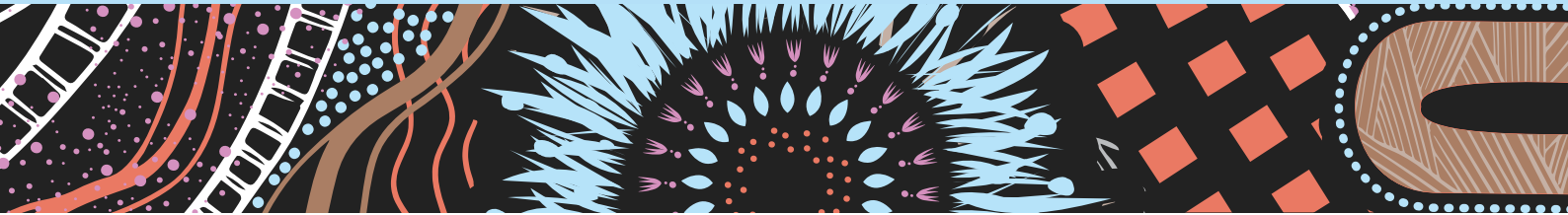




Digital mental health resources for First Nations people

Summary paper



This paper is a summary of the *Digital mental health resources for First Nations people* publication on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenouismhspc.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

- Almost a quarter (24%) of First Nations people have a diagnosed mental health condition or behavioural condition. Anxiety is the most common condition, followed by depression (ABS 2019). Suicide was the fifth leading cause of death among First Nations people, accounting for 5.4% of all deaths for this group in 2021 (ABS 2022).
- Digital mental health resources can deliver more accessible services to rural and remote communities and to people seeking an alternative to face-to-face treatment.
- A digital mental health resource may also provide a non-judgemental, safe space.
- Digital mental health tools can be effective for suicide prevention, and for treating anxiety, depression and psychological distress in First Nations people (Tighe et al. 2017; Titov et al. 2019). Such resources can also contribute to a strong sense of identity and community-building (Dingwall et al. 2015; Li and Brar 2022).
- However, there are barriers to using technology, with use affected by digital coverage, access to devices, cost of data, digital literacy and confidence.
- There is no single regulatory framework for the development and operation of digital mental health services in Australia.
- Evaluation frameworks for electronic health resources do not reflect the cultural and community-related priorities of First Nations people.
- Best-practice principles governing the development, implementation and evaluation of digital social and emotional wellbeing (SEWB) resources for First Nations people need to be developed and agreed by First Nations people to help ensure their cultural safety and culture relevance.

What we know

Aboriginal and Torres Strait Islander (First Nations) people experience mental illness at higher levels than non-Indigenous Australians and deaths from suicide are twice as high (AIHW and NIAA 2023a). Access to mental health services is essential for improving wellbeing, with early intervention able to prevent suicide (AIHW and NIAA 2023b). However, structural, systemic and social barriers to service use further undermine the wellbeing of First Nations people.

Digital mental health applications can overcome these barriers and support the wellbeing and resilience of First Nations people and their communities. There is a substantial body of research showing that internet-delivered cognitive behavioural therapy programs can be as effective as face-to-face treatment, particularly when supported by a practitioner (Andersson et al. 2014; Carlbring et al. 2018). The convenience of services can be particularly important for First Nations populations, who often have poor access to health services compared with the general population (especially within rural and remote areas).

The use of social media and mobile communication technology in health promotion and for digital treatments has been well supported by First Nations people (Povey et al. 2016; Titov et al. 2019). Digital technology can facilitate a strong sense of identity and community-building among First Nations people, which are protective factors against mental health issues (Li and Brar 2022). Research also suggests that First Nations people have always been early adopters of digital technology and use social media at rates higher than non-Indigenous Australians (Carlson and Frazer 2018). The COVID-19 pandemic also increased comfort with and expertise in using mobile health technologies (Henson et al. 2022).

What is digital health?

In this paper, 'digital health' encompasses the range of digital resources, tools or interventions that are self-guided and/or supported by therapists or clinicians. The terms 'e-health' or 'electronic mental health' are also used in some literature.

The technology-assisted interventions covered by these terms can include web-based or internet-assisted services, tools and information; telehealth (encompassing video conferencing); phone counselling services; and social media platforms and messaging services.

