

**Cooperative Research Centre
for Aboriginal Health**

Listening to Aboriginal voices: Valuing Aboriginal solutions to Aboriginal health



Program Statement

Social and Emotional Wellbeing

Program Goal

To build and strengthen the social and emotional wellbeing of Aboriginal families and communities through appropriate interventions: including a better understanding of the role of social and cultural relationships as determinants of health.

1. Context

1.1 The CRCAH approach to research and health

The CRCAH is committed to research that will lead to improved health outcomes for Aboriginal¹ Australians and to stakeholder involvement and partnerships in research to achieve that. The CRCAH acknowledges that Aboriginal health improvement should be underpinned by appropriate research and development, including research to discover new ways to apply existing knowledge. It also acknowledges that Aboriginal health would be improved through full participation

¹ Throughout this statement the term 'Aboriginal' refers to Australian Aboriginal and Torres Strait Islander people.

of Aboriginal people in effective partnerships which seek sustainable solutions. In its activities, the CRCAH takes a holistic view of health which encompasses social and emotional wellbeing (SEWB) as well as the absence of disease.

2. Aboriginal Social and Emotional Wellbeing

In the last decade social and emotional wellbeing has emerged as a key priority for the Aboriginal community and government sectors – for policy makers, service providers, and researchers. It is recognised as an integral component of the Aboriginal health reform agenda, particularly in relation to national, state and territory policy frameworks and community based interventions.

The term ‘social and emotional wellbeing’ is a recent construct, but its origins and meaning are embodied in Aboriginal social, cultural and historical understandings. Aboriginal belief systems are based on complex social relationships in which individuals and groups are intimately bound to each other and their environment. These beliefs continue to inform all aspects of Aboriginal people’s lives, including health and wellbeing.

2.1 What is Aboriginal social and emotional wellbeing?

Social and emotional wellbeing refers to:

‘the emotional and psychological aspects of child and adult development as well as the importance and nature of the social and community relationships supporting good health’²

and,

‘Enjoying a high level of social and emotional wellbeing can be described as living in a community where everyone feels good about the way they live and the way they feel. Key factors in achieving this include connectedness to family and community, control over one’s environment and exercising power of choice’³.

The Northern Territory Aboriginal Health Forum (2003) describes those things that contribute to social and emotional wellbeing as the freedom to communicate

² Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. *The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2005, p xiv.

http://www.ichr.uwa.edu.au/files/user17/Volume2_FrontSection.pdf

³ South Australian Aboriginal Health Partnership. *Aboriginal Health – Everybody’s Business; Social and Emotional Wellbeing. A South Australian Strategy for Aboriginal and Torres Strait Islander People 2005-2010*. Regional Resource Package – Department of Health, South Australia, p 6.

<http://www.health.sa.gov.au/Default.aspx?tabid=58>

needs and feelings, ability to love and be loved, the ability to cope with stress; being able to relate, create and assert oneself and having options for change that help the development of a problem solving approach.

Aboriginal social life has provided a framework for social, psychological and economic security, in which wellbeing was socially determined through the organisation of relationships with the land and with people within frameworks of law and ceremony, family organisation and systems of belief known as “the dreaming”.

The existence of an effective psychological support network, a certain amount of creative behaviour and situations, which promote a sense of personal involvement, are (also believed to have been) conducive to human health and wellbeing⁴.

Colonisation brought about radical social, economic and cultural change, with on the one hand, forced disruption of social and cultural systems of family life and welfare through policies of assimilation and child removal and, on the other, the development of distinctive but limited forms of economic participation, such as occurred in the pastoral industries. While the persistence of traditional practices and extended family systems have formed the basis for resiliency of Aboriginal communities there have been important and pervasive cultural changes affecting families, children and youth, and, with them, exposure to domestic violence, substance misuse, suicide and self harm, and other sources of risk.

2.2 Resiliency, risk and protective factors

The CRCAH Board has emphasised that strengths, rather than deficits be the focus of the Social and Emotional Wellbeing program. Therefore concepts of resiliency, risk and protective factors are central to research aiming to build knowledge and understanding in the area of social and emotional wellbeing. The idea of resiliency describes:

‘A class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development’⁵.

In this sense, it is important to understand how resilience is promoted within Aboriginal family and social relationships despite the adverse impacts of social change and colonisation.

⁴ Boyden S (1987). *Western Civilisation in Biological Perspective*. Oxford: Clarendon Press, p40.

