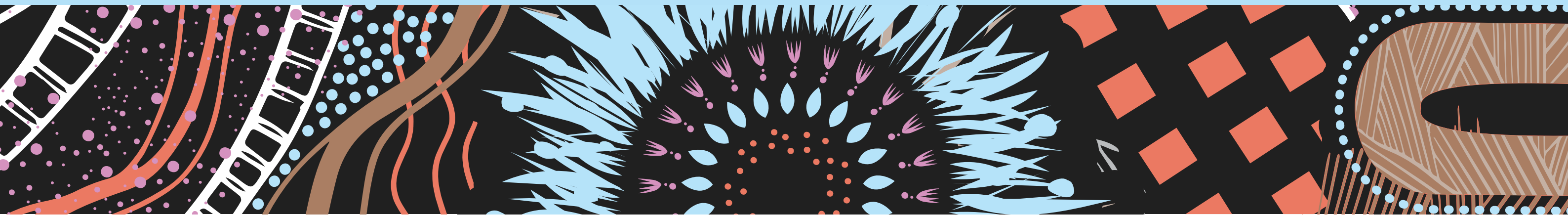
Australian Government

Australian Institute of Health and Welfare

INDIGENOUS
Mental Health and Suicide Prevention
Clearinghouse

Racism and Indigenous wellbeing, mental health and suicide

Summary paper



This paper is a summary of the *Racism and Indigenous wellbeing, mental health and suicide* publication by Mandy Truong and Edward Moore. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76), Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

Key findings

- Experiences of racism and racial discrimination are common for Aboriginal and Torres Strait Islander people (Indigenous Australians), regardless of gender, age and geographic location.
- Racism is an ongoing consequence of colonisation, systematic oppression and the exclusion and disempowerment of Indigenous Australians.
- Racism and discrimination are significantly associated with poor social and emotional wellbeing; damaging health outcomes and psychological distress (Thurber et al. 2023). They are also linked to negative mental health and suicide (WHO 2022).
- Racism acts as a barrier to access to, and the delivery of, high-quality mental healthcare to Indigenous Australians.
- Increasing the cultural safety in health service provision requires a supported workforce consisting of Indigenous Australian health workers and culturally capable and responsive non-Indigenous staff.
- Healthcare must be holistic, incorporating Indigenous ways of knowing, doing and being, with Indigenous cultures and knowledges respected and centred.
- The principles of Indigenous self-determination, empowerment and leadership should be incorporated into health service planning and provision, which can be achieved by including Indigenous staff and communities in organisational and service delivery decision-making.
- More research is needed on effective cultural safety initiatives and programs which address racism at the individual, organisation and system levels.

AIHW

Stronger evidence,
better decisions,
improved health and welfare

What we know

Prior to colonisation, Indigenous communities thrived on their land, with rich cultures and strong kinship systems that fostered a robust sense of identity and connection – particularly to the land and culture. However, the historical and ongoing impacts of colonisation and racism, alongside intergenerational trauma, have significantly impacted the social, emotional, physical and spiritual wellbeing of Indigenous Australians.

Data from national surveys underscore the frequency, pervasiveness and impact of racism:

- 42% of people aged 18 years and over reported experiencing everyday racial discrimination (Thurber et al. 2021; Thurber et al. 2023)
- people across all age groups (15 years and older) and those living in remote and non-remote areas experience racism (ABS 2017)
- racial discrimination was significantly associated with negative self-reported measures of social and emotional wellbeing; poor culture and identity outcomes; damaging health behaviours; and poor health outcomes such as psychological distress (Thurber et al. 2023).

Systematic reviews of international research indicate that racism is associated with negative impacts on general mental health, anxiety, depression, suicide risk, psychological distress and health-compromising behaviours (for example, smoking and alcohol use) (Heard-Garris et al. 2018; Paradies et al. 2015; Priest et al. 2013; Talamaivao et al. 2020).

A scoping review of the impact of racism and racial discrimination on physical and mental health among Indigenous Australians found that the prevalence of racism varied between 6.9% and 97% and that the most common health outcomes associated with racism were general poor mental health and poor general health perception (Kairuz et al. 2021).

Indigenous Australians are at a high risk of experiencing mental health problems. According to a nationally representative study (ABS 2019), about 24% of Indigenous Australians aged 2 years and over reported having a mental or behavioural condition and 31% of Indigenous Australians aged 18 years and over experienced a 'high' or 'very high' level of psychological distress.

There is a link between negative mental health and suicide (WHO 2022). Individuals with a mental health condition have a nearly 8 times higher risk of suicide compared with those without a mental health condition (San Too et al. 2019). Suicide rates are highest among marginalised and vulnerable groups who experience discrimination and social exclusion, including Indigenous peoples (WHO 2022).

Suicide is a major problem in Indigenous Australian communities. It is the second leading cause of death among Indigenous males and the tenth leading cause of death for Indigenous females (ABS 2022). The suicide rate increased from 22.2 per 100,000 people to 25.6 per 100,000 people between 2011–15 and 2016–20 (ABS 2022).

