islander peoples and that any perceived shortcomings, weaknesses or areas of omission in the existing Framework can be addressed.

This short discussion paper is intended to provide useful background and context to the renewal process and will also help to guide and inform the community consultations. To this end, a number of consultation questions have been posed in the paper and your views on these issues would be particularly appreciated and will help to inform the shape and content of the renewed Framework.

If you are unable to participate in the scheduled consultations your input is still wanted and can be provided on line at the following website:

<http://www.sprc.unsw.edu.au/doha-sewb-framework-consultation>.

All submissions will be treated confidentially and, should you wish, may be made anonymously.

# BACKGROUND

This discussion paper has been written for the consultation process which will inform the renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework. The consultations provide the opportunity for individuals, organisations and communities to have a say in the development of the renewed Framework and to comment on current issues regarding Aboriginal and Torres Strait Islander peoples' mental health and social emotional wellbeing.

The renewed Framework will seek to:


- build on the current Framework, taking into account its successes and addressing any gaps or developments that have occurred since it was published;
- offer a clear policy framework that will guide current and future social and emotional wellbeing and mental health efforts for Aboriginal and Torres Strait Islander peoples and their communities;
- link with related policy developments including Closing the Gap, the Aboriginal and Torres Strait Islander Health Plan, the Aboriginal and Torres Strait Islander Suicide Prevention Strategy, the Roadmap for National Mental Health Reform 2012-2022, and state and territory government initiatives;
- support alignment across governments and sectors; and
- support ways to evaluate and inform future efforts around community based Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health activities.

## WHY DO WE NEED A RENEWED SEWB FRAMEWORK?

The current Social and Emotional Wellbeing Framework, *the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* was intended to cover the period 2004-2009. It is now three years since the Framework's nominal end-date and the Standing Council on Health has decided that the Framework should be revised and updated to reflect the contemporary experiences of Aboriginal and Torres Strait Islanders peoples and communities.

The renewed Framework will be considered by the Australian Health Ministers' Advisory Council and should be an important guide for all governments – Commonwealth, State and Territory – to use in deciding on priorities for future funding and service development for mental health and wellbeing activities. Service providers including the Aboriginal Community Controlled Health Services will be able to use the Framework to develop and implement programs and services that are holistic and take account of what is important to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander people in their local communities. It will also help to inform non Aboriginal people of what social and emotional wellbeing means to Aboriginal and Torres Strait Islander people and what we can all do to make a difference in this area.





It is therefore important that the renewed Framework clearly reflects the thoughts and ideas of Aboriginal and Torres Strait Islander peoples and communities and is flexible in its approach. It needs to identify what is working well and making a difference such as connections to country and culture; access to employment, education and training; stable, secure and appropriate housing; safe communities; and positive family relationships. The renewed Framework will also need to take account of what is undermining good social and emotional wellbeing such as violence, incarceration, substance misuse and chronic disease.

## **LINKAGES WITH OTHER STRATEGIES**


There are a number of other existing or developing strategies, plans and projects which also support improvements in Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing.

The Australian Government is developing a *National Aboriginal and Torres Strait Islander Health Plan* (Health Plan) to help guide policy making and program design for improving the health and social determinants of health of Aboriginal and Torres Strait Islander peoples. A series of 17 nation-wide community consultations were held, including a specific youth consultation, between September and December 2012 to capture a range of views and ideas. One of the key themes emerging from the consultations was mental health. In particular, grief and loss and the impacts this has on overall health and wellbeing of individuals and communities. The Health Plan is expected to be finalised in the second half of 2013.

The recently released *Roadmap for National Mental Health Reform 2012-2022* sets out directions governments will take over the next ten years to improve the mental health of all Australians including Aboriginal and Torres Strait Islander people. It has a number of targeted strategies in relation to Aboriginal and Torres Strait Islander people including Strategy 11 to 'renew and implement the *National Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework*'.

The *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* will also support improvements in Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing through a range of actions aimed at strengthening Indigenous communities, individuals and families and targeted suicide prevention strategies.

These plans and strategies are all interconnected and acknowledge the importance of social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples. The renewed Framework will give an explicit statement of the nature of social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples and what needs to be done to deliver improvements in policies and programs. It will provide an overall framework for policy development, prioritising funding and measuring progress in this area.



# SOCIAL AND EMOTIONAL WELLBEING FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

## WHAT IS SOCIAL AND EMOTIONAL WELLBEING IN THE ABORIGINAL AND TORRES STRAIT ISLANDER CONTEXT?

The concept of social and emotional wellbeing is a holistic and whole-of-life view of health. Social and emotional wellbeing is not easy to define or measure, and there is still a lot of discussion about the definition of social and emotional wellbeing and what it means to individuals and communities. However, there is consensus that social and emotional wellbeing is a very important policy and practice issue and that a positive sense of social and emotional wellbeing is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives. To understand social and emotional wellbeing in the Aboriginal and Torres Strait Islander context, a number of factors that can impact positively or negatively must be recognised.