This paper focuses on web-based tools or mobile phone apps for First Nations mental health and wellbeing. These are referred to as digital mental health resources or tools. Such tools can often be downloaded, allowing for their use anywhere and anytime. The information and resources within them may also be accessed multiple times. They can be used as a stand-alone tool, or with a therapeutic relationship.

The terms 'app' and 'application' are used interchangeably in this paper to refer to a software program used on a smartphone, tablet or computer. Apps may be used while connected to the internet or downloaded and used offline.

Evidence for and against digital mental health

Australia has long been at the forefront of e-mental health research, with its researchers among the first to recognise its potential (Jorm et al. 2013).

An Australian Government-commissioned independent review on the efficacy and cost-effectiveness of supported digital mental health interventions for mental disorders found them to be 'efficacious for treating depression, anxiety disorders, and binge eating disorder' (Bassilios et al. 2022:13). While this review was focused on interventions involving some form of clinical or practitioner support or guidance, others advocate for the value of self-administered apps. For example, the Black Dog Institute asserts that '[s]elf-guided interventions for depression and suicide prevention have been shown to be effective in reducing suicide ideation' (2020:3).

Digital mental health services have some clear advantages – notably the remote delivery of services that are frequently inaccessible to people in rural and remote communities (Black Dog Institute 2019). A recent international review on the use of digital technologies for the mental health and wellbeing of First Nations people found these technologies to be ‘effective in aiding the provision and improvement of First Nations mental health services, particularly when applying decolonising, culturally appropriate approaches’ (Li and Brar 2022). Their value for First Nations people in Australia has also been acknowledged, especially when designed within a framework of social determinants of social and emotional wellbeing (Bird et al. 2017).

Although the evidence for digital mental health resources is overwhelmingly positive in contemporary research literature, concerns remain, including:

- a lack of evidence for the effectiveness of apps (Marshall et al. 2020b).
- safety risks associated with incorrect descriptions of digital mental health tools (Marshall et al. 2020a)
- privacy risks (Parker et al. 2019)
- the risk of digital health services exacerbating isolation of people with mental illness (Crichton and Burmeister 2017).

Mental health and social and emotional wellbeing

For First Nations people, ‘health’ is a holistic concept which includes not only the physical wellbeing of an individual, but also the ‘social, emotional, cultural wellbeing of the whole community’ (Dudgeon et al. 2014; Gee et al. 2014; Parker and Milroy 2014; Social Health Reference Group 2004). The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023 outlines a model of SEWB with 7 overlapping domains: body; mind and emotions; family and kin; community; culture; Country; and spirituality and ancestors (PM&C 2017).

The concept of SEWB incorporates other factors that influence health and wellbeing. Mental health issues are widely acknowledged to be a result of the impact of cultural genocide and colonisation (Calma et al. 2017). Colonisation and government policies leading to the dispossession of land, institutional racism and forced removal of children from families have disrupted SEWB and resulted in ongoing trauma and intergenerational mental health problems.

The 2018–19 National Aboriginal and Torres Strait Islander Health Survey revealed that almost a quarter (24%) of First Nations people had a diagnosed mental health or behavioural condition. Anxiety (17%) was the most reported condition, followed by depression (13%) (ABS 2019).

In 2021, suicide was the 5th leading cause of death among First Nations people, accounting for 5.4% of all deaths. (By comparison, it is the 15th leading cause of death for all Australians, accounting for 1.8% of all deaths.) Rates of death by suicide for First Nations people have increased over the 10 years to 2021, from 22.4 per 100,000 people to 26.4 between 2012–16 and 2017–21. It was the leading cause of death for First Nations children aged 5–17 (ABS 2022).

‘Cultural safety’ underpins the effective management of First Nations mental health and wellbeing.

It refers to the subjective experience of recipients of mental health care, indicating whether a person feels ‘comfortable that they are accepted for who they are and what they need’ (Upton et al. 2021:3).

For a service to be culturally safe, it must recognise and respect the cultural identities of their clients and consider their values, beliefs and preferences (Walker et al. 2014).

Barriers to accessing mental health services

Research shows that use of mental health services by First Nations people is low. Reasons include:

- inaccessibility, which can be related to distance from services, limited access to transport, and a lack of First Nations mental health practitioners and/or culturally safe treatment and services (ABS and AIHW 2011; AIHW and NIAA 2023b; AIHW and NIAA 2023c; Rosier and McDonald 2011).
- mistrust of government (Nolan-Isles et al. 2021; Lee et al. 2014).
- long waiting times and an inability to get an appointment when needed (Williamson et al. 2010).
- costs (Page et al. 2022)
- confidentiality risk in small communities (Lee et al. 2014).
- feelings of shame (Lee et al. 2014; Marriott and Ferguson-Hill 2014).