Definitions

In this article, 'racism' is defined as:

> … a historical and ongoing system of oppression, which creates hierarchies between social groups based on perceived differences related to origin and cultural background (Ben et al. 2022:2).

Racism is multidimensional and occurs at the internalised, interpersonal, institutional and structural levels (Jones 2000; Paradies and Williams 2008). Racial discrimination commonly refers to the behaviour- or practice-based forms of racism, such as unfair treatment, threats and insults (Priest et al. 2013).

This article primarily focuses on:

- interpersonal racism (interactions between individuals) and its impacts on mental health and social and emotional wellbeing
- institutional racism and its impacts on Indigenous Australians' engagement with health services.

Institutional racism is manifest in policies, procedures, governance and structures of organisations and results in poorer outcomes for Indigenous Australians (Bourke et al. 2019). It occurs when Indigenous peoples are excluded from the governance, control and accountability of healthcare organisations (Bourke et al. 2020; Griffith et al. 2007). An institution may contain racist practices even if members are not intentionally racist at an individual level (Dudgeon et al. 2014a).

'Cultural safety' is viewed as vital to all aspects of healthcare (Lowitja Institute 2022; Laverty et al. 2017). Healthcare practice that is 'culturally safe' involves the ongoing critical reflection of practitioner knowledge, skills, attitudes, behaviours and power differences in delivering care that is safe, accessible and responsive and free of racism (AHPRA 2020). Cultural safety is ultimately determined by Indigenous Australians, families and communities.

Mental health and social and emotional wellbeing

There is increasing recognition of the inadequacy and inappropriateness of using Western conceptualisations of mental health and illness and applying them to Indigenous Australians and communities (Dudgeon et al. 2014b; Westerman 2010).

Social and emotional wellbeing (SEWB) is a holistic concept that is the foundation for mental and physical health for Indigenous Australians (PM&C 2017). It encompasses relationships between individuals, family, kin and community and recognises the importance of connection to land, culture, spirituality and ancestry. A model of SEWB developed by Gee et al. (2014) contains seven overlapping domains: body; mind and emotions; family and kin; community; culture; Country; and spirituality and ancestors. These domains are sources of wellbeing and connection that support strong and positive Indigenous identity (Gee et al. 2014).

Mental health problems and mental illness can interact with and influence concepts of SEWB (PM&C 2017). Promoting protective factors and reducing risk factors to mental health can help people to be resilient in challenging times. Stressful life events such as racism and discrimination that result in psychological distress can erode mental health and SEWB. Racism and discrimination are key determinants of mental health and of SEWB that are linked to the ongoing impacts of colonisation and its intergenerational traumas (Paradies 2016).

Racism, mental health, SEWB and suicide

The majority of research evidence to date has used the Western concept of mental health to examine the impacts of racism and discrimination on individuals' health and wellbeing.

Associations between racism and negative mental health are well documented in the Australian and international research literature. A key pathway through which racism impacts individuals' mental wellbeing is via cognitive and emotional processes that cause stress and strain. Systematic reviews of the research evidence have consistently found associations between racism and negative mental health outcomes including psychological distress, depression, anxiety and negative self-esteem (Benner et al. 2018; de Freitas et al. 2018; Paradies et al. 2015; Priest et al. 2013; Schmitt et al. 2014). Moreover, the risk of mental health problems (including adverse changes to personality traits) increases as experiences of discrimination accumulate over time (Williams and Etkins 2021).

In addition to the stress of experiencing discrimination, the threat of exposure to racism can prolong the negative effect of stressful experience due to worry, rumination (continually thinking about an idea or situation), anticipatory stress and hypervigilance (constantly being on alert) (Williams et al. 2019).

Experiences of racism can lead to several behavioural responses and adaptations, including health-damaging behaviours such as alcohol or drug overuse, violence, self-harm and aggression as coping mechanisms. It can result in changes to health-related behaviours (for example, stopping or reducing exercise) and may impact access to health services and health-promoting settings.

There is also evidence that racism is associated with suicide and suicide-related behaviours. International studies have shown a link between racism and racial discrimination and suicide ideation or suicide attempts (Argabright et al. 2022; Goodwill et al. 2021). In Australia, a literature review found that adverse childhood experiences (ACEs) are higher in Australian Indigenous populations than in non-Indigenous populations and higher ACEs are associated with increased rates of suicide ideation and attempts and psychological distress (Radford et al. 2021).

Racism as a barrier to accessing services

Experiences of racism impact Indigenous Australians' level of engagement, trust and access to mainstream mental health services (Heard et al. 2022). Interpersonal racism and care that is culturally unsafe have been reported in a range of health settings (Farnbach et al. 2021; Josif et al. 2017; Thackrah et al. 2021; Coombes et al. 2021; Arabena et al. 2020; Durey et al. 2017; Mithen et al. 2021). Such experiences may result in an unwillingness to attend future health services, to follow advice received from health practitioners and to attend follow-up appointments (Shahid et al. 2016). Racist and discriminatory behaviours from staff and other patients in healthcare settings can lead to Indigenous Australians leaving the hospital emergency department before accessing care (Arabena et al. 2020), avoiding health services (Josif et al. 2017) and feeling isolated and lonely (Askew et al. 2021).