⁵ Masten AS (2001). Ordinary Magic: Resilience Processes in Development. *American Psychologist*, March, p228. In, Zubrick SR and Robson A (2003). *Resilience to Offending in High-Risk Groups – Focus on Aboriginal Health*. Prepared for the Criminology Research Council. <http://www.criminologyresearchcouncil.gov.au/reports/2003-10-zubrick.pdf>

Within Aboriginal families and communities it often falls to key individuals such as grandparents, parents or members of the extended family to carry added responsibilities for young people. These additional pressures are often in response to the personal and social difficulties of other family members. Such individuals, while vulnerable to 'burn-out', demonstrate strength and resilience in the face of overwhelming circumstances. Children exposed to multiple sources of risk also demonstrate resilience. However, the focus of this program is to identify pathways and methods whereby resilience can be built on and enhanced to measurably improve the wellbeing and social outcomes or life chances of individuals, families and groups.

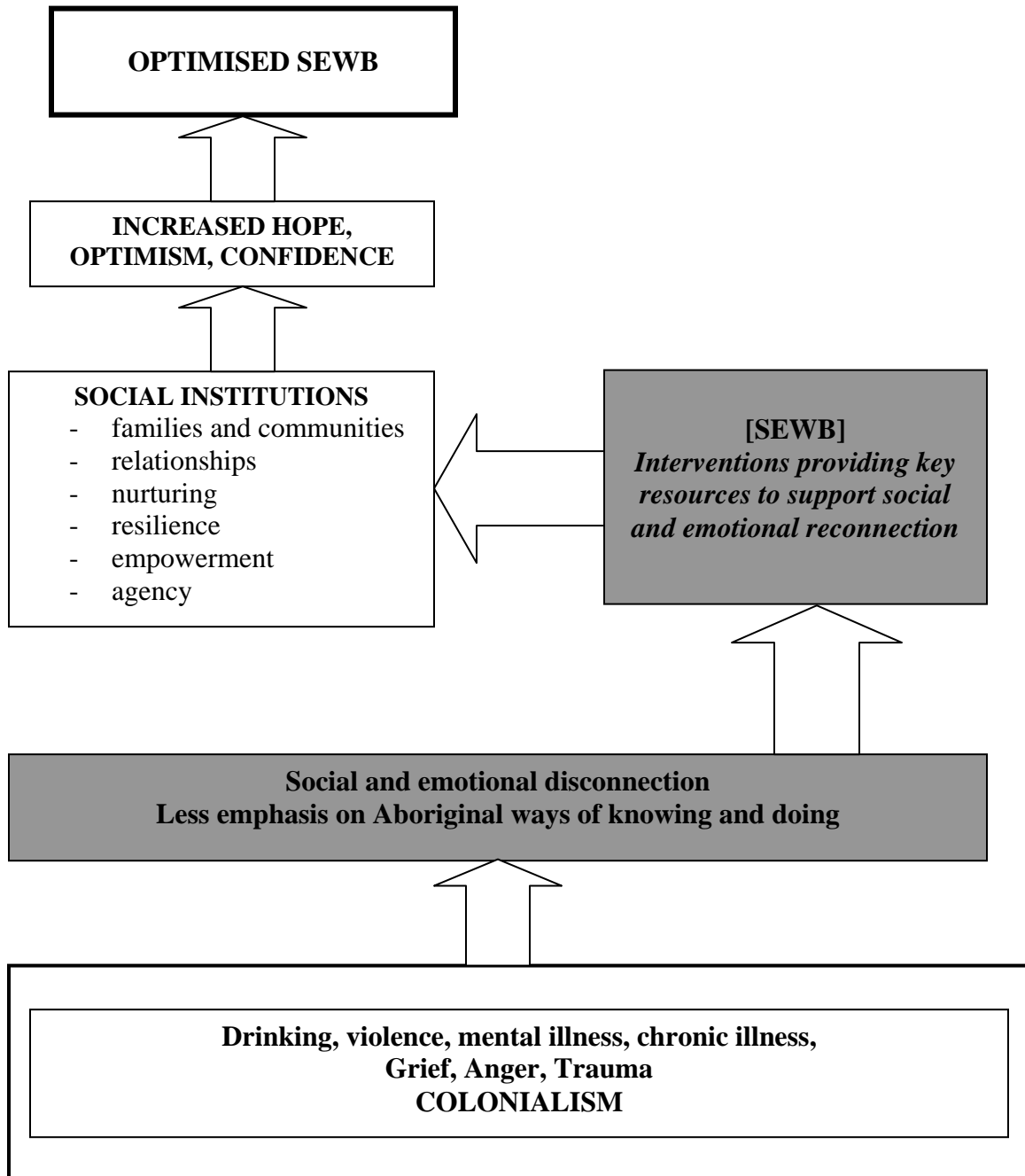
Hunter⁶ gives examples of co-coordinated activity at four levels to bring about social change:

