4 Young First Nations wellbeing

Young First Nations voices in social and emotional wellbeing must be heard

Aboriginal and Torres Strait Islander peoples collectively make up just 3.5% of the Australian population. However, 3 times as many First Nations people aged under 18 die by suicide as compared to other young Australians, while for those aged under 15, the suicide rate is 12 times higher (Gibson et al., 2021). The COVID-19 pandemic has further exacerbated experiences of marginalisation and barriers to service provision for young Aboriginal and Torres Strait Islander people (Thurber et al., 2021). Yet young First Nations voices in this space are being ignored.

Government attempts to ease the burden of disease experienced by First Nations people have historically failed, and continue to fail (Bond & Singh, 2020). Two major contributors to the failures of system responses to social and emotional wellbeing disturbance are: firstly, the misunderstanding of notions of 'health' from First Nations perspectives, leading secondly to the misalignment of funding to First Nations peoples' identified needs (Skerrett et al., 2018). Depression diagnosis and intervention are two areas where these misalignments are overly pronounced.

Given the historical and ongoing trauma experienced by First Nations peoples – the persistent experiences of discrimination, poverty, exclusion, high morbidity and mortality, and societal and cultural degradation – it is unlikely that 'depression' as it is understood, measured, diagnosed, and treated is suited to First Nations populations (Balaratnasingam & Janca, 2019). Indeed, the concept of depression often does not resonate well with First Nations peoples, as is evident in this account by a First Nations person with a lived experience of disrupted social and emotional wellbeing:

> Walking through fog you wonder why, why do you feel this pain so intensely. It doesn't matter how many people you speak to who 'specialise' in people like you, they don't get it. You're missing parts of yourself while dealing with trauma most people couldn't comprehend, some you lived, some has been inherited, all of it impacting the person you are today. You feel crazy for the feelings you have not been able to explain, this emptiness and sadness that comes from being away from home, this deep sadness that comes from being off Country and disconnected from mob. You're navigating two worlds: the blakfulla world and the whitefulla world, feeling like you don't really fit properly into either and it's so immensely lonely. In a moment you make a choice that the pain is all too overwhelming, but just when you are about to give up you are shocked back into this world, slowly you're guided by your ancestors, you start listening to those feelings that used to overwhelm you, that connection isn't insanity, it's your people guiding you. The fuzziness fades and slowly you find yourself, Elders guide you and protect you while you navigate healing your mind, body and spirit. It's a long road to break what they call the transgenerational cycle but you know it has to be you, the oldest was born to walk this path, and as the oldest, I will.

Trawlwoolway woman, Karla

To understand the nature of the symptoms of depression and their connection to disturbed social and emotional wellbeing for First Nations peoples, we must grasp the extent to which the pervasive role of colonisation has played, and continues to play, on their lived experience. Colonisation dictates all of what is accepted and therefore known in western countries, particularly within the sciences (Datta, 2018). Research, legislation, policy, law, diagnoses, and health are all influenced by colonial thinking. This factor continues to have an indelible impact on the lives of First Nations peoples, particularly regarding health service provision (Narasimhan & Chandanabhumma, 2021).

The determination of what depression is, what influences people's experiences of depression, and to what extent it is experienced by certain population groups, are colonial questions that lack First Nations perspective. For example, there is no evidence to suggest that prolonged episodes of 'low mood' among First Nation's peoples are equivalent to a symptom of clinical depression – or disturbed social and emotional wellbeing, for that matter (Brown et al., 2012). What is perceived as low mood through a western lens may be explainable as a cultural state of contentment, while an apparent lack of overt 'happy' physical characteristics may be a display of deep humility. The information or data that is collected around these questions is therefore inherently flawed as well.

In this section, we offer insights into some of these concerns, and opportunities for improvement for government and service providers.

Depression and social and emotional wellbeing

'Social and emotional wellbeing' is a term that has been used by First Nations peoples for some time. It describes a holistic notion of health and wellbeing that encapsulates connection to people, place, spirit, community, and culture. Theories about social and emotional wellbeing suggest that wellness is mediated by experiences of connection and disconnection to elements of importance to an individual, family, community or society; and that social, political, historical and cultural determinants are the main drivers of these experiences (Figure 1; Gee et al., 2014).