While digital mental health applications can overcome many of the barriers to accessing face-to-face mental health services for First Nations people, a number of issues pose challenges to their use, including:

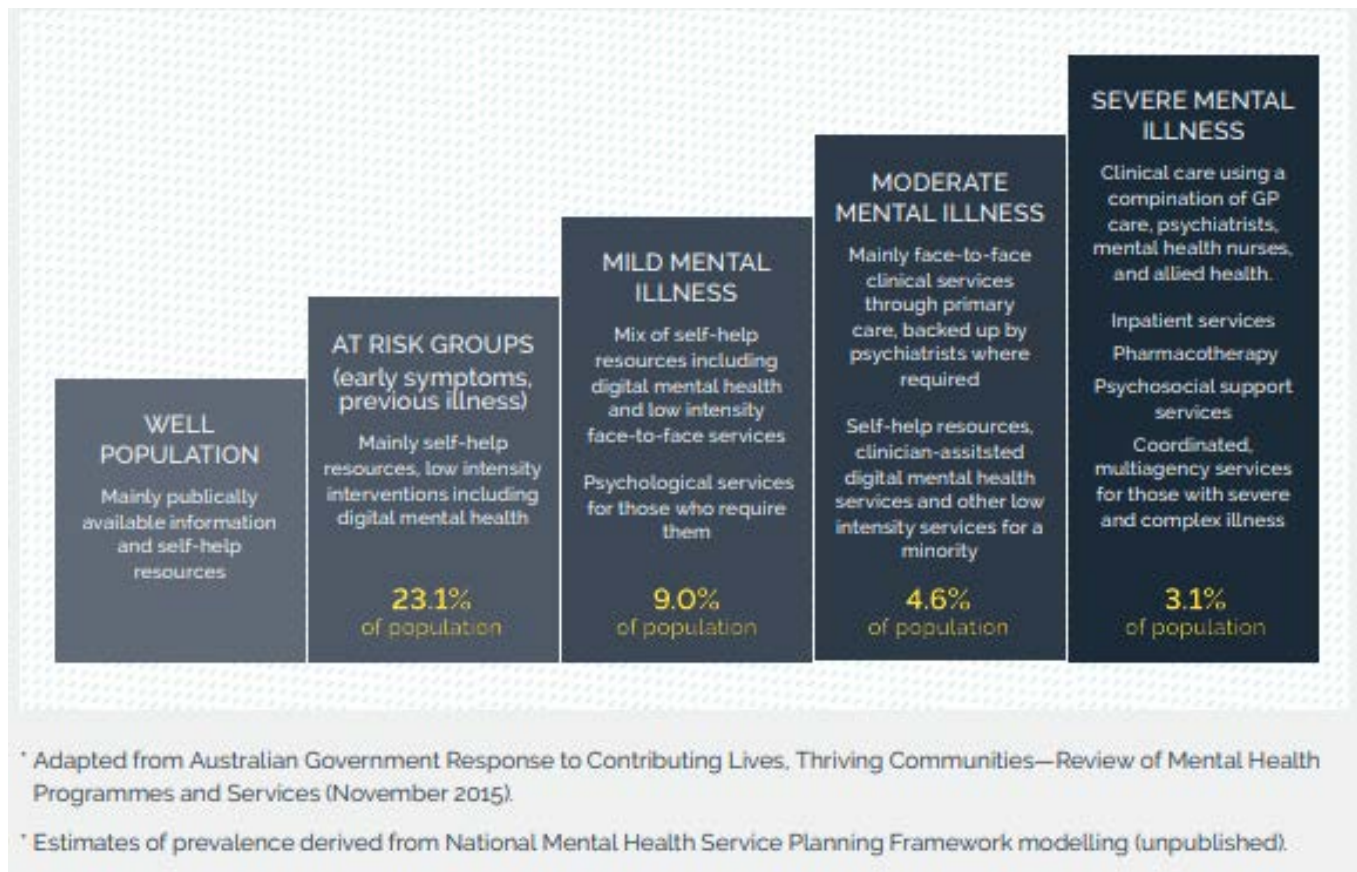
- the digital inclusion/exclusion of users, such as internet access barriers and level of digital literacy
- privacy risks
- lack of user information regarding quality and efficacy
- the impersonal nature of these tools and risk to greater isolation
- ensuring their cultural safety and suitability.

