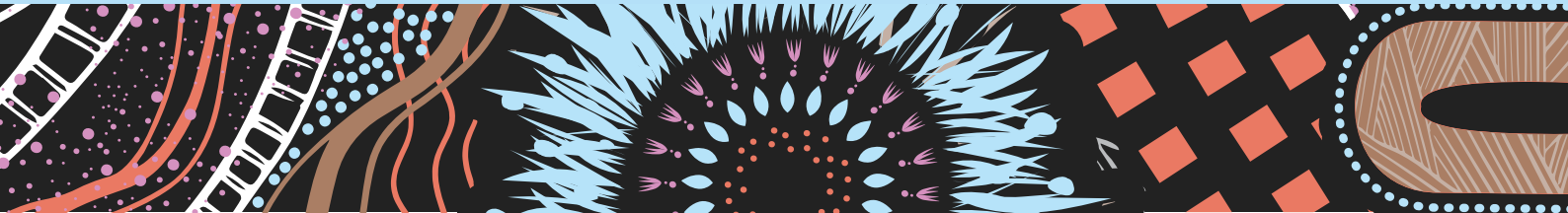




# Education and the mental health and wellbeing of First Nations children and young people

## Summary paper



This paper is a summary of the *Education and the mental health and wellbeing of First Nations children and young people* publication by Jessica Russ-Smith and Sue Green. 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.indigenouasmhspc.gov.au](http://www.indigenouasmhspc.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

- Despite policies and programs that focus on increasing school attendance and mental health and wellbeing for First Nations children and young people, school attendance has declined, and suicide rates have increased for this group.
- First Nations children and young people are overrepresented in circumstances that are risk factors for low school attendance, engagement and attainment as well as for mental health issues. These factors include being in out-of-home care; having an experience of the child protection system; involvement with the criminal justice system; having a disability or chronic illness; and having a parent with a mental health condition.
- Policies and programs aimed at improving attendance and mental health need to align with best-practice principles of co-design and co-implementation with First Nations people.
- There is growing recognition of the importance of community-controlled organisations leading programs for successful outcomes.
- The importance of culture, community, Country and language needs to be acknowledged and integrated into policies and programs.
- It is crucial to support families and engage with the community, aunties, uncles and grandparents when addressing school attendance.

- While First Nations people experience a number of risk factors associated with disadvantage in terms of mental health and education, First Nations identity is not in itself a risk factor, or the cause of the risk factors. In fact, First Nations cultural identity is a protective factor for mental wellbeing and education.
- Non-Indigenous evaluation and measurement tools risk dismissing and devaluing First Nations ways and experiences.
- Approaches that hold parents responsible and punish them for children's and young people's school absences are ineffective in improving school attendance, retention and completion, and mental wellbeing.
- We don't know whether there is a difference in the effectiveness of policy and programs that are either co-designed or community controlled by First Nations people.

## What we know

School attendance, completion and achievement have a positive impact on mental health and wellbeing (Dobia and O'Rourke 2011). However, there is a concern that Australian schools do not consider the different learning, communication styles and cultural needs of Aboriginal and Torres Strait Islander (First Nations) children, young people and their families — and that this has an impact on school attendance, retention and experience, and on the students' wellbeing (Dobia and O'Rourke 2011; Lloyd and Duggie Pwerl 2020).

Retention rates for First Nations children and young people decline significantly as they progress from Kindergarten to Year 12 (PM&C 2020). For example, First Nations primary school students' attendance rates in 2019 were 85 per cent, whereas Year 10 attendance rates were at 72 per cent. This decline is occurring despite investment in programs and strategies designed to encourage First Nations children and young people to remain at school and to continue to tertiary education.

An emerging theme in the literature is that psychological distress, mental health conditions and suicide are increasing within the population of First Nations children and young people (Twizeyemariya et al. 2017; Wright et al. 2020). The rates of mental health conditions and illnesses, self-harm and suicide, are high for First Nations people. Fifteen per cent of First Nations children and young people aged between 2 and 15 years are identified as having a mental health condition or illness (ABS 2019). Suicide is the leading cause of death for First Nations and non-Indigenous children aged 5 to 17 years.

There is limited available data on the rates of mental health conditions and illnesses or on rates of self-harm and suicide of First Nations and non-Indigenous children of primary school age. While the official figures between 2010–2012 and 2015–2017 show little change in the rate of suicide deaths for First Nations children under the age of 14, data on mental health and self-harm must be used with care (AIHW 2020). What we do know is that First Nations children have a higher rate of self-harm than non-Indigenous children: the suicide rate for young First Nations people under the age of 15 is 12 times higher than for non-Indigenous people of the same age (Gibson et al. 2021)

Further, the intergenerational and ongoing trauma of colonialism and racism negatively affect the mental wellbeing of First Nations people, especially children and young people (Darwin et al. 2023; Truong and Moore 2023). The ongoing impacts of colonisation, the Stolen Generations, racism, and discrimination are key factors to consider in supporting First Nations children's and young people's mental wellbeing and experience of education.

These factors directly influence the development, implementation and outcomes of policies, programs, initiatives, and services that attempt to encourage school attendance and completion and to support the mental health and wellbeing of First Nations children and young people.