Figure 1. *Schematic wheel portraying social and emotional wellbeing from a First Nations peoples' perspective.*
Note: *Figure first published in Gee et al. (2014).*

Furthermore, experiences of 'principles of lore' – the principles that are foundational to First Nations peoples' worldview and ways of knowing, being and doing – are argued to heavily influence the social and emotional wellbeing of individuals, families and communities (Schultz, 2020). One such principle is that of respect. From this framing, ongoing experiences of discrimination can be viewed as a form of disrespect. Ongoing experiences of discrimination at both personal and systemic levels are strongly implicated in impaired social and emotional wellbeing (Gupta et al., 2020; Zubrick et al., 2010).

Depression, as a diagnosis, is a multifaceted and complex state of being that has been positioned as 'abnormal' by western psychological understandings (Riggs, 2004). However, from a First Nations perspective, depression is merely one indicator of a broader disturbance in social and emotional wellbeing. The different ways depressive states are conceptualised in First Nations and western cultures become problematic when western diagnostic tools are used to simplify a diagnosis of depression into a single condition. Despite the importance of cultural perspectives on an individual's and society's understandings of health, culture (and the influence culture has on how we view normal or abnormal health states) is often ignored (Gatwiri et al., 2021). Accordingly, we have not seen positive improvements in First Nations peoples' social and emotional wellbeing. Indeed, there is some evidence to indicate that it may be worsening, especially in adolescent First Nations girls, as indicated by the climbing rates of self-harm hospitalisations seen between 2008 and 2021 (Figure 2).