Indigenous healthcare workers are also subject to racism (Askew et al. 2021; Rallah-Baker 2018). Research has flagged the undervaluation of Indigenous knowledge and expertise in clinical settings (Coombes et al. 2021; Kerrigan et al. 2021; McIntyre et al. 2022).

Few studies have investigated institutional racism in health services. Institutional racism is more pervasive, subtle or invisible and thus harder to overcome. Studies in Queensland and South Australia both identified institutional racism in hospital and health settings (Marrie 2017; Bourke et al. 2019; Health Performance Council of South Australia 2020). Work by Haynes et al. (2021) specifically examined care provided by Rheumatic Heart Disease practitioners, revealing a poor understanding of Indigenous ways of life, lack of recognition of Indigenous culture and the power differences between practitioners, the health system and Indigenous Australians.

Emerging research – protective factors

Research has identified that culture and a strong cultural identity are significantly and positively associated with physical health, social and emotional wellbeing and reduce risk-taking behaviours (Bourke et al. 2018; Gee et al. 2014). However, there is a limited understanding of how culture, identity, family and community factors act as buffers against the impacts of discrimination for Indigenous Australians.

Discrimination disempowers and impairs positive identity formation among Indigenous Australians through marginalisation and social exclusion (Lovett and Brinkley 2021). A greater focus on cultural participation is needed to protect against the impacts of discrimination and racism and promote positive identity formation.

Research has identified that protective factors such as cultural identity and connectedness, education, social support and psychological resilience reduced the impact of ACEs among Indigenous children (Radford et al. 2021). Strengthening healthy connections to Country and community also have many benefits (Dudgeon et al. 2022).

Relevant policies, programs and initiatives

Policies

At the national level, there are several policies, plans and frameworks which discuss Indigenous health, social and emotional wellbeing and cultural safety. Various documents provide a framework or plan for health services to provide culturally safe services for Indigenous Australians.

The overarching *National Agreement on Closing the Gap* (Joint Council on Closing the Gap 2020) outlines what is required to improve health outcomes for Indigenous Australians. The *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Department of Health 2021) is a framework for addressing the health inequalities that Indigenous Australians experience.

Most state and territory governments in Australia have also developed mental health frameworks/plans around cultural safety, cultural competence and cultural respect for Indigenous communities. The frameworks have strategies and goals to work in ways that are holistic, culturally sensitive, respectful and free of racism to ensure outcomes are met that improve the lives of Indigenous Australians.

Strengthening and prioritising the Aboriginal community-controlled health sector is an important mechanism to provide responsive care around trauma-informed care and healing approaches and suicide prevention (Dudgeon et al. 2017).

Other organisations such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) have also developed cultural safety frameworks related to mental health and social and emotional wellbeing for Indigenous communities (NACCHO 2011; CATSINaM 2017). These are designed to guide mainstream health services and organisations to improve their cultural capabilities. Further, health professional associations such as the Australian Medical Association have released an anti-racism statement in support of efforts to address racism within the Australian health sector (AMA 2018).

More detail on the key Australian Government, state and territory frameworks and strategies is available in Chapter 4 and Appendix A of the full *Racism and Indigenous wellbeing, mental health and suicide* publication.

Programs and initiatives

Eight programs that aim to improve the cultural safety of health service delivery and to reduce the impacts of racism on Indigenous Australians were examined to explore best practice (Table 1). These covered programs in any health service setting and were not confined to mental health services specifically.

Table 1: Program descriptions and evaluation information

Name and brief description	Location / Indigenous-specific?	Evaluation
Communicate Study A partnership project aiming to ensure that more Aboriginal patients receive culturally safe healthcare that improves patients' experience and outcomes.	Northern Territory Indigenous-specific – Yes	Kerrigan et al. (2021)
Cultural Responsiveness in Victorian Hospitals Refers to work in Victorian hospitals to improve cultural responsiveness and cultural safety of services for Indigenous Australians.	Victoria Indigenous-specific – Yes	Social Compass (2016)
Koolin Balit Aboriginal Health Cultural Competence Project This project assists leadership and teams in rural health and community-service organisations to improve their cultural competency and to increase Indigenous Australians' access to mainstream health and social services.	Victoria Indigenous-specific – Yes	Mitchell et al. (2021)
Baby One Program A family-centred child health promotion model of care, designed to improve cultural safety and child health in remote Indigenous communities.	Queensland Indigenous-specific – Yes	Campbell et al. (2018)
Malabar Community Midwifery Link Service An urban model of holistic Indigenous maternity care that promotes the SEWB of the individual woman and her family and aims to address current disparities in health outcomes for Aboriginal and Torres Strait Islander mothers and babies.	New South Wales Indigenous-specific – Yes	Hartz et al. (2019)
Hunter New England Population Health – Cultural Governance Model The cultural governance model included the principles of Indigenous self-determination, empowerment and leadership by Indigenous staff in organisational and service delivery decisions.	New South Wales Indigenous-specific – Yes	Crooks et al. (2022)
Ways of Thinking and Ways of Doing (WoTWoD) cultural respect program This 12-month intervention was designed to improve culturally safe clinical care in general practice clinics. It included: cultural mentor support for practices; and a local care partnership between participating Medicare Locals/Primary Health Networks and local Aboriginal Community Controlled Health Services for guiding the program and facilitating community engagement.	New South Wales, Victoria Indigenous-specific – Yes	Liaw et al. (2019)
Waminda's Model of Systemic Decolonisation, First Response Project This model of interagency collaboration, developed using Indigenous research methods, was designed to enhance workforce capability and learning about colonisation, racism and whiteness to address trauma- and violence-informed care through decolonising interagency partnerships.	New South Wales Indigenous-specific – Yes	Cullen et al (2020)