Social and emotional wellbeing is not merely the absence of a mental illness or feeling emotionally unwell. As the current Framework points out (Social Health Reference Group, 2004:3):

*Social and emotional wellbeing problems are distinct from mental illness, although the two interact and influence each other. Even with good social and emotional wellbeing people can still experience mental illness, and people with a long-term mental health condition can live and function at a high level with adequate support.*

In the Aboriginal and Torres Strait Islander context, positive social and emotional wellbeing can come from factors such as being on country, spending quality time with family and feeling a strong sense of cultural identity. On the other hand, social and emotional wellbeing problems are complex and can result from many factors including grief, loss, trauma, abuse, violence, substance misuse, physical health problems, child removal, cultural dislocation, removal from country, social disadvantage, job loss, leaving family to gain education or employment, family breakdown, incarceration, limited access to support services, and racism.

An important part of developing the renewed Framework is to gain agreement on a definition of social and emotional wellbeing that recognises the positive factors in Aboriginal and Torres Strait Islander people's experiences that support a sense of social and emotional wellbeing. There is more discussion on page 11.

## WHAT IS THE CURRENT STATE OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' SOCIAL AND EMOTIONAL WELLBEING?

The National Aboriginal and Torres Strait Islander Social Survey (NATSIS) collects information on a range of social issues relevant to the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (Australian Bureau of Statistics, 2009). This survey shows that Aboriginal and Torres Strait Islander peoples retain strong links to their traditional culture. In 2008, 62% of Aboriginal and Torres Strait Islander peoples aged 15 years and over reported they identified with a clan or language group, 25% lived on traditional lands, and 63% had attended cultural events in the last 12 months (Australian Bureau of Statistics, 2009).


Family and community attachments are important factors in the lives of Indigenous Australians. 89% reported that they could get support from outside the household in a time of crisis. Approximately 89% also reported that they had been involved in social activities in the last three months. In 2008, approximately 38% of Indigenous peoples aged 15 years and over reported that they and/or a relative had been removed from their natural family. This was linked to higher rates of psychological distress.

In 2008, Indigenous adults were two and a half times as likely to report high levels of psychological distress as non-Indigenous Australians (Australian Institute of Health and Welfare, 2009); with around one-third (32%) of Indigenous adults reporting high or very high levels of psychological distress (Australian Health Ministers' Advisory Council, 2012). Aboriginal and Torres Strait Islander women were significantly more likely than men to report high/very high levels of psychological distress (Australian Health Ministers' Advisory Council, 2012; Australian Institute of Health and Welfare, 2009). In relation to life stressors, four in 10 Indigenous adults indicated that they or their family or friends had experienced the death of a family member or close friend in the previous year (Australian Institute of Health and Welfare, 2009). On the other hand, half of Indigenous adults reported feeling calm and peaceful (51%) and/or full of life (55%) most of the time (Australian Institute of Health and Welfare, 2009).

Recent data also indicates that Aboriginal and Torres Strait Islander adults who live in remote or very remote areas are significantly more likely than other Aboriginal and Torres Strait Islander adults to say that they, their family and/or friends had been a witness to violence, experienced overcrowding at home, had a member of family sent to jail/or currently in jail, and/or had a gambling problem (Australian Institute of Health and Welfare, 2009).

## SOCIAL AND EMOTIONAL WELLBEING THROUGH THE LIFE COURSE

It is important to view Aboriginal and Torres Strait Islander peoples' social and emotional wellbeing across the life years for children and young people, adults, and older people. This is because the issues for each age group are not always the same and each age group is likely to seek help in different ways.



Data from the Western Australian Aboriginal Child Health Survey (WAACHS) (conducted during 2001 and 2002) indicated that 24% of Aboriginal children aged 4-17 years surveyed were at high risk of emotional or behavioural difficulties, compared with 15% of all children (Australian Health Ministers' Advisory Council, 2011).

Recent data on Aboriginal and Torres Strait Islander children and young people shows that those who experienced stressors reported lower rates of excellent/very good health, were more likely to have sleeping problems, to have stayed overnight somewhere else due to family crisis, and to have missed days at school in the last week than those who had not experienced stressors (Australian Bureau of Statistics & Australian Institute of Health and Welfare, 2010).

Despite this, the same data indicate that the majority of Aboriginal and Torres Strait Islander children and young people had experienced positive life events in the previous year including going on a holiday or trip away, receiving an award/prize or some other recognition during the same period (Australian Bureau of Statistics & Australian Institute of Health and Welfare, 2010).

Parents and primary carers have a big impact on children (Department of Families, Housing, Community Services and Indigenous Affairs 2012). The Longitudinal Study of Indigenous Children (LSIC) in 2012 reported that 19.6% of parents responding to the survey had felt 'sad (blue) or depressed for more than two weeks' (Department of Families, Housing, Community Services and Indigenous Affairs, 2012:51).

For adults, the most common kind of stressors included (Australian Bureau of Statistics & Australian Institute of Health and Welfare, 2010; Australian Health Ministers' Advisory Council, 2012):

- Death of a family members or close friend;
- Serious illness/accidents;
- Not able to get a job; or
- Alcohol and drug related problems.