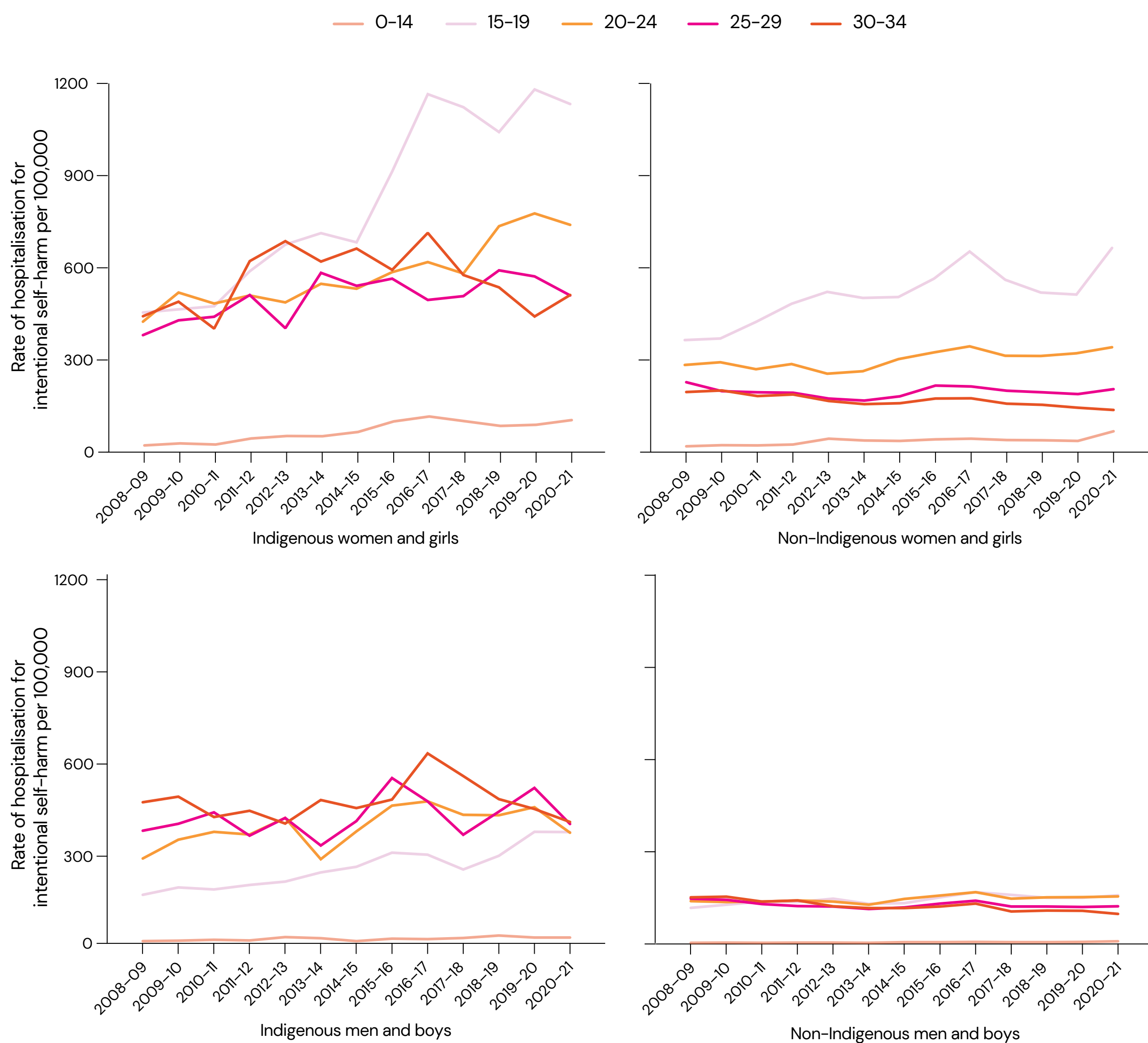


Figure 2. *Age-specific rates of hospitalisation for intentional self-harm among Indigenous and non-Indigenous women and girls (top) and men and boys (bottom) (2008-2021).*
Data source: *Australian Institute for Health and Welfare National Hospital Morbidity Database.*

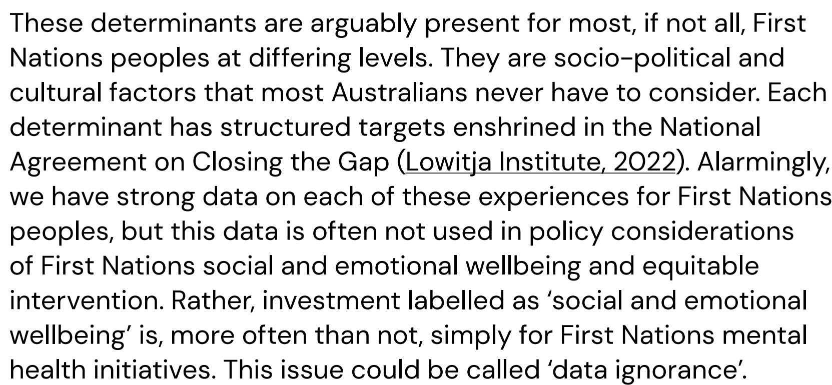
What are the indicators of depression among First Nations peoples?

Research suggests that the indicators of depression for First Nations peoples are often quite different to those for other Australians (Balaratnasingam & Janca, 2019). Some of the unique indicators of depression include experience of homesickness, weakening of spirit, and cultural disconnection (Brown et. al., 2012). For example, homesickness, which is driven by the experience of disconnection to Country (Gee et. al, 2014), can be an overwhelming experience for First Nations peoples as connection to Country is considered such an integral part of being. Disconnection from Country is often described as leading to 'a weakening of spirit' (Gee et. al., 2014) and this impacts the energy or life force that many First Nations peoples believe is paramount to living and thriving (Schultz, 2020).

How depression is conceptualised also differs in important ways. For example, extended periods of low mood are not necessarily an indicator of sustained social and emotional wellbeing disturbance or synonymous with clinical depression for First Nations peoples (Brown et al., 2012). Instead, a more reliable indicator of overall social and emotional wellbeing appears to be the strength of connections which, as previously mentioned, are largely impacted by social, cultural, historical and political determinants (Gee et al., 2014). These different conceptualisations of depression highlight why previous efforts focused on understanding the social determinants of First Nations peoples' social and emotional wellbeing have fallen short.

Much resource and focus goes into the study of common determinants, such as housing, education, employment, food security and financial stability (Schultz, 2020). Data is readily available on these determinants and how they affect First Nations peoples as compared to other Australians (Zubrick et al., 2010). This information is useful but in isolation does not explain the alarmingly disproportionate burden of social and emotional wellbeing disturbance for First Nations peoples. Far fewer, if any, focus or resource have been applied to the determinants that are unique to the lived experience of First Nations peoples in the context of Australian society. These determinants include:

- being removed as a child or having a family member removed across the lifespan
- being incarcerated or having a family member incarcerated
- having the opportunity to learn, speak and share your original language
- being able to visit your homelands freely
- lacking the opportunity to learn and practise your lore and culture.