Evaluation findings

Evaluation reports were accessed for all 8 of the cited programs, with key themes across the reports as follows:

- Efforts to improve cultural competency had important benefits, including improved health practices such as longer bedside consultations in hospitals (Kerrigan et al. 2021) and the involvement of family members in health decision-making (Campbell et al. 2018).
- A strong Indigenous health workforce was essential to the success of the programs:
  - Kerrigan et al. (2021) flagged the important role of interpreters in the Communicate Study, aiding patient communication and safety.
  - The value of project workers to support project implementation was highlighted in the Koolin Balit Aboriginal Health Cultural Competence Project by Mitchell et al. (2021).
  - Campbell et al. (2018) identified Indigenous health workers as critical to relationship building in the Baby One Program.
  - Hartz et al. (2019) noted the importance of the multidisciplinary team at the Malabar Midwifery Service, which included an Aboriginal Health Worker and an Aboriginal maternal and infant health worker.
  - Social Compass (2016) described a strong Indigenous health workforce as being critical in enhancing culturally responsive and safe care for patients.
- Achieving and maintaining a culturally competent workforce was variously described, with Cullen et al. (2020) identifying that decolonisation needed to involve educating staff about historical events in Australia and the impacts of transgenerational trauma and intergenerational trauma (Cullen et al. 2020). Elsewhere the need to rigorously monitor cultural responsiveness or cultural safety was noted (Social Compass 2016).
- Ongoing budget and support for the Indigenous workforce through strengthened recruitment and professional development was also flagged (Crooks et al. 2022).

Barriers to the implementation of programs included poor communication, lack of clear expectations, lack of resources and lack of accountability (Mitchell et al. 2021; Social Compass 2016). The WoTWoD program did not reach some of its targets, with evaluators suggesting this may have been due to limitations and complexities associated with the study design or program (Liaw et al. 2019).

What works

Strategies and approaches to promote cultural safety in healthcare and to reduce racism across the health system need to be multi-level. Action is required at the individual, organisational and systems level (Truong et al. 2021).

Medical and clinical practice predominately focuses on a biomedical model of health driven by deficit discourse-type language that results in Indigenous Australians being framed in a narrative of negativity, deficiency and failure which leads to differential treatment and poorer health outcomes (Truong et al. 2022). This can induce anxiety and stress in Indigenous Australians, leading to a stress response and to disengagement from care. Indigenous ways of knowing, being and doing need to be recognised and promoted.

The key strategies and approaches that should be taken to progress action in this area should align with the following key principles. These principles are based on the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* (PM&C 2017), *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Department of Health 2021) and the *Close the Gap Campaign for Indigenous Health Equality* (Calma 2016; Lowitja Institute 2022):

1. Indigenous self-determination: Indigenous Australians need to be included in governance, control and accountability of healthcare organisations to ensure their specific needs are met.
2. Strengths-based and rights-based approaches to health: A holistic understanding of health and wellbeing will come from embedding the social and cultural determinants of health for Indigenous Australians in policies, plans and practices.
3. Culturally safe workforce: Meeting the needs of Indigenous Australians involves increasing Indigenous employment across the entire mental health and social and emotional wellbeing workforce and increasing the cultural capability and responsiveness of the non-Indigenous health workforce.
4. Addressing racism and discrimination: Experiences of racism are pervasive and need to be rigorously and reliably measured, monitored and actively addressed to ensure the health system delivers appropriate, culturally safe and equitable care. This also involves building resilience to racism by strengthening cultural identity, connections to family and community.
5. Whole of life approach: Prevention and early intervention are vital to reducing the prevalence and severity of mental ill health across the lifecourse. Increasing family-centric and culturally safe services for families and communities can set the foundation for strong, and lasting social and emotional wellbeing among Indigenous Australians, families and communities.

Conclusions

Racism in all its forms acts is a barrier to the access and delivery of high-quality mental healthcare to Indigenous Australians.

More research is urgently needed on cultural safety practices in healthcare settings, designed and led by Indigenous researchers and communities. This should include costs, effectiveness and longitudinal studies to consider change at the individual and institutional level. Most of the evidence to date relies on healthcare provider self-report and internal organisational audits of cultural safety, which can be subject to a range of biases. Few studies have examined the effect of service- and system-level interventions (Truong et al. 2014; McCalman et al. 2017).