Adults with high or very high levels of distress were also twice as likely as those with low or moderate levels of distress to report abuse and violent crime, witnessing violence and severe disability as stressors (ABS 2011). Adults aged 45-54 years were more likely to have seen a health professional about their distress than those aged 18-24 (Australian Institute of Health and Welfare, 2009). Aboriginal and Torres Strait Islander people aged over 54 are less likely to report high levels of stress than younger adults (Australian Institute of Health and Welfare, 2009).

It is important that the renewed Framework should seek to respond to these statistics and develop strategies and actions that will help to achieve more equitable outcomes for Aboriginal and Torres Strait Islander people and close the gap that continues to exist.

# DEVELOPING A RENEWED FRAMEWORK

In thinking about the renewed Framework it is important to agree on what we mean by social and emotional wellbeing. It is also important that we acknowledge those parts of the current Framework that are valued and should be retained in the renewed Framework.

We also need to consider issues such as workforce, access to services, coordination and planning, data and monitoring and how to implement and measure outcomes into the future. These factors will underpin the implementation of the Framework and help to ensure its effectiveness. It is also important to acknowledge what has already been achieved, what is working well and what can be built on.

## CLARIFICATION OF THE CONCEPT OF SOCIAL AND EMOTIONAL WELLBEING

The concept of social and emotional wellbeing can range from 'developing a strong sense of belonging or identity' or 'reconnecting with culture' to serious mental illnesses (Atkinson & Kerr, 2003:12).

Recent research has linked social and emotional wellbeing more closely with broader issues around human rights and self-determination and to the importance of cultural continuity (Chandler & Lalonde, 2008).

In community workshops undertaken in 2010 to discuss the issue of community wellbeing, the importance of strong cultural links was reiterated by many participants. Significantly, many participants also identified the social determinants of health as being important to the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. The critical factors they described were grouped into six broad themes, namely: connectedness to country, land and history, culture and identity; resilience; leadership; having a role, structure and routine; feeling safe; and vitality such as community infrastructure, access to services, education, health, income and employment (Australian Health Ministers' Advisory Council, 2012).

For the purposes of ensuring a common understanding of the concept, a model of social and emotional wellbeing that incorporates the following elements, has been adopted which views SEWB as an experience and expression of connections to:

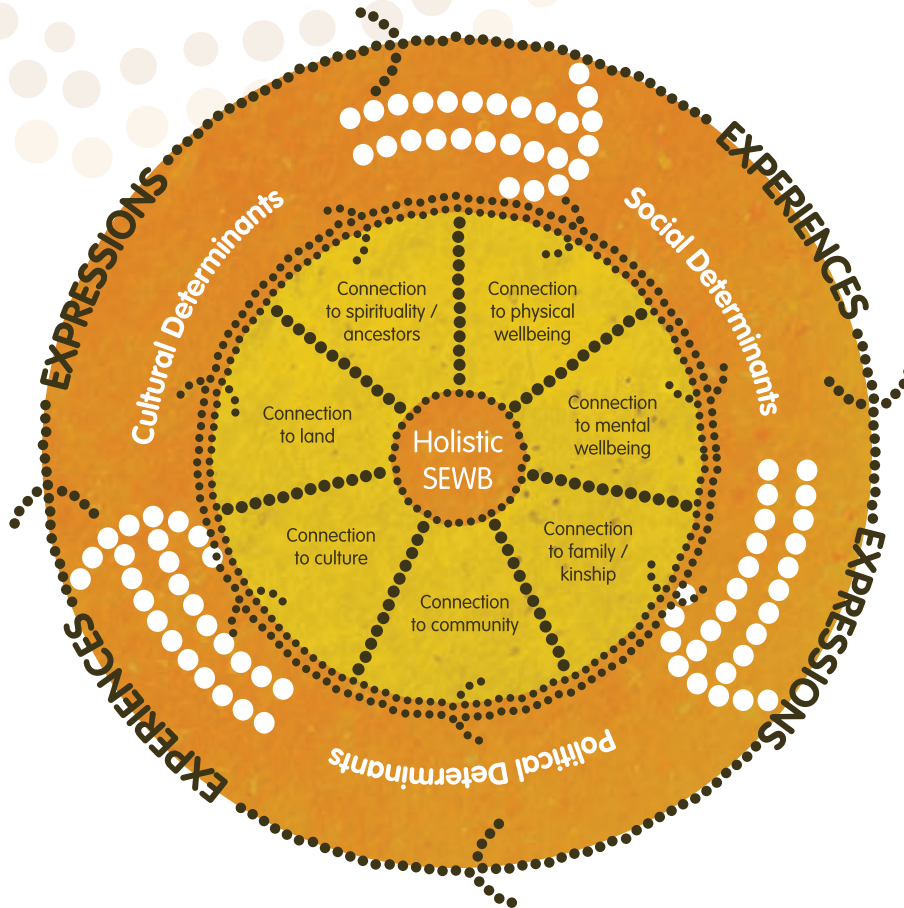
- Physical,
- Mental and emotional wellbeing,
- Family,
- Culture,
- Community,
- Land, and
- Spirituality/ancestors.<sup>1</sup>

This can be represented as in Figure 1.<sup>2</sup>

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<sup>1</sup> Copyright: Gee, Dudgeon, Hart, Schultz and Kelly, (2013 in press) on behalf of the Australian Indigenous Psychologists Association (AIPA).