Society:	Social justice, reconciliation
Community:	Community development/empowerment
Family/clan:	Family wellbeing and parenting programs
Individual:	Indigenous therapies Adapted/appropriated therapies (e.g. narrative therapy) Culturally appropriate conventional therapies

While on a societal level, self-determination, land rights, human rights and social justice are seen as crucial outcomes for Aboriginal people, it is now recognized that these alone do not by themselves guarantee the wellbeing of individuals or families, optimal developmental outcomes for children, improved educational outcomes, reductions in violence or improved capacity to enter into productive interpersonal relationships in adolescence and adulthood. For this reason there is a need for specific programs to achieve improved social and emotional wellbeing by targeting those areas of family and community life which enhance the quality of life, improve developmental outcomes for children, reduce harmful impacts of violence and substance misuse, and lead to improved capacity for social participation generally.

⁶ Hunter, E (2004). Commonality, difference and confusion: Changing constructions of Indigenous mental health. *Australian e-Journal for the Advancement of Mental Health* 3(3).
<http://www.ausienet.com/journal/vol3iss3/huntereditorial.pdf>

Diagram 1: Pathways to optimising social and emotional wellbeing



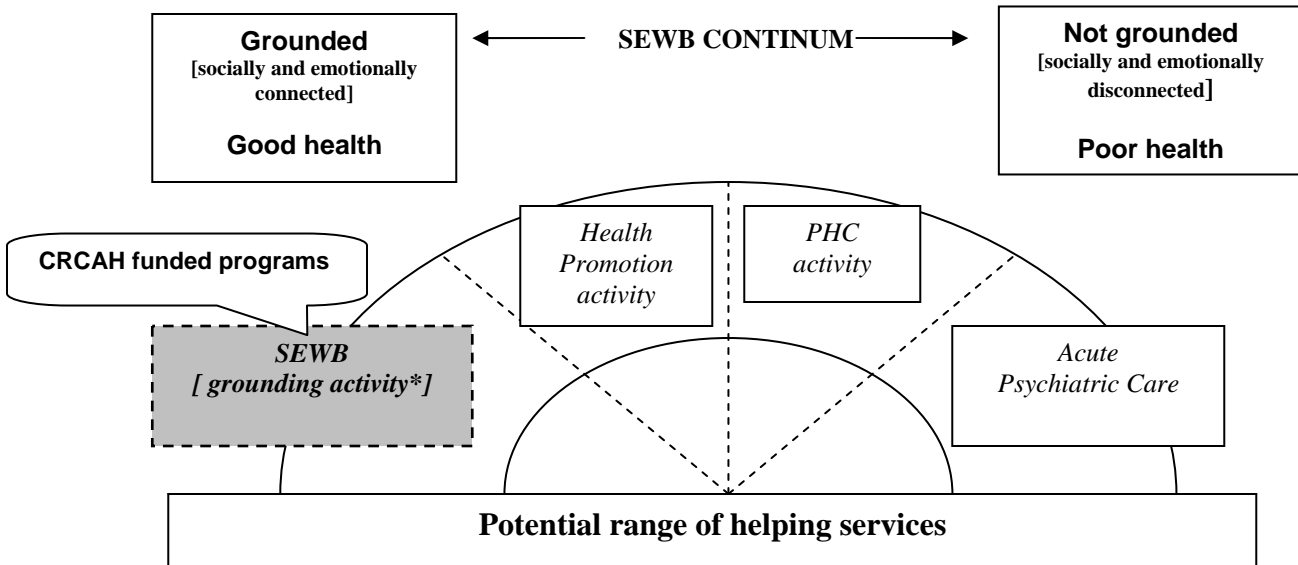
2.3 Social Institutions

Some of the social institutions identified within Aboriginal communities consist of families and communities and the relationship within the family and the wider community. Social and emotional wellbeing goes to the very heart of the collective colonisation of experiences of Aboriginal people in Australia. While much of the activity in this area addresses the ongoing effects of the social and cultural dislocation, there has been an emerging focus on family and community empowerment programs, and strengths based approach. At one end of the social and emotional wellbeing continuum – resilience, esteem, identity, endurance – at the other, trauma, stress, grief, anger and mental illness. The challenge is to identify and build upon family and community strengths and address those elements that have contributed to the cumulative stress experienced in many communities.