Relevant policies, programs and initiatives

The Australian Government identified the use of electronic or digital mental health services and resources as a priority in 2012, with the release of an e-Mental Health Strategy for Australia (DoHA 2012). A priority was workforce support and training in e-mental health services, particularly for health professionals working with First Nations people.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing sets out a framework for culturally appropriate social and emotional health service provision (PM&C 2017). Both it and the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) (COAG 2017) set out the Australian Government's stepped care model for primary mental health care service delivery. The model outlines service delivery options or treatments matching a person's level of need (Figure 1).

Figure 1: Mental health stepped care levels of need and services



Source: COAG 2017:20.

The Fifth Plan noted some challenges in the transition to digital mental health platforms, including a lack of coordination between commissioning agencies. The Australian Government subsequently developed a National Digital Mental Health Framework (Department of Health 2021) that presents a pathway for digital health services to meet ‘the gap between what people need and what current systems can deliver’ (Department of Health 2021:4). Co-creation, design and delivery are recommended via the integration of lived experience, and culturally appropriate and trauma-informed guidance to digital mental health services. The framework requires monitoring and evaluation of programs to measure impact and drive continuous improvement.

The Productivity Commission’s inquiry into mental health was released in 2020 shortly before the framework. It recommended the creation of a digital mental health platform, co-designed with consumers, which included ‘low-cost, accessible and evidence-based low-intensity digital services’ (Productivity Commission 2020:27). It also recommended the expansion of supported online treatment, as a ‘convenient, clinically effective, low-cost way for [managing] ... mental illness’ (Productivity Commission 2020:70).

The Australian Government’s online digital mental health gateway *Head to Health* (headtohealth.gov.au), launched in 2017, has since been redeveloped in response to the Productivity Commission’s recommendations. The new website includes a broader range of mental health services and face-to-face options, and a referral service for health professionals to recommend information and services. The *WellMob* website was also created to bring together Indigenous-specific online resources promoting a healthy mind, body and culture. It was developed by Australian Indigenous HealthInfoNet and funded by the Australian Government in 2019–2021. (More information on *WellMob* is included in Box 4.1, Chapter 4 in the full *Digital mental health resources for First Nations people* publication.)

Other policies and initiatives include:

- The National Agreement on Closing the Gap includes a target that, by 2026, Aboriginal and Torres Strait Islander people have equal levels of digital inclusion (Coalition of Peaks 2020).
- An Indigenous Digital Inclusion Plan to improve inclusion in access, affordability, and digital ability.
- The National Safety and Quality Digital Mental Health Standards are voluntary standards developed to reduce the risk of harm to the people who use digital mental health services (ACSQHC 2020).
- The Therapeutic Goods Administration (TGA) has a role in regulating medical devices, which can include software. In May 2023, the TGA published *Digital tools and medical devices – guidance for the mental health sector* to help providers understand their regulatory obligations (TGA 2023).
- The National Digital Health Strategy (ADHA 2018) for 2018–2022, sets out a plan for a coordinated and inclusive approach to digital health care in Australia. It includes a consumer digital health literacy program to translate resources into community languages and education programs, delivered through partnerships with organisations like the Aboriginal Community Controlled Health Organisations (ADHA 2022).
- The National Suicide Prevention Strategy for Australia’s Health System: 2020–2023 sets the strategic directions for Australia’s suicide prevention efforts. It flags exploring ‘the effectiveness and best utilisation of digital technology for suicide prevention’ as an area of focus (National Suicide Prevention Project Reference Group 2020:31).

More information on the policies and frameworks most relevant to digital mental health is available in Appendix A in the full [Digital mental health resources for First Nations people](#) publication.

Digital mental health resources

Five digital mental health resources were examined. All were developed with First Nations people, and/or their use, suitability and efficacy for First Nations people was a central tenet of their development. Priority was also given to programs with published and available evaluation evidence. The nature of the digital mental health field and rapidly developing research meant that preference was given to more contemporary research when reviewing and refining search results.

The evaluations or analyses of these tools have been published in peer-reviewed literature (Table 1).

A literature review was conducted across scholarly databases, government reports and in ‘grey’ literature for material relevant to this research. References from initially identified sources describing relevant programs, policy or research on the topic were also used.