<sup>2</sup> Artwork by Tristan Schultz, 2012



**Figure 1 Seven Domains of Social and Emotional Wellbeing**

*Underpinned by the nine guiding principles from the National Strategic Framework for Aboriginal and Torres Strait Islander People’s Mental Health and Social and Emotional Well Being 2004-09.*

As illustrated in the above diagram, these elements help to describe a whole person and, by extension, their family and community. Where connections are minimal or non-existent, the person may feel that something is missing in their lives. People seek to be a part of groups and these groups help to define the individual. A person who has this level of interaction and connection is likely to be happier and more fulfilled with a higher level of self-worth and resilience. A person without these connections is likely to be more vulnerable and alone and is likely to be more fragile and less resilient.

As the current Framework notes, uncertainty around unresolved issues of land, control of resources, cultural security, and the rights of self-determination are important issues bearing on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people (Social Health Reference Group, 2004). Ongoing negotiations over native title, access to country, caring for country and control of resources can impact positively and negatively on social and emotional wellbeing.

A secure sense of self and cultural continuity are seen as conditions for personal and cultural identity (Chandler & Lalonde, 2008). Cultural continuity can mean returning to country to care for it, or spending time with the wider kin group. A disruption in cultural continuity, such as the break experienced by Aboriginal and Torres Strait Islander peoples who were taken from their countries and families, can influence cultural identity and impact on social and emotional wellbeing. Likewise, individuals and communities who successfully maintain cultural continuity can be shielded from declining social and emotional wellbeing.

Broadly speaking, under customary law, Aboriginal and Torres Strait Islander people have responsibility for their lands and waters. In turn, they obtain and maintain spiritual and cultural identity, life and livelihoods from their lands, waters and resources. While it is not possible to homogenise all Indigenous cultural values into one perspective, cultural rights and responsibilities invoke a holistic relationship with country (including oceans and waterways). Maintenance of this relationship is critical for the social and emotional wellbeing of many Indigenous peoples (Ganesharajah 2009; Poelina & Perdrisat 2011). As a consequence, the Indigenous cultural landscapes encapsulate an integrated relationship between water and land rights, the management of resources, and the health and wellbeing of its people.

The legacy of removing children from their family and country, and the move to determine native title over country has created unique social and emotional wellbeing problems for members of the Stolen Generations.



### CONSULTATION QUESTION

1. Are there any other elements that you think should be included? What is most important to you?



## WHAT IS INCLUDED IN THE CURRENT SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK AND WHAT NEEDS TO BE CONSIDERED FOR THE RENEWED FRAMEWORK?

The 2004-2009 Framework provided a framework for national action to respond to the high incidence of social and emotional wellbeing problems and mental ill health among Aboriginal and Torres Strait Islander people (Social Health Reference Group, 2004). It built on work and key reports done over the previous two decades which informed policy development in promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people<sup>3</sup>.

The fundamental idea was to move from a narrow focus on mental ill health to a wider view of wellbeing and to services which promote positive wellbeing. It was also recognised that Aboriginal and Torres Strait Islander peoples have different sources of strength and vulnerability to other sectors of the population and, therefore, require a distinctive response.

The current Framework identifies three basic elements of care that must be supported by adequate resources, coordinated planning and a good knowledge base if it was to be successful in meeting the needs of Aboriginal and Torres Strait Islander peoples and their communities. These elements are:

- action across all sectors to recognise and build on existing resilience and strength to enhance social and emotional wellbeing, to promote mental health, and to reduce risk;
- access to primary health care services providing expert social and emotional wellbeing and mental health primary care; and
- responsive and accessible mental health services, with access to cultural expertise.

The renewed Framework will highlight the progress that has been made against each of these elements and identify where further targeted work is required.

A fundamental starting question, however, is whether these elements remain central to meeting the needs of Aboriginal and Torres Strait Islander peoples and in closing the gap in health outcomes experienced by too many.