2.4 Program Scope

The CRCAH Board has indicated that the SEWB Program should concentrate on contributing to ‘good outcomes’ for children, youth, and families particularly in relation to promoting better understanding of the unique family, community and institutionally based characteristics, interactions and structures which support Aboriginal child and youth resiliency, and contribute to establishing, restoring and/or maintaining Aboriginal social and emotional wellbeing throughout the life cycle. There is a need to consider the impacts of mental illness, chronic illness, violence and imprisonment, substance misuse and suicide on child development and family wellbeing, and on social-emotional wellbeing generally.

The AHMAC framework provides a clear mechanism to show where the emphasis of the CRCAH’s funded activity will be in this program. The framework articulates the broad SEWB continuum, from grounding activities at the family and community level that establish, restore and maintain good SEWB outcomes, to health promotion and primary, secondary and tertiary interventions that address health and wellbeing issues through the life course, and in response to diverse social, cultural and economic circumstances. This model applies to the spectrum of health service delivery, including mainstream and community control. While the emphasis of CRCAH funding will be on the “grounded” end of the spectrum the full range of SEWB activity will be included within the Program, as it is not possible to separate the grounded activity and the acute psychiatric care.



**Note: Grounding activities – contribute to building rich and productive families and communities and embody the underlying principles of good SEWB to inform programs. But it is noted that the potential range of helping services are closely linked.*

Effective work in prevention to promote better developmental outcomes and to promote family and individual strengths requires a range of skills and capacities which are not easy to develop within existing health services, including clinical mental health care and mental health promotion in the clinical context. The focus of this program will therefore be on 1) building the capacity of health and community services to move beyond the limitations of the focus on individual clinical case management and acute care, and to integrate prevention and promotion of SEWB; and on 2) intersectoral and community-oriented capacity building aimed at sustaining initiatives that are preventive, resilience-promoting and culturally contextualized in respect of Indigenous communities.

Initiatives in clinical mental health care will be supported to the extent that they a) incorporate a focus on developmental prevention; b) engage families and communities in care oriented to enhancing SEWB; c) entail intersectoral, community oriented capacity building, and d) demonstrate the objective of building cultural and social competence in services aiming to support SEWB.

Many initiatives in mental health, public health or health promotion and chronic illness may relate to Social and Emotional Wellbeing program. Some of these initiatives, jointly supported by the Chronic Disease, Primary Health Care and Social Determinants and Social and Emotional Wellbeing programs to the extent that they fall within the scope outlined.

3. Outcomes

3.1 Priorities within the Program areas

The SEWB program needs to be underpinned by philosophical and theoretical perspectives such as:

- Strengths based solutions e.g.; build on family strengths/cohesiveness
- Based on the principle of self-determination
- Solution focused and support problem-solving skills
- Based on theoretical underpinning of empowerment
- Participatory
- Support existing community initiatives
- Transfer understanding and knowledge
- Build on what we know
- Ecological multi-level – work at the levels of individual, family and community.

3.2 Health Outcomes

The CRCAH Social and Emotional Wellbeing Program will seek to provide improved health outcomes for Aboriginal communities through:

- Providing evidence that can be used by services and individual practitioners that address the social, emotional and cultural needs of Aboriginal communities, and which promote the resilience of children, youth and families.

These health outcomes will be achieved through the combination of research, policy and practice, and capacity development outcomes outlined below.

3.3 Research outcomes

Research in this program will result in evidence that can be used by Aboriginal communities and organisations, policy makers and service providers that:

- focus on documenting and evaluating interventions that address social and emotional wellbeing to improve health outcomes in Aboriginal communities;
- identify promising interventions/practices to support improved developmental outcomes for Aboriginal children;
- identify workforce, resourcing and service provision arrangements through which effective SEWB activities/interventions can be provided.
- Explores how spirituality/beliefs/systems of value contribute to Aboriginal SEWB;
- Identify and promote effective methodologies for the measurement and evaluation of SEWB and SEWB interventions.

- Explore the role of the family, and men's, women's and youth programs in building and maintaining SEWB
- Assess the efficacy of targeted/general programs to achieve improved SEWB outcomes.