Further research into decolonisation approaches (for example, the Waminda project's model of systemic decolonisation) is also needed to understand how decolonisation knowledge can be translated into policies and practices resulting in high-quality healthcare delivery and better health outcomes for Indigenous Australians. Indigenous knowledges and experiences must be central to such approaches (Cullen et al. 2020). Consideration of data sovereignty is also important (Lovett et al. 2019).

Available data is largely focused on traditional biomedical topics such as clinical markers and little on access to, and availability of, the services required to improve health outcomes and of the underpinning issues of social and emotional wellbeing (Ring and Griffiths 2021). Accurate and reliable national data is needed on the availability and effectiveness of health services, and measurements of the underpinning issues of racism, culture and social and emotional wellbeing – while ensuring Indigenous data governance and sovereignty (Ring and Griffiths 2021).

The voices of Indigenous Australians are critical to the development of policies and programs that impact their health and social and emotional wellbeing. Indigenous Australians need to lead these conversations to ensure outcomes meet community needs (Larkin and Galloway 2018).

It is critical that health care access and provision meet the needs of individuals, families and communities and are culturally safe. An adequate place-based, multidisciplinary Indigenous social and emotional wellbeing workforce must support psychosocial recovery from recent droughts, bushfires and the COVID-19 pandemic restrictions and the economic challenges in coming years (Dudgeon et al. 2020).

References

ABS (Australian Bureau of Statistics) (2017) '*Stressors*, by sex and remoteness, Aboriginal and Torres Strait Islander persons aged 15 years and over 2014–2015, Proportion of persons [Table 14.3]'. In *National Aboriginal and Torres Strait Islander Social Survey 2014–2015*, ABS website, accessed 30 July 2022. https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument

ABS (2019) *National Aboriginal and Torres Strait Islander Health Survey*, 2018–19, ABS website, accessed 30 July 2022. https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/2018-19

ABS (2022) *Causes of death, Australia*, ABS website, accessed 30 July 2022. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2022

AHPRA (Australian Health Practitioner Regulation Agency) (2020) T*he National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025*, NACCHO Aboriginal Health News website, accessed 2 September 2022. https://nacchocommunique.files.wordpress.com/2020/02/aboriginal-and-torres-strait-islander-cultural-health-and-safety-strategy-2020-2025-1.pdf

AMA (Australian Medical Association) (2018) *Anti-racism statement*, AMA website, accessed 2 April 2023. https://www.ama.com.au/articles/anti-racism-statement

Arabena K, Somerville E, Penn L, Dashwood R, Bloxsome S, Warrior K, Pratt K, Lankin M, Kenny K and Rahman A (2020) *Traumatology talks – black wounds, white stitches*, Karabena Publishing, Melbourne.

Argabright ST, Visoki E, Moore TM, Ryan DT, DiDomenico GE, Njoroge WFM, Taylor JH, Guloksuz S, Gur RC, Gur RE, Benton TD and Barzilay R (2022) '*Association between discrimination stress and suicidality in preadolescent children*', Focus, 20(2):252–62.

Askew DA, Foley W, Kirk C and Williamson D (2021) '"I'm outta here!": a qualitative investigation into why Aboriginal and non-Aboriginal people self-discharge from hospital', *BMC Health Services Research*, 21(1):1–10, doi:10.1186/s12913-021-06880-9.

Ben J, Elias A, Issaka A, Truong M, Dunn K, Sharples R, McGarty C, Walton J, Mansouri F, Denson N and Paradies Y (2022) 'Racism in Australia: a protocol for a systematic review and meta-analysis', *Systematic Reviews*,11:47, doi:10.1186/s13643-022-01919-2.

Benner AD, Wang Y, Shen Y, Boyle AE, Polk R and Cheng Y-P (2018) 'Racial/ethnic discrimination and well-being during adolescence: a meta-analytic review', *American Psychologist*, 73(7):855–883, doi:10.1037/amp0000204.

Bourke CJ, Marrie H and Marrie A (2019) 'Transforming institutional racism at an Australian hospital', *Australian Health Review*, 43(6):611–618, doi:10.1071/AH18062.

Bourke C, Truong M, Jones Y, Lawton P and Hunyor J (2020) *Addressing racism to improve healthcare outcomes for Aboriginal and Torres Strait Islander people: a case study in kidney care*. Deeble Institute for Health Policy Research Perspectives Brief no. 9.

Bourke S, Wright A, Guthrie J, Russell L, Dunbar T and Lovett R (2018) 'Evidence review of Indigenous culture for health and wellbeing', *The International Journal of Health, Wellness, and Society*, 8(4):11–27, doi:10.18848/2156-8960/CGP/v08i04/11-27.

Calma T (12 February 2016) 'Indigenous health leaders helped give us a plan to close the gap, and we must back it', *The Conversation, accessed 20 October 2022*. https://theconversation.com/indigenous-health-leaders-helped-give-us-a-plan-to-close-the-gap-and-we-must-back-it-54480

Campbell S, McCalman J, Redman-MacLaren M, Canuto K, Vine K, Sewter J and McDonald M (2018) 'Implementing the Baby One Program: a qualitative evaluation of family-centred child health promotion in remote Australian Aboriginal communities', *BMC Pregnancy and Childbirth*, 18(1):1–12, doi:10.1186/s12884-018-1711-7.