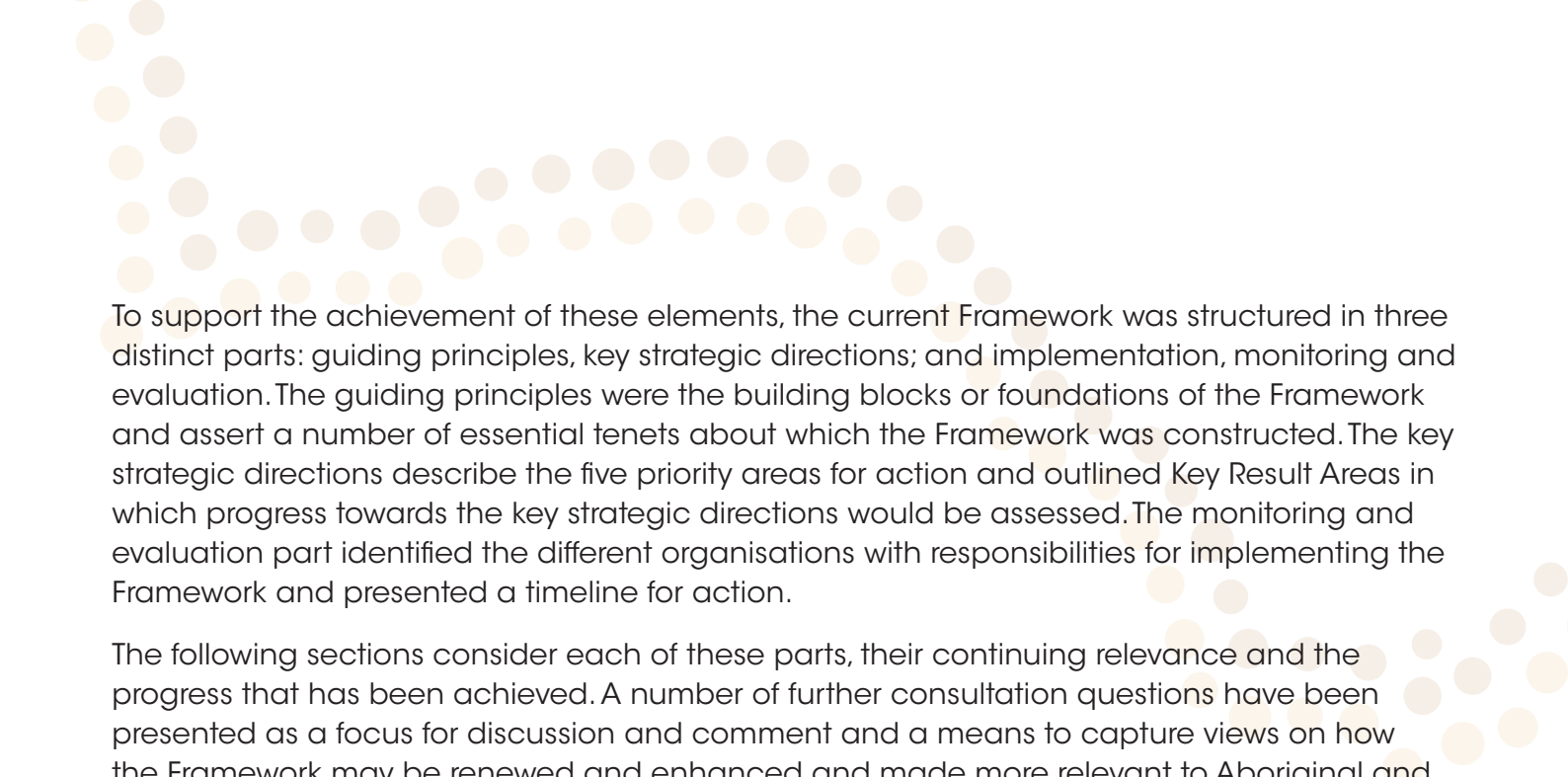
### CONSULTATION QUESTION

2. Do these elements of care remain the most important and appropriate for you and your community? Are there others which should be added?

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<sup>3</sup>These reports include: *The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health Ways Forward* (1995); *The Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan* (1996-2000); and *The Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan* (2001), which recommended the development of a national strategic framework.





To support the achievement of these elements, the current Framework was structured in three distinct parts: guiding principles, key strategic directions; and implementation, monitoring and evaluation. The guiding principles were the building blocks or foundations of the Framework and assert a number of essential tenets about which the Framework was constructed. The key strategic directions describe the five priority areas for action and outlined Key Result Areas in which progress towards the key strategic directions would be assessed. The monitoring and evaluation part identified the different organisations with responsibilities for implementing the Framework and presented a timeline for action.

The following sections consider each of these parts, their continuing relevance and the progress that has been achieved. A number of further consultation questions have been presented as a focus for discussion and comment and a means to capture views on how the Framework may be renewed and enhanced and made more relevant to Aboriginal and Torres Strait Islander peoples and communities.

## THE GUIDING PRINCIPLES

The current Framework sets out nine guiding principles which are described below. The principles were drawn from *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy (Swan & Raphael, 1995)*. The principles are:

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

**PRINCIPLE 2.** Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

**PRINCIPLE 3.** Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems, in particular.

**PRINCIPLE 4.** It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.

**PRINCIPLE 5.** The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health, (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.

**PRINCIPLE 6.** Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

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

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

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

## CONSULTATION QUESTION

3. Are these principles still appropriate for the renewed Framework? Should they be changed or added to?

## THE KEY STRATEGIC DIRECTIONS

The current Framework sets out strategic directions in five key areas. These five areas aim to achieve the elements of care as expressed through Australia's universal care system which guarantees access to basic health care, including mental health and social and emotional wellbeing. Each key strategic direction also includes linked initiatives.

### KEY STRATEGIC DIRECTION 1 – FOCUS ON CHILDREN, YOUNG PEOPLE, FAMILIES AND COMMUNITIES

*Key Result Areas:*

- 1.1 Strengthening families to raise healthy, resilient infants, children and young people.
- 1.2 Recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing.
- 1.3 Responding to grief, loss, trauma and anger.