These determinants are arguably present for most, if not all, First Nations peoples at differing levels. They are socio-political and cultural factors that most Australians never have to consider. Each determinant has structured targets enshrined in the National Agreement on Closing the Gap (Lowitja Institute, 2022). Alarmingly, we have strong data on each of these experiences for First Nations peoples, but this data is often not used in policy considerations of First Nations social and emotional wellbeing and equitable intervention. Rather, investment labelled as 'social and emotional wellbeing' is, more often than not, simply for First Nations mental health initiatives. This issue could be called 'data ignorance'.

When I was in my teenage years, I suffered from depression, anxiety, and suicidality. Parts of my mental ill-health were linked to Aboriginal social and emotional wellbeing as I grew up with my white parent in an abusive household and experienced a severe loss of cultural connection to my Indigenous heritage. The western lens of depression tends to focus on a person individually, whereas the social and emotional wellbeing lens focuses on the individual as part of a community. What protects my emotional wellbeing will be different from that of a non-Indigenous person. I feel strength through being connected with my family and community, connecting to Country, engaging in my culture, being proud of my ancestry and Aboriginality, and feeling like I belong. Mental health practitioners in Australia need to understand these differences in order to make a difference in Aboriginal and Torres Strait Islander mental health and wellbeing.

Kardu Diminin/Murrinh-Patha woman, Michelle

Data ignorance and social and emotional wellbeing

Data assists in our understanding of situational contexts, mediating relationships, and societal priorities. Data also determines interventions, resourcing, and policy (Jennings et al., 2018). However, data acquisition, analysis and explanation are inherently biased, and often ignore sociocultural differences in how key concepts are understood (Datta, 2018).

In cross-cultural research and policy spaces, data ignorance may be defined as the purposeful or non-purposeful exclusion of, or ignorance about, data that can help to explain the lived experiences of particular social, cultural or ethnic groups existing within majority societies. It results in the silencing of views that differ from those held by the majority. In Australia, data ignorance equates to the exclusion of, or ignorance towards, specific sources of information, for the purposes of maintaining colonial perspectives and control over First Nations affairs.

Knowing that screening and diagnostic tools are not culturally validated or 'normed' to First Nations populations (Harnett & Featherstone, 2020) while insisting on their continued use exemplifies data ignorance. This leads to misinformed data being used to determine policy and practice about First Nations peoples, which can have serious implications on their overall wellbeing. For instance, several large mental health organisations continue to use screening tools, such as the K10 (see below), with First Nations peoples despite knowing this is not recommended, as such tools have not been validated for use with First Nations peoples. This leads to invalid data being gathered and used in First Nations mental health services.

Measuring social and emotional wellbeing

Presently, there is no standardised tool that can claim to fully encompass the notion of social and emotional wellbeing and would therefore be capable of capturing data about the lived experiences of First Nations peoples. Several tools, however, have been developed to help with the screening of these experiences; and the use of combinations of these tools may assist with gathering significant data that is culturally responsive.

The next section describes some of these tools in more detail.

1. Adapted Patient Health Questionnaire–9

The 9-item Adapted Patient Health Questionnaire (aPHQ9) is used extensively as a screening tool for depression, but without cultural validation. After a yearlong review, the 'Getting it Right' project adapted questionnaire items to 'Aboriginal English' to obtain cultural face validity. However, after the measure was compared to the 'gold standard' Mini-International Neuropsychiatric Interview, the appropriateness of the validation methodology was challenged, and it incurred criticism for perpetuating western frameworks and using criteria for depression that may not apply to First Nations peoples.

2. Stronger Souls

Stronger Souls was originally developed as a self-reported social and emotional wellbeing indicative measure for the Aboriginal Birth Cohort study. It targets adolescents and examines behavioural markers of social and emotional wellbeing determinants, including sleep patterns, anxiety, and other mood states, as well as potential suicide risk. The measure is currently recommended only as a screening tool and not for clinical purposes. However, not all items adequately reflect the unique presentations of depression and anxiety within First Nations populations.