More detail on the digital mental health resources included is available in Chapter 6 and Appendix B of the full [Digital mental health resources for First Nations people](#) publication.

While these tools all support the health and wellbeing of First Nations people, they are by no means an exhaustive list. The [WellMob website](#) contains links to a wide range of online social and emotional wellbeing resources for First Nations people.

Table 1: Resource description and evaluation

Resource	Location/Indigenous specific	Evaluation
AIMhi Stay Strong This tool for service providers helps build a cross-cultural approach to managing mental health and wellbeing concerns of First Nations people.	Available from: www.menzies.edu.au/aimhiapp Indigenous specific - Service providers may be Indigenous or non-Indigenous. First Nations people are the intended client group.	Several evaluations have occurred. Dingwall et al. 2015 is referenced.
HITnet (National Health Interactive Technology Network) This project promotes digital inclusion and provides health information in communities through hubs/kiosks, a website, an app and via wi-fi hotspots. Content is co-created with communities.	www.hitnet.com.au The mobile app is available at hitnet.app. It can be localised to allow for region-specific content. Indigenous specific – Yes	Multiple evaluations have occurred, including Hunter and Travers 2002; Hunter et al. 2003; Hunter et al. 2007 and Hunter et al. 2009. Hunter et al. 2007 is referenced.
iBobbly A self-help social and emotional wellbeing app for young First Nations people that helps them to manage thoughts and feelings, set goals and focus on what is important in life.	Available from the iTunes app store or Google Play. Information also available: https://www.blackdoginstitute.org.au/resources-support/digital-tools-apps/ibobbly/ Indigenous specific – Yes	Tighe et al. 2017 Tighe et al. 2020
MindSpot, including the Indigenous Wellbeing Course An online service that provides information and skills to help users gain confidence and manage symptoms related to anxiety, stress, depression and panic attacks.	Available from: https://www.mindspot.org.au/ Indigenous specific – No, but includes an Indigenous-specific wellbeing course	Several evaluations of MindSpot, or aspects of the service, have occurred. Titov et al. 2019 is referenced.
Stayin' on Track A set of online support and wellbeing resources for First Nations fathers that was developed out of a study using a participatory design approach.	Available online at: www.stayinontrack.com Indigenous specific – Yes	Fletcher et al. 2017

AIMhi Stay Strong

The *AIMhi Stay Strong* app is a mobile app used with face-to-face therapy. It was developed through the Australian Integrated Mental Health Initiative (AIMhi) to test the acceptability of an e-mental health resource for service providers working with First Nations people in the Northern Territory. It formed part of a research program that started in 2003 (Dingwall et al. 2015). The initiative recognised electronic resources as an opportunity for workers in rural and remote areas to provide culturally appropriate treatments with limited training.

The app supports service providers to provide structured interventions for First Nations clients (Dingwall et al. 2015). A health provider uses it to guide discussions with clients about their strengths and to set personal goals, with visual representations of areas in the client's life depicted in the app.

Development of the app included an expert reference group comprising service providers working with Northern Territory First Nations people.

The app has been described as engaging, attractive and fun to use, and an innovative means of delivering health care to clients (Dingwall et al 2015). It has been successfully trialled in Australian prisons with First Nations prisoners and was found to be culturally safe, easy to use and supported client goal setting and empowerment (Perdacher et al. 2022).

Dingwall and colleagues have also studied the *AIMhi for Youth* app. They found that users experienced improvements in depression and psychological distress that were statistically and clinically significant (Dingwall et al. 2023).

HITnet (Health Interactive Technology Network)

HITnet began in 2001–02 as a proof-of-concept study of touchscreen technology (with audio feedback) to provide access to culturally appropriate health information concerning diabetes and joint problems to 2 communities in Cape York. Modules on alcohol use, child health and mental health have since been added (Hunter et al. 2007; Smith et al. 2016).

HITnet was initially a multimedia health promotion study, delivered through kiosks to provide 'interactive content for low literacy and inexperienced technology users' (Smith et al. 2016:11; Hunter et al. 2007). *HITnet* Innovations Pty Ltd is now a social enterprise that offers a mobile app (hitnet.app), community wi-fi hotspots, and 40 *HITnet* community hubs (*HITnet* n.d.). The content on *HITnet* is co-created with the communities that engage with it.