### KEY STRATEGIC DIRECTION 2 - STRENGTHEN ABORIGINAL COMMUNITY-CONTROLLED HEALTH SERVICES

*Key Result Area:*

- 2.1 Building a skilled and confident workforce able to provide mental health and social and emotional wellbeing services within the Aboriginal Community Controlled Health Sector.

### KEY STRATEGIC DIRECTION 3 - IMPROVE ACCESS AND RESPONSIVENESS OF MENTAL HEALTH CARE

*Key Result Area:*

- 3.1 Facilitating improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people.

## KEY STRATEGIC DIRECTION 4 - COORDINATE RESOURCES, PROGRAMS, INITIATIVES AND PLANNING

### *Key Result Areas:*

- 4.1 Providing optimal funding and coordination in order to improve Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing.
- 4.2 Improving coordination, planning and monitoring mechanisms.

## KEY STRATEGIC DIRECTION 5 - IMPROVE QUALITY, DATA AND RESEARCH

### *Key Result Area:*

- 5.1 Developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing and that underpin improved service delivery.

## KEY STRATEGIC DIRECTIONS – ISSUES TO CONSIDER

### 1. FOCUS ON CHILDREN, YOUNG PEOPLE, FAMILIES AND COMMUNITIES

The first key strategic direction of the current Framework focuses on supporting families to raise healthy resilient children. It talks of the need for holistic approaches that respond to the needs of elders, women, men, children and young people and recognises the impact of trauma and grief on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

Recent suicide prevention studies from the Kimberley have reinforced the need to focus on holistic approaches by identifying the need to focus on protective factors, such as community connectedness, strengthening the individual and rebuilding the family, as well as culturally based programs that include traditional elements. Improving social and emotional wellbeing involves not just mental health – it includes a wide range of stakeholders and sectors and 'needs to support culturally valid understandings of health, build on strengths, resilience and endurance within Aboriginal and Torres Strait Islander communities (Commonwealth of Australia, 2012:54).

### 2. STRENGTHEN ABORIGINAL COMMUNITY-CONTROLLED HEALTH SERVICES

The second key strategic direction in the current Framework highlights the need to '[build] a skilled and confident workforce able to provide mental health and social and emotional wellbeing services within the Aboriginal Community Controlled Health Sector' (Social Health Reference Group, 2004:29)

The provision of effective services for Aboriginal and Torres Strait Islanders requires a specialised workforce. Key to an effective workforce is the recruitment, retention and training of appropriate staff (Wilczynski. A et al., 2007). However it is very difficult to recruit appropriate staff, particularly in remote areas.

### 3. IMPROVE ACCESS AND RESPONSIVENESS OF MENTAL HEALTH CARE

The third key strategic direction in the current Framework focuses on the need to 'facilitat[e] improved access and responsiveness of mainstream mental health care for Aboriginal and Torres Strait Islander people' (Social Health Reference Group, 2004:35).

A number of barriers have been identified in the context of access to social and emotional wellbeing services, including limited 'mental health literacy' and awareness of mental health and social and emotional wellbeing problems in Aboriginal communities, limited understanding by mental health services of historical, community and cultural factors related to Aboriginal and Torres Strait Islander mental health issues and services which are inflexible or not culturally sensitive.

#### **4. COORDINATE RESOURCES, PROGRAMS, INITIATIVES AND PLANNING**

The fourth key strategic direction in the current Framework focuses on 'coordination of resources, programs, initiatives and planning' (Social Health Reference Group, 2004). One of the key challenges in social and emotional wellbeing is providing a coordinated and seamless service delivery model for clients that is not bureaucratic and does not waste resources or duplicate effort (Blair, Zubrick, & Cox, 2005). Joining up and partnering at the local level can provide new ways of working together for the benefit of Aboriginal communities, but to date this aim has been difficult to achieve

The role of the system ought to be to facilitate and encourage agencies to join up and develop local strategies and actions rather than the current tendency to discourage and fragment focus and effort by service providers in local areas.

#### **5. IMPROVE QUALITY, DATA AND RESEARCH**

The current Framework recognises the need for 'developing and publishing culturally appropriate data and research that reflects Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing and that underpin improved service delivery' (Social Health Reference Group, 2004:50).

While data exists at the Commonwealth and State levels for measuring social and emotional wellbeing there have been a number of criticisms of the measurements and the data collection processes including the content of the data, the way data has been collected, what the information has been used for and the lack of ownership of Aboriginal and Torres Strait Islander people of the research and monitoring processes.

It is important that data on the wellbeing of Aboriginal and Torres Strait Islander people is updated and validated. Ideally, this research should be undertaken and led by Aboriginal and Torres Strait Islander people themselves. There is some evidence that individuals and communities have been unwilling to participate in previous studies because of concerns about how the data was being collected and how it might be used. Participants need to be confident in the research methodology and assured that it is culturally appropriate, sensitive and respectful.