CATSINaM (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives) (2017) *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework: an adaptation of and complementary document to the 2014 Aboriginal and Torres Strait Islander Health Curriculum Framework*. CATSINaM, Canberra.

Coombes J, Fraser S, Hunter K, Ivers R, Holland A, Grant J and Mackean T (2021) '"They are worth their weight in gold": families and clinicians' perspectives on the role of First Nations health workers in paediatric burn care in Australia', *International Journal of Environmental Research and Public Health*, 18(5):2297, doi:10.3390/ijerph18052297.

Crooks K, Tully B, Allan L, Gillham K, Durrheim D and Wiggers J (2022) 'Development and implementation of a shared governance model in a mainstream health unit: a case study of embedding Aboriginal voices in organisational decision making', *Australian Health Review*, 46(2):178–184, doi:10.1071/AH20369.

Cullen P, Mackean T, Worner F, Wellington C, Longbottom H, Coombes J, Bennett-Brook K, Clapham K, Ivers R, Hackett M and Longbottom M (2020) 'Trauma and violence informed care through decolonising interagency partnerships: a complexity case study of Waminda's model of systemic decolonisation', *International Journal of Environmental Research and Public Health*, 17(20):7363, doi:10.3390/ijerph17207363.

de Freitas DF, Fernandes-Jesus M, Ferreira PD, Coimbra S, Teixeira PM, de Moura AP, Gato J, Marques SC and Fontaine AM (2018) 'Psychological correlates of perceived ethnic discrimination in Europe: a meta-analysis', *Psychology of Violence*, 8(6):712–725, doi:10.1037/vio0000215.

Department of Health (2021) *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, Department of Health and Aged Care website, accessed 20 September 2023. https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031

Dudgeon P, Bray A, Blustein S, Calma T, McPhee R, Ring I and Clarke R (2022) *Connection to community, produced for the Indigenous Mental Health and Suicide Prevention Clearinghouse*, Australian Institute of Health and Welfare, Australian Government. Cat. no. IMH 9. AIHW website, accessed 5 September 2022. https://www.indigenousmhspc.gov.au/publications/connection-to-community

Dudgeon P, Derry K, Arabena K, Brideson T, Cairney S, Calma T, Dalton T, Darwin L, Duarte B, Dyall D, Gee G, Gibson P, Gray P, Groth A, Hirvonen T, Holland C, Mascall C, McPhee R, Milroy H, Milroy J, Mohamed J, Mohamed J, Murray D, Orazi K, Ryder A, Smallwood G, Sutherland S, Weston R and Wright, M (2020) 'A national COVID-19 pandemic issues paper on mental health and wellbeing for Aboriginal and Torres Strait Islander peoples', in Rosenburg S (ed) *The impact of COVID-19 on mental health–implications for policy and practice in Australia, The University of Western Australia*.

Dudgeon P, Calma T and Holland C (2017) 'The context and causes of the suicide of Indigenous people in Australia', *Journal of Indigenous Wellbeing: Te Mauri – Pimatisiwin*, 2(2):5–15.

Dudgeon P, Milroy H and Walker R (eds) (2014a) *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing – principles and practice*, 2nd edn, Australian Government Department of the Prime Minister and Cabinet, Canberra.

Dudgeon W, Wright M, Paradies Y, Garvey D and Walker I (2014b) 'Aboriginal social, cultural and historical contexts', in Dudgeon P, Milroy H and Walker R (eds) Working together: *Aboriginal and Torres Strait Islander mental health and wellbeing – principles and practice,* 2nd edn, Australian Government Department of the Prime Minister and Cabinet, Canberra.

Farnbach S, Fernando J, Coyte J, Simms M and Hackett ML (2021) '"It's hard for me to tell my story" the experiences of Aboriginal and Torres Strait Islander male clients at a residential drug and alcohol rehabilitation centre using primary health care', *Health Promotion Journal of Australia*, 32(Suppl 2):87–94, doi:10.1002/hpja.452.

Gee G, Dudgeon P, Schultz C, Hart A and Kelly K (2014) 'Chapter 4. Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health', in Dudgeon P, Milroy M and Walker R (eds) *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing – principles and practice*, 2nd edn, Australian Government Department of the Prime Minister and Cabinet, Canberra.

Goodwill JR, Taylor RJ and Watkins DC (2021) 'Everyday discrimination, depressive symptoms and suicide ideation among African American men', Archives of Suicide Research, 25(1):74–93, doi:10.1080/13811118.2019.1660287.

Griffith DM, Childs EL, Eng E and Jeffries V (2007) '*Racism in organizations: the case of a county public health department*', Journal of Community Psychology, 35(3):287–302, doi:10.1002/jcop.20149.

Hartz DL, Blain J, Caplice S, Allende T, Anderson S, Hall B, McGrath L, Williams K, Jarman H and Tracy SK (2019) 'Evaluation of an Australian Aboriginal model of maternity care: the Malabar community midwifery link service', *Women and Birth*, 32(5):427–436, doi:10.1016/j.wombi.2019.07.002.