3.3 Policy and practice outcomes (research transfer)

Policy and practice outcomes will be achieved through the combined efforts of the CRCAN's research and industry partners. These include:

- Expanding the systematic commitment to targeted, evidence-based programs to enhance outcomes of child development
- Influencing the development and implementation of innovative, strategies and policies to address social and emotional wellbeing in Aboriginal communities at local/regional, state/territory and national levels.
- Improving access to and uptake of evidence (in policy, service development and practice).
- providing a framework that enables policy makers to shift focus from 'caseness' problem and pathology, to developing and strengthening social approaches.
- Building a shared understanding of SEWB and related terms and concepts.
- Identifying ways in which SEWB activity can be supported and strengthened through service provision, or can influence the design and approach of services.

3.4 Capacity development outcomes

Capacity development outcomes are a priority and these will be achieved by:

- Identifying, creating and strengthening pathways for Aboriginal health practitioners to acquire research training in the social and emotional wellbeing area.
- Increasing Aboriginal research capacity through scholarships, traineeships, professional development strategies and/or cadetships.
- Establishing a network of those with an interest in and working in Aboriginal SEWB.
- Identifying and clarifying key issues confronting the workforce for SEWB, including availability of skilled workers, resources vs. unpaid contributions, training, recognition, burnout etc.
- Identifying the roles played by community members and carers in providing SEWB support.
- Influencing the development and implementation of strategies and policies to address social and emotional wellbeing in Aboriginal communities at local/regional, state/territory and national levels.

4. Linkages with CRCAH program areas and other initiatives

The concept of Social and Emotional Wellbeing is highly relevant to the other CRCAH program areas such as Chronic Disease, Primary Health Care and Social Determinants of Health. The relationship between all programs areas will ensure a shared understanding of the concepts and notions associated with health and health outcomes. The SEWB Program has clear implication for the way health is interpreted and understood within Aboriginal Communities, through the deliver of comprehensive and coordinated approaches to primary health care and the management of chronic disease.

For example, the Central Australian Aboriginal Congress is currently looking at how to embed the principles of social and emotional wellbeing into its own comprehensive primary health care service. This direction of work is likely to be of crucial importance for advances in both understanding and putting into practice what the Aboriginal construct of what health means within service deliver.

4.1 Linkage with other initiatives

National Aboriginal Health Strategy (1989) drew national attention to Aboriginal mental health issues, developed the widely used definition of Aboriginal health.

The initiatives undertaken within the CRCAH SEWB Program will take into account the recommendations from the recent COAG meeting on the 14 July 2006 and the development of a National Action Plan on Mental Health involving a joint package of measures and significant new investment by all governments over five years that will promote better mental health and provide additional support to people with mental illness, their families and their carers. The Individual Implementation Plans for each State and Territory will total approximately \$4 billion over five years. The Plan sets out agreed outcomes, specific policy directions for action that emphasises coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system.

The National Action Plan represents a commitment to deliver mental health services in a more integrated way – between governments, and between the government and non-government sectors.

The CRCAH SEWB Program will also recognise the existing National, State and Territory frameworks of social and emotional wellbeing, including:

- The 2005 AHMAC - Social and Emotional Wellbeing Framework –A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing – 2004-2009.
- The Northern Territory Government – Aboriginal Health and Families: A five year framework for action.
- The 2005 Victorian Health Promotion Foundation - Building Indigenous Leadership: Promoting the Emotional and spiritual wellbeing of Koori communities through the Koori Communities Leadership Program.
- WA Aboriginal Social and Emotional Wellbeing and Mental Health Strategy (2005-2008).
- The 2005 SA Aboriginal Health Partnership – Aboriginal Health – Everybody’s Business, Social & Emotional Wellbeing: A SA Strategy for Aboriginal & Torres Strait Islander People – 2005 -2010.
- NT Aboriginal Emotional and Social Wellbeing in the Northern Territory Strategic Plan (2003) Northern Territory Aboriginal Health Forum.
- The Evaluation of the Aboriginal and Torres Strait Islander Emotional and Social Wellbeing (Mental Health) Action Plan (2001)
- The 2004 Australian Health Ministers’ Advisory Council, Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009.
- The National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003).
- The Puro Birik Social and Emotional Wellbeing Strategy (1999-2002).
- Human Rights and Equal Opportunity Commission. (1997) Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.
- NSW Aboriginal Mental Health Policy (1997)
- The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (Mental Health) Action Plan (1996-2000) was developed to address the critical issues in *Ways Forward*.
- Queensland Aboriginal and Torres Strait Islander Mental Health Policy (1996)
- The National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health, ‘*Ways Forward*’ (1995).
- Human Rights and Equal Opportunity Commission. (1993) Report of the National Inquiry into the Human Rights of People with Mental Illness.
- Royal Commission into Aboriginal deaths in Custody (1991). Final Report.