### **CONSULTATION QUESTION**

4. Are these five key strategic directions still the right ones for the renewed Framework? Should others be included?

## ACTIVITIES RELATING TO THE CURRENT FRAMEWORK

While some stakeholders have expressed concern that the current Framework did not gain across-the-board support for implementation and was not evaluated there have been a number of Australian and State and Territory Government, and local service level service initiatives that have supported the intention of the current Framework. Some of these are summarised at *Appendix A* in line with the key strategic directions and key result areas.

### CONSULTATION QUESTION

5. What initiatives, projects and services are working well to promote the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples? What makes projects and services effective? What doesn't work?

## IMPLEMENTATION, MONITORING AND EVALUATION OF THE SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK

Part three of the document sets out roles, responsibilities and timeframes for the implementation, monitoring and evaluation of the Framework. It also proposed responsibility for implementation sit with government committees that are no longer operational. Additionally, responsibility for overseeing the implementation and monitoring of the Framework was distributed to State and Territory Governments, and to local health services and Aboriginal Community Controlled Health Services (ACCHSs).

The current Framework has provided an important reference point informing the development of policy and programs in both government and the community sector, including the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013* and the *Australian Government Implementation Plan 2007-2013* (Purdie, Dudgeon, & Walker, 2010).

The renewed Framework will need to have commitment from governments (Australian and State and Territory), the non-government sector and in communities, for effective implementation and monitoring.

### CONSULTATION QUESTION

6. What needs to be measured to make sure the renewed Framework is successful and what are the most important areas for research?



## HAVE YOUR SAY

A series of nationwide community consultations are being held from March 2013 to April 2013 to seek your feedback. The Australian Government is particularly keen to hear from Aboriginal and Torres Strait Islander individuals, communities and groups, Indigenous and mainstream service providers, and State and Territory Governments.

Face to face consultation will be undertaken with Aboriginal and Torres Strait Islander service users, carers, community leaders and local service providers. There will be a number of workshops in capital cities and regional locations in states and territories across Australia. These are likely to involve a one day workshop with local service providers and a focus group of service users and carers. As required, the workshops may be supplemented with individual face to face interviews with service users and carers who are not able to participate in the focus group to ensure that a diversity of views is represented. There will also be some key informant telephone interviews and opportunities for written submissions to be provided.

A website has also been developed to inform stakeholders about the Framework renewal process and to manage the written submissions.

Interested stakeholders and individuals can also provide written comments through an online submission process. The online submission portal will be available from February 2013 to April 2013. The portal can be accessed via the website (<http://www.sprc.unsw.edu.au/doha-sewb-framework-consultation>)

## HAVE YOUR SAY

7. Is there anything else you would like to tell us that would help the development of the renewed SEWB Framework?

## RELEVANT ACTIVITIES TO THE FRAMEWORK

### 1. FOCUS ON CHILDREN, YOUNG PEOPLE, FAMILIES AND COMMUNITIES

#### 1.1 RESILIENT INFANTS, CHILDREN AND YOUNG PEOPLE.

- Indigenous parenting support services sites have been implemented in all states and territories and are funded through the Commonwealth Government Family Support Program.
- The Strong Fathers Strong Families (SFSF) initiative funds 13 organisations to provide activities for Indigenous men in NSW, NT, Qld and SA.
- Mental Health Alcohol Tobacco and Other Drugs Service (MHATODS) South East Queensland (SEQ) developed age appropriate and culturally sensitive brochures to increase mental health literacy and increase awareness of substance misuse risk for Indigenous youth.

#### 1.2 RECOGNISING AND PROMOTING ABORIGINAL AND TORRES STRAIT ISLANDER PHILOSOPHIES ON HOLISTIC HEALTH AND HEALING.

- The Aboriginal and Torres Strait Islander Healing Foundation was established in 2009 by the Australian Government with funding from FaHCSIA to act as a national, independent Aboriginal and Torres Strait Islander organisation with a focus on healing in the Aboriginal and Torres Strait Islander communities.
- The Murrumali Program (based on a model of healing developed and delivered by Lorraine Peeters) ran workshops tailored for both Aboriginal and Torres Strait Islander peoples and non-Indigenous people.
- The Australian Government funded development of the resource Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, largely written by Aboriginal and Torres Strait Islander experts.
- ANTaR, and the Australian Human Rights Commission have developed anti-discrimination initiatives aimed at identifying and combating the impact of racism on the wellbeing of Aboriginal and Torres Strait islander people.