Haynes E, Walker R, Mitchell AG, Katzenellenbogen J, D'Antoine H and Bessarab D (2021) 'Decolonizing Indigenous health: generating a productive dialogue to eliminate rheumatic heart disease in Australia', *Social Science & Medicine*, 277:113829, doi:10.1016/j.socscimed.2021.113829.

Heard TR, McGill K, Skehan J and Rose B (2022) 'The ripple effect, silence and powerlessness: hidden barriers to discussing suicide in Australian Aboriginal communities', *BMC Psychology*, 10(1):1–14, doi:10.1186/s40359-022-00724-9.

Heard-Garris NJ, Cale M, Camaj L, Hamati MC and Dominguez TP (2018) 'Transmitting trauma: a systematic review of vicarious racism and child health', *Social Science & Medicine*, 199:230–240, doi:10.1016/j.socscimed.2017.04.018.

Joint Council on Closing the Gap (2020) *National Agreement on Closing the Gap*, July 2020, accessed 8 April 2023. https://www.closingthegap.gov.au/national-agreement

Jones CP (2000) 'Levels of racism: a theoretic framework and a gardener's tale', *American Journal of Public Health*, 90(8):1212–1215, doi:10.2105/ajph.90.8.1212.

Josif CM, Kruske S, Kildea SV and Barclay LM (2017) 'The quality of health services provided to remote dwelling aboriginal infants in the top end of northern Australia following health system changes: a qualitative analysis', *BMC Pediatrics*, 17(1):1–12, doi:10.1186/s12887-017-0849-1.

Kairuz CA, Casanelia LM, Bennett-Brook K, Coombes J and Yadav UN (2021) 'Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: a systematic scoping review', *BMC Public Health*, 21(1):1–16, doi:10.1186/s12889-021-11363-x.

Kerrigan V, McGrath SY, Majoni SW, Walker M, Ahmat M, Lee B, Cass A, Hefler M. and Ralph AP (2021) '"The talking bit of medicine, that's the most important bit": doctors and Aboriginal interpreters collaborate to transform culturally competent hospital care', *International Journal for Equity in Health*, 20(1):1–15, doi:10.1186/s12939-021-01507-1.

Larkin D and Galloway K (2018) 'Uluru Statement from the Heart: Australian public law pluralism', *Bond Law Review*, 30(2), 1–11.

Laverty M, McDermott DR and Calma T (2017) 'Embedding cultural safety in Australia's main health care standards', *Medical Journal of Australia*, 207(1):15–16, doi:10.5694/mja17.00328.

Liaw ST, Hasan I, Wade V, Canalese R, Kelaher M, Lau P and Harris M (2015) 'Improving cultural respect to improve Aboriginal health in general practice: a multi-methods and multi-perspective pragmatic study', *Australian Family Physician*, 44(6):387–392.

Lovett RW and Brinckley M-M (2021) 'Community level cultural connectedness and suicide by young Aboriginal and Torres Strait Islander people', *Medical Journal of Australia*, 214(11):511–512, doi:10.5694/mja2.51092.

Lovett R, Lee V, Kukutai T, Cormack D, Rainie SC and Walker J (2019) 'Good data practices for Indigenous data sovereignty and governance', in Daly AA, Mann M and Devitt SK (eds) Good Data, Institute of Network Cultures, Amsterdam.

Lowitja Institute (2022) *Transforming power: voices for generational change. Close the Gap Campaign report March 2022*, The Close the Gap Campaign Steering Committee, Lowitja website, accessed 20 September 2022. https://www.lowitja.org.au/page/services/resources/Cultural-and-social-determinants/culture-for-health-and-wellbeing/close-the-gap-campaign-report-2022---transforming-power-voices-for-generational-change

Marrie A (2017) *Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's public hospitals and health services*: *report to Commissioner Kevin Cocks AM, Anti-Discrimination Commission Queensland*, Gordonvale, Queensland.

McCalman J, Jongen C and Bainbridge R (2017) 'Organisational systems' approaches to improving cultural competence in healthcare: a systematic scoping review of the literature', *International Journal for Equity in Health*, 16(1):1–19, doi:10.1186/s12939-017-0571-5.

McIntyre M, Ehrlich C, Barnett L and Kendall E (2022) 'The experience of isolated practice for Indigenous mental health and addictions workers', *International Journal of Mental Health*, 51(1):77–94, doi:10.1080/00207411.2021.1984128.

Mitchell O, Bourke L and Shaburdin ZM (2021) 'A qualitative evaluation of the implementation of a cultural competence project in rural Victoria', *Australian and New Zealand Journal of Public Health*, 45(3):227–234, doi:10.1111/1753-6405.13105.

NACCHO (National Aboriginal Community Controlled Health Organisation) (2011) *Creating the NACCHO Cultural Safety Training Standards and Assessment Process: a background paper*, NACCHO, Canberra.