3. Westerman Aboriginal Symptom Checklist – Youth

The Westerman Aboriginal Symptom Checklist (WASC–A) has been developed for First Nations youth who are aged 13–17 years. This clinical screening tool examines symptomology related to depression, suicidality, impulsivity, anxiety, and drug and alcohol use. This measure has undergone psychometric validation as a culturally appropriate tool for First Nations youth.

4. Kessler Psychological Distress Scales (K5)

Derived from the 10-item Kessler Psychological Distress Scales (K10), the shortened 5-item scale (K5) is a screening tool for non–specific psychological distress that maintains face validity for cultural appropriateness. However, despite the widespread use of this tool, its appropriateness for use among First Nations peoples has not been investigated.

While the existence of these four culturally sensitive measures is a clear step in the right direction, the apparent lack of an optimal standardised measure limits our ability to accurately compare the state of First Nations wellbeing across the nation. This presents a significant challenge when government policy and intervention are largely implemented from a helicopter viewpoint of health, which ignores the marked differences that occur between different First Nations communities across Australia.

iBobbly youth self-help app

Poor access to health services also remains a critical issue for First Nations people. The difficulty of physical access to healthcare services, along with the perceived lack of cultural appropriateness of healthcare provisions, continue to act as barriers to help-seeking for First Nations youth – whether this be for social and emotional wellbeing issues or for suicidality. In an effort to improve access, iBobbly – the world's first suicide prevention app – was developed. It is targeted towards First Nations youth aged 15 years and over, and stems from the successful Kimberley suicide prevention group Alive & Kicking Goals.

Together with the Black Dog Institute, the project group designed the iBobbly app, then trialled it with 61 First Nations youth located in the Kimberley region. While focused on suicide prevention, the app also considers broader aspects of social and emotional wellbeing, such as personal strength and resilience, and aligning one's behaviours to values. The app uses culturally relevant metaphors throughout to deliver wellbeing strategies. While it is by no means a comprehensive support, research underpinning iBobbly demonstrates positive impacts from its use amongst First Nations youth, and suggests that digitally delivered interventions may be one pathway to wellbeing support for First Nations youth, particularly those in remote regions (Tighe et al., 2017).

Closing the Gap targets

All 17 targets set out in the National Closing the Gap Agreement should be viewed collectively as targets to achieve improved social and emotional wellbeing of First Nations peoples. Unfortunately, the misrepresentation of social and emotional wellbeing is present in the way the agreement is formulated. Target 15 is 'Aboriginal and Torres Strait Islander peoples to enjoy high levels of social and emotional wellbeing'. This is segregated as a standalone target as opposed to a broader overarching goal. The single KPI offered under Target 15 is to see a sustained reduction in suicide among First Nations peoples. This is an alarming oversight. There is no evidence that sustained reduction in suicide for First Nations peoples equates to significantly higher levels of wellbeing. Rates of suicide may be reduced through policies that restrict people's access to means for completing suicide, however this does not mean that their social and emotional wellbeing has improved.

Child and youth targets

Similarly, the child and youth targets within the Closing the Gap initiative focus on distinct social determinants, rather than on a holistic, integrated framework of social and emotional wellbeing. Standalone measures such as reduced over-representation within the child protection system – while undeniably important – fail to address the intergenerational complexities required to achieve such a goal. The child and youth targets are also flawed in their individualistic approaches. They largely fail to consider targets relevant to a collectivist framework. Such a framework is crucial to First Nations peoples' ways of knowing, being and doing, and would integrate family and community wellbeing with individual wellbeing. These considerations also apply to measures relating to engagement with the education system, and to diversion from incarceration in youth detention. Again, a siloed focus on targets that fail to integrate First Nations perspectives guarantees a lack of positive progress in these areas.

Improvements in all 17 targets are necessary for movement in a positive direction of overall social and emotional wellbeing for First Nations peoples. The latest report on the National Agreement indicates that little positive improvement has occurred across the 17 targets. It would therefore be difficult to argue that social and emotional wellbeing is improving for First Nations peoples.

> First Nations peoples in Australia experience a significantly higher burden of disturbance to their social and emotional wellbeing, including serious depression and suicidality, than other Australians. These effects are particularly concerning for First Nations youth and young adults. It would seem, therefore, that the concept of social and emotional wellbeing that is used by many non-Indigenous institutions, including government departments and agencies, is either misrepresented or misunderstood. If we are to make any positive progress in this area, First Nations voices must be heard.

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