### 1.3 RESPONDING TO GRIEF, LOSS, TRAUMA AND ANGER.

- The establishment of the Aboriginal and Torres Strait Islander Healing Foundation. The Foundation's role is to promote increased wellbeing and resilience among Aboriginal and Torres Strait Islander Peoples by addressing unresolved trauma arising from grief and loss issues, particularly among members of the Stolen Generations.
- The Kimberly Empowerment project which resulted in the Hear Our Voices research report and identifies the importance of developing culturally appropriate and locally responsive empowerment, healing and leadership strategies to prevent trauma and community distress and support the recovery and healing of community members.
- The Australian Government continues to fund the Social and Emotional Wellbeing Program that provides counselling, family tracing and reunion support to Aboriginal and Torres Strait Islander communities with priority given to the Stolen Generations.
- The Department of Health and Ageing funds a number of Suicide Prevention Projects such as:
  - \* The StandBy Suicide Bereavement Response Service
  - \* The Healing Through the Map Project focuses on delivering 'Map of Loss' Workshops
  - \* Sustainable Personal Development for Aboriginal men
  - \* The Drop the Rock Project – Cape York
  - \* The Basic Needs Projects – provides resources for Aboriginal Mental Health Workers in the general Practice Network in the Northern Territory





## 2. STRENGTHEN ABORIGINAL COMMUNITY-CONTROLLED HEALTH SERVICES

### 2.1 BUILDING A SKILLED AND CONFIDENT WORKFORCE ABLE TO PROVIDE MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING SERVICES WITHIN THE ABORIGINAL COMMUNITY CONTROLLED HEALTH SECTOR.

- A Certificate IV in Mental Health has been developed to further support ACCHS to provide innovative, flexible, traditional and more culturally appropriate approaches to healing.
- Since the 2009-10 financial year, Queensland Health have funded a Certificate III Drug & Alcohol qualification for work in Indigenous communities. The qualification was developed in Western Australia and is delivered jointly by QAIHC and QADREC, who are funded by QH. Thirty places are offered each year, and in 2011 there were 23 graduates.
- The Department of Health and Ageing funds Workforce Support Units and Indigenous Registered Training Organisations to provide support, training and professional development opportunities to the social and emotional wellbeing workforce.
- The Australian Government is providing funding to Mental Health First Aid International to deliver the Aboriginal and Torres Strait Islander Mental Health First Aid program.



## 3. IMPROVE ACCESS AND RESPONSIVENESS OF MENTAL HEALTH CARE

### 3.1 FACILITATING IMPROVED ACCESS AND RESPONSIVENESS OF MAINSTREAM MENTAL HEALTH CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.

- All jurisdictions have developed, or are in the process of developing state and territory Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing plans.
- The Queensland Plan for Mental Health 2007-2017 specifically prioritises increasing Mental health literacy of key frontline and emergency service workers. Funding has been provided to deliver mental Health First Aid (MHFA) through Queensland, with a network of over 100 instructors established to deliver the Standard/Adult, Youth and Aboriginal and Torres Strait Islander MHFA programs.
- The 2011 Commonwealth Budget provided funding over five years to expand Aboriginal and Torres Strait Islanders mental health and suicide prevention services under the Access to Allied Psychological Services (ATAPS) program as part of the mental health reform package. This funding will support approximately an additional 18,000 Aboriginal and Torres Strait Islander people under ATAPS.
- Commonwealth funding to the Australian Indigenous Psychologists Association to deliver mental health cultural competency training workshops to non-Indigenous ATAPS mental health professionals and administrators.
- Queensland Health has approved thirteen public mental health service state wide models, which have disseminated public mental health services.
- The Australian Government has established the National Health Commission. It is producing Australia's first national Report Card on Mental Health and Suicide Prevention.



## 4. COORDINATE RESOURCES, PROGRAMS, INITIATIVES AND PLANNING

### 4.1 PROVIDING OPTIMAL FUNDING AND COORDINATION IN ORDER TO IMPROVE ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING.

- Development of the National Aboriginal and Torres Strait Islander Health Plan and National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

### 4.2 IMPROVING COORDINATION, PLANNING AND MONITORING MECHANISMS.

- The Department of Health and Ageing has established the Aboriginal and Torres Strait Islander Mental Health Advisory Group to provide practical and strategic advice on ways to improve the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people. It has included funding to the Australian Indigenous Psychologists Association for secretariat and policy support.

## 5. IMPROVE QUALITY, DATA AND RESEARCH

### 5.1 DEVELOPING AND PUBLISHING CULTURALLY APPROPRIATE DATA AND RESEARCH THAT REFLECTS ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELLBEING AND THAT UNDERPIN IMPROVED SERVICE DELIVERY.

- Australian Health Ministers' Advisory Council (AHMAC) produces the Aboriginal and Torres Strait Islander Health Performance Framework every two years with reporting on community functioning, social and emotional wellbeing and access to mental health services.

## SUMMARY OF CONSULTATION QUESTIONS

1. Are there any elements other than those which are in the current Framework that you think should be included? What is most important to you?
2. Do the elements of care in the current Framework remain the most important and appropriate for you and your community? Are there others which should be added?
3. Are the principles in the current Framework still appropriate for the renewed Framework? Should they be changed or added to?
4. Are the five key strategic directions set out in the current Framework still the right ones for the renewed Framework? Should others be included?
5. What initiatives, projects and services are working well to promote the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples? What makes projects and services effective? What doesn't work?
6. What needs to be measured to make sure the renewed Framework is successful and what are the most important areas for research?
7. Is there anything else you would like to tell us that would help the development of the renewed SEWB Framework?

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DEVELOPMENT OF A RENEWED  
*Aboriginal & Torres Strait Islander*  
SOCIAL AND EMOTIONAL WELLBEING FRAMEWORK

**DISCUSSION PAPER**

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