Paradies Y (2016) 'Colonisation, racism and indigenous health', *Journal of Population Research*, 33(1):83–96, doi:10.1007/s12546-016-9159-y.

Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelaher M and Gee G (2015) 'Racism as a determinant of health: a systematic review and meta-analysis', PloS one, 10(9):e0138511, doi:10.1371/journal.pone.0138511.

Paradies Y and Williams DR (2008) 'Racism and health', in Heggenhougen K and Quah S (eds), *International encyclopedia of public health*, Academic Press, San Diego.

PM&C (Department of the Prime Minister and Cabinet) (2017) *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*, Department of the Prime Minister and Cabinet, NIAA website, accessed 22 July 2022. https://www.niaa.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23

Priest N, Paradies Y, Trenerry B, Truong M, Karlsen S and Kelly Y (2013) 'A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people', *Social Science & Medicine*, 95:115–127, doi:10.1016/j.socscimed.2012.11.031.

Radford A, Toombs E, Zugic K, Boles K, Lund J and Mushquash CJ (2021) 'Examining adverse childhood experiences (ACEs) within Indigenous populations: a systematic review', *Journal of Child & Adolescent Trauma*, 15:401–421, doi:10.1007/s40653-021-00393-7.

Rallah-Baker K (2018) *Closing the gap from both sides*, Insight, Melbourne.

Ring I and Griffiths K (2021) 'Australian Aboriginal and Torres Strait Islander health information: progress, pitfalls and prospects', *International Journal of Environmental Research and Public Health*,18(19):10274, doi:10.3390/ijerph181910274.

San Too L, Spittal MJ, Bugeja L, Reifels L, Butterworth P and Pirkis J (2019) 'The association between mental disorders and suicide: a systematic review and meta-analysis of record linkage studies', *Journal of Affective Disorders*, 259:302–313, doi:10.1016/j.jad.2019.08.054.

Schmitt MT, Branscombe NR, Postmes T and Garcia A (2014) 'The consequences of perceived discrimination for psychological well-being: a meta-analytic review', *Psychological Bulletin*, 140(4):921–48, doi:10.1037/a0035754.

Social Compass (2016) *Improving cultural responsiveness of Victorian Hospitals*, Social Compass, Melbourne.

Talamaivao N, Harris R, Cormack D, Paine S-J and King P (2020) 'Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies', *The New Zealand Medical Journal*, 133(1521):55–68.

Thackrah RD, Wood J and Thompson SC (2021) 'Longitudinal follow up of early career midwives: insights related to racism show the need for increased commitment to cultural safety in Aboriginal maternity care', *International Journal of Environmental Research and Public Health*, 18(3):1276, doi:10.3390/ijerph18031276.

Thurber KA, Brinckley M-M, Jones R, Evans O, Nichols K, Priest N, Guo S, Williams DR, Gee GC, Joshy G, Banks E, Thandrayen J, Baffour B, Mohamed J, Calma T and Lovett R (2023) 'Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study', *The Lancet*, 400(10368):2084–2094.

Thurber KA, Colonna E, Jones R, Gee GC, Priest N, Cohen R, Williams DR, Thandrayen J, Calma T, Lovett R and Mayi Kuwayu Study Team (2021) 'Prevalence of everyday discrimination and relation with wellbeing among Aboriginal and Torres Strait Islander adults in Australia', *International Journal of Environmental Research and Public Health*, 18(12):6577, doi:10.3390/ijerph18126577.

Truong M, Bourke C, Jones Y, Cook O and Lawton P (2021) 'Equity in clinical practice requires organisational and system-level change: the role of nurse leaders', *Collegian*, 28(3):346–350, doi:10.1016/j.colegn.2020.09.004.

Truong M, Lazarus M, Ochoa GG and Brand G (2022) 'Resisting and unlearning dehumanising language in nursing and healthcare practice, education and research: a call to action', *Nurse Education Today*, 116:105458, doi:10.1016/j.nedt.2022.105458.

Truong M, Paradies Y and Priest N (2014) 'Interventions to improve cultural competency in healthcare: a systematic review of reviews', *BMC Health Services Research*, 14(99), doi:10.1186/1472-6963-14-99.

Westerman T (2010) 'Engaging Australian Aboriginal youth in mental health services', *Australian Psychologist*, 45(3):212–222, doi:10.1080/00050060903451790.

WHO (World Health Organization) (2022) *Suicide: key facts*, WHO website, accessed 1 September 2022. https://www.who.int/news-room/fact-sheets/detail/suicide

Williams DR and Etkins OS (2021) 'Racism and mental health', *World Psychiatry*, 20(2):194–195, doi:10.1002/wps.20845.

Williams DR, Lawrence JA and Davis BA (2019) 'Racism and health: evidence and needed research', *Annual Review of Public Health*, 40(1):105–125, doi:10.1146/annurev-publhealth-040218-043750.

Cover art
Data & Diversity
Created by Jay Hobbs
Meriam-Mir and Kuku Yalanji man

© Australian Institute of Health and Welfare 2024
Any enquiries about copyright and/or this fact sheet should be directed to: Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, Tel: (02) 6244 1000, Email: <info@aihw.gov.au>.

AIHW