Evaluations of *HITnet* have found a number of benefits, including that it changes attitudes and intentions towards health (Hunter et al. 2009) and that content provided via digital technologies has greater potential for 'stickiness' when local people and communities drive and shape content' (Smith et al. 2016:55).

iBobbly

iBobbly is a social and emotional wellbeing self-help app for young First Nations peoples aged 15 years and over. It was developed by the Black Dog Institute in partnership with First Nations community members in the Kimberley, Western Australia. It uses First Nations imagery, audio recordings and stories from local First Nations artists and performers (Black Dog Institute 2019; Tighe et al. 2017). The app uses Acceptance and Commitment Therapy, which focuses on the tendency to avoid unwanted emotions, and uses mindfulness to address suicidal ideation, depression, psychological distress and impulsivity. Users complete 3 content modules and 3 suicide self-assessments over 6 weeks.

A randomised control trial of the app found significant reductions in depression and psychological distress, but changes to suicidal ideation and impulsivity were not significant (Tighe et al. 2017).

Povey and colleagues' (2016) study of both the *iBobbly* and *AIMhi* mental health interventions noted that acceptability was linked to co-design with the community, along with appropriate language and imagery.

MindSpot

MindSpot is a free online mental health service – the first and, currently, only culturally adapted online therapy program in Australia for First Nations people (Bennett-Levy et al. 2021). It began in 2013 and offers a live online mental health assessment with a psychologist and access to guided web-based, self-management courses or ongoing teletherapy sessions (Hensel et al. 2019; *MindSpot* 2023). It has online treatment courses for adults with anxiety, stress, depression and chronic pain, comprising online lessons and resources.

The service is not Indigenous-specific; however, it includes the Indigenous Wellbeing Course, which became available in January 2015 (Titov et al. 2019). The course has the same core content as other courses but has been modified by an Indigenous mental health worker, in consultation with an Indigenous advisory group and other First Nations experts. Adaptations include additional content on intergenerational trauma, family and community violence and longing for Country (Titov et al. 2019).

In 2019, more than 20,000 mental health assessments were started on MindSpot and 4.4% clients identified as Aboriginal and Torres Strait Islander people (Titov et al. 2020). Treatment satisfaction was greater than 97% for both First Nations and non-Indigenous clients (Titov et al. 2020).

The service has been assessed as effective in treating anxiety and depression in First Nations people and assisting in overcoming barriers to mental health care (Titov et al. 2019). Analysis of outcomes for First Nations MindSpot clients who completed the Indigenous Wellbeing Course showed a 54% reduction in depression after treatment as measured by the Patient Health Questionnaire 9 measured by the Kessler Psychological Distress Scale (Titov et al. 2020).

Stayin' on Track and SMS4dads

Stayin' on Track is a set of online support and wellbeing resources for First Nations fathers. Two First Nations mentors and researchers were engaged in the development alongside 20 young First Nations fathers from New South Wales.

Web-based resources were developed for the *Stayin' on Track* mobile phone-optimised website, including films of the young fathers' stories. The clips include themes of 'pride in being a father, tough times, culture and fathers, the emotions on finding out, feeling down, and role models' (Stayin' on Track 2021; Perkins 2015). The *Stayin' on Track* mobile app uses phone-based text messaging (*SMS4dads*) and a Mood Tracker. *SMS4dads* sends texts to fathers that are synced to their baby's stage of development. The Mood Tracker sends regular texts to fathers asking them to monitor their level of stress. A response indicating distress triggers a phone call from a mentor to check on the father's wellbeing and to follow up where needed (Fletcher et al. 2017). The First Nations version of the program was relaunched in October 2022 as *SMS4DeadlyDads* (Australian Indigenous HealthInfoNet 2022).

Several studies have cited exemplary aspects of *Stayin' on Track's* development and content:

- Povey and colleagues' praises the participatory design approach taken to develop *Stayin' on Track*. (Povey et al. 2023).
- Other studies have also commended *Stayin' on Track* for:
 - acknowledging First Nations fathers' role in building cultural identity in their children (Prehn et al. 2020)
 - recognising the importance of culture as a treatment in mental health programs (Supino 2022).

What works

The digital mental health resources examined highlight the importance of:

- culturally relevant and safe content
- resources that provide SEWB support
- collaboration and partnerships with the intended audience for the apps
- resources that are easy to use
- security and confidentiality.

The evaluations and research also highlighted some challenges for potential users of these resources, including establishing their efficacy and purpose.