The program will also take account of the Council of Australian Government (COAG) Indigenous Indicator Framework, and issues/concerns identified through activities of other CRCAH program areas.

Where possible, the CRCAH SEWB Program should also be linked to other initiatives, including but not limited to:

- The Healthpact Research Centre for Health Promotion and Wellbeing
<http://www.canberra.edu.au/centres/research/healthpact/>
- The Sax Institute

- <http://www.ihr.org.au/>
- Beyond Blue
[http:// www.beyondblue.org.au](http://www.beyondblue.org.au)
- State and Territory based Aboriginal Health Promotion Initiatives (as these appear to be increasingly incorporating SEWB initiatives).

5. CRCAH Activity

5.1 In-kind and funded projects

There is already CRCAH activity within this program which aligns with the proposed program goals and therefore has potential to make a valuable contribution to achieving these objectives. Examples of some of these important projects are provided below. CRCAH partners are also undertaking other work that could contribute significantly to this program, but which has not yet been contributed as in-kind work. For example, work on men's health and depression is being undertaken by the Menzies School of Health Services Research.

5.2 Examples of current CRCAH projects

- Evaluation of a Social and Emotional Wellbeing Branch (John Boffa), which aims to contribute to understanding of best practice in social and emotional wellbeing service delivery, and to a knowledge base in relation to appropriate evaluation indicators for such services, which contribute to a comprehensive evidence base for best practice service delivery.
- Development of a quantitative tool for measuring outcomes (Komla Tsey), which aims to a) develop and pilot a quantitative instrument to measure health and wellbeing outcomes resulting from implementation of empowerment programs in Indigenous settings, b) develop an appropriate quantitative instrument that complements an existing qualitative approach, consolidating and enhancing the emerging evidence base in the relatively unexplored area of empowerment research, c) undertake groundwork in the development of vital methodological instruments.
- Documenting of how Aboriginal men perceive wellbeing and illness. Kanyirninpa: health, masculinity and wellbeing of desert Aboriginal men (Brian McCoy).
- Let's Start & Ngaripirliga'ajirri: school-based early interventions: development of targeted interventions for preschool and primary school children and parents to enhance children's social-emotional learning and improve parenting practices on the Tiwi Islands and in Darwin (Gary Robinson, CDU)
- Evaluation of Aboriginal Mental Health Evaluation of Aboriginal Mental Health Program in the Northern Territory: Extension. Project, Aboriginal mental health workers, traditions and culture (PHD project, Cecilia De Donatis; Gary Robinson)

ATTACHMENT A – CRCAH In-kind and funded SEWB Projects

Project No.	Project Title	Project Leader or Contact person	Contact Details	Administering partner	Program
187	If local knowledge is the answer, why is it that Indigenous people known locally are still drowning?	Scott Miller (Student)	Scott Miller (Student) Mobile – 0402683423 E-mail – smiller@cancertas.org.au	La Trobe	SEWB
18	Public Health Bush Book (Mental Health)	Nikki Clelland	Nikki.clelland@menzies.edu.au or nikki.clelland@nt.gov.au (don't request a report for this one, its been in limbo and only just coming out of that)	MSHR	SEWB
21	Evaluation of the Top End division of General Practice AMHW Program (Exploring Together)	Gary Robinson	gary.robinson@cdu.edu.au	CDU	SEWB
22	Development of Parenting Support Interventions for Indigenous Families	Gary Robinson	gary.robinson@cdu.edu.au	CDU	SEWB
34	Evaluation of Irrkerlantye Learning Centre: A town based integrated health and education program	Merridy Malin	merridy.malin@ahcsa.org.au – not sure if its worth asking for a report on this one?	CDU	SEWB
61	Coordinated Aboriginal Mental Health Care	Inge Kowanko	Inge.kowanko@flinders.edu.au	Flinders University	SEWB
63	Australian Integrated Mental Health Initiative	Tricia Nagel	Tricia.Nagel@menzies.edu.au	MSHR	SEWB