Culturally relevant and safe content

The inclusion of cultural content was widely considered by First Nations people as a drawcard for use of digital mental health resources, particularly for resources that were self-directed. Content and apps were most successful when material was designed and developed by First Nations people, contributing to cultural safety and engagement.

SEWB support

Digital technologies that incorporate SEWB can help to connect First Nations people to community and Country and support wellbeing.

Gayaa Dhuwi (Proud Spirit) Australia – Australia's national peak body for SEWB, mental health and suicide prevention – underscores the importance of these SEWB resources:

Embracing and harnessing innovative digital SEWB-support tools provides an opportunity for equitable, culturally safe, trauma-informed, and lived-experience service delivery. To be successful it is necessary to build, improve and coordinate technology capacity in all Indigenous communities (urban, rural and remote) (Gayaa Dhuwi 2021:11).

Collaboration and partnerships with the intended audience

Involving First Nations people in all stages of the creation, design and implementation of digital mental health resources is central to their success. These collaborative partnerships are also integral to building local capacity.

Resources that are easy to use

Along with the obvious factors – such as access to a phone, the internet and a charging source – users need to trust the electronic intervention and find it easy to use.

Research in 2017 by Bird and colleagues identified a 'mobile smartphone with a prepaid service plan as the digital device of choice among Aboriginal and Torres Strait Islanders' (2017:7). They suggested many First Nations people preferred mental health resources specifically designed for mobile devices; that did not require extended periods of time on the internet; and that were not expensive to download (Bird et al. 2017).

Security and confidentiality

The confidentiality offered by online apps enables people to feel free to ask health-related questions that they may otherwise feel embarrassed to ask (Perkes et al. 2022). Apps can provide a safe space, where users are not judged, to help overcome the stigma associated with mental health (Tighe et al. 2020).

Security is also important. Devices are often shared in communities, so the inclusion of password protection will provide greater confidence in using an app.

For some First Nations people who are reluctant to seek help in traditional health service settings, a digital mental health resource may also provide a non-judgmental, safe space.

Establishing efficacy and purpose

With the development of digital technology outpacing laws and regulations, as well as the paucity of ethical guidelines in some areas relevant to digital services, strategies are needed to help potential users identify those resources which have undergone extensive testing and are evidence-based (Black Dog Institute 2019). The lack of peer-reviewed studies of digital mental health interventions for First Nations people has meant that documentation of best practice for these resources is limited. While the [WellMob website](#) lists more than 240 resources ‘there remains a lack of culturally appropriate evidence-based programs for Indigenous Australians with mental health disorders’ (Bennett-Levy et al. 2021:12). Evaluation of these resources is needed to inform users about their safety and efficacy.

Alongside these challenges are the issues of identifying the purpose and intended users for an app. Puszka et al. (2016) noted a lack of awareness and knowledge about digital mental health resources among clients and practitioners.

Several researchers have flagged the need for benchmarking of digital mental health interventions, which would aid standardised measurement of outcomes. They have also called for standardised classification systems and descriptor systems for digital mental health services and resources (Melia et al. 2020; Battersby et al. 2020).

Conclusions

Digital mental health resources are an important tool for suicide prevention and can provide effective treatment for anxiety, depression and psychological distress in First Nations people (Tighe et al. 2017; Titov et al. 2019). They are a key component of service delivery in the Australian Government's stepped care model for primary mental health care service delivery and have been recommended for those with mild to moderate symptoms (COAG 2017). They also offer more accessible mental health services, particularly for people in rural and remote areas.

For some First Nations people, concerns about confidentiality or feelings of shame may prevent help-seeking in traditional health service settings (Lee et al. 2014; Marriott and Ferguson-Hill 2014). Digital mental health resources can overcome this by providing a safe space, free from judgement, where the client can be anonymous.

To be effective, the development of digital mental health resources for First Nations people needs to be done in partnership with the intended audience. There is also greater use of, and engagement with, these tools when the imagery and language used are culturally appropriate.

However, currently, there are limited digital social and emotional wellbeing resources that meet these criteria, particularly those that have undergone rigorous evaluation.

Identifying effective and suitable digital mental health resources is made more challenging by the lack of regulation of their development and implementation, including the data and information they collect.

The opportunities afforded by targeted digital mental health resources – that is, those designed for and by First Nations people to improve their social and emotional wellbeing and for suicide prevention – deserve greater investment and attention.

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