This paper explores the relationship between mental health and school education for First Nations children and young people. It examines the policies and programs that aim to increase school attendance and completion and improve the mental health status of First Nations Australian children and young people.

Specifically, it considers structural factors; service design; access to services and schooling; and protective factors for First Nations cultural identity.

It examines scholarly articles, government reports, grey literature, policies, and programs to assess best practice and areas for further research regarding mental wellbeing and education engagement for First Nations children and young people.

## **What is mental health and wellbeing?**

This paper defines mental health and wellbeing from a First Nations perspective, which views 'wellbeing' as a holistic concept and acknowledges the importance of cultural, spiritual, physical, emotional, and social aspects for individuals and communities (AIHW 2022). 'Mental health and wellbeing' are understood as more than the absence of illness and poor health (Gee et al. 2014), and culture, language and connection to Country are recognised as determinants of health, wellbeing and best practice for programs and policies.

## **Risk and protective factors need to be considered**

First Nations children's and young people's experiences of mental wellbeing and education are complex, interrelated and multilayered. In examining the education and mental wellbeing of First Nations children and young people, both protective and risk factors need to be considered.

### **Risk factors**

Risk factors for the wellbeing of First Nations people, children and young people (Zubrick et al. 2010; Darwin et al. 2023), include:

- intergenerational and ongoing grief and loss
- forced child removal
- dislocation from Country and culture
- socioeconomic disadvantage
- health and chronic health problems
- incarceration, including juvenile justice
- limited access to and/or participation in education.

### **Compounding risk factors**

There are various circumstances that contribute to the mental health and wellbeing of First Nations children and young people. For example, certain groups of children are known to be at an increased risk for having a mental health condition or illness, including those who:

- live with disabilities or chronic illnesses
- are in out-of-home care or who have an experience of the child protection system
- have been incarcerated within the youth justice system
- have a parent who has a mental health condition or illness
- have a parent who has a substance use problem
- are refugees and recently migrated
- identify as lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) or who have a parent or carer who is LGBTIQ
- are First Nations children (National Mental Health Commission 2021)

The risk for First Nations children and young people is potentially compounded if they identify with 2 or more of these groups (and may therefore experience multiple levels of disadvantage) (Twizeyemariya et al. 2017).

## **Structural factors**

It has long been established that colonisation has severely affected the health and welfare of First Nations peoples. In Australia, this has directly resulted in mental health conditions and illness for many First Nations people (Calma et al. 2017).

Brown (2019) argues that colonisation continues to manifest in current school curriculums, programs, and policies, and affects First Nations young people's engagement with education.

It is also well documented that racism and racial discrimination have a negative impact on a person's mental health and wellbeing (Truong and Moore 2023).

## **Service design**

Until recently, First Nations mental health and education policy and program development stemmed from ethnocentric perspectives (Dudgeon et al. 2014). Ethnocentric perspectives have led to a universality of service standards, design and delivery that ignores the diversity of First Nations peoples, cultures and experiences and the distinctive cultural aspects that contribute to First Nations wellbeing (Dudgeon and Walker 2015).

More recent program and policy development has begun to reflect on First Nations approaches to mental health and education that ensure power remains with First Nations communities (Marmor and Harley 2018).

There is growing recognition of the importance of community-controlled organisations leading programs for successful outcomes. Pearson et al. (2020:1) highlighted how Aboriginal Community Controlled Health Organisations can 'provide culturally informed, holistic health services that directly and indirectly address the social determinants of health'.

There are multiple complexities involved in school attendance and wellbeing for First Nations children and young people. While school attendance and educational achievement can increase mental wellbeing, the mental wellbeing of the young person or child, their family or community can affect their ability to attend and achieve at school. Despite this knowledge, the National Children's Mental Health and Wellbeing Strategy outlines how the current mental health system focuses on intervention rather than prevention. It also focuses on adults and adolescents rather than on children (National Mental Health Commission 2021). This means that Australian children are missing out on the prevention and early interventions needed to ensure that they have access to programs to support their mental health and wellbeing and, ultimately, their education experience and engagement.

## **Access to services and schooling**

Many Australian children have limited access to mental health services and, for children who live in regional, remote, and very remote areas, that access is even poorer than for those living in urban areas (National Mental Health Commission 2021). In 2021, the AIHW reported that 44% of First Nations people live in regional areas, and 18% live in remote or very remote areas.

## **Protective factors**

Protective factors are sources of the strengths that support First Nations children and young people (Darwin et al. 2023). These include:

- culture and cultural continuity
- language
- connection to Country
- family and community

- kinship
- ancestry
- spirituality
- leadership and self-determination (Zubrick et al. 2010; Darwin et al. 2023).

## Relevant policies, programs and initiatives

### Policies

National policies are considering First Nations children, young people, families, cultures and communities but, overall, they continue to reflect one-size-fits-all and ethnocentric approaches to education and wellbeing. Except for the National Children’s Mental Health and Wellbeing Strategy (National Mental Health Commission 2021) and Closing the Gap, the other policies either do not mention First Nations children and young people or fail to comprehensively discuss the unique situation and needs of First Nations children, young people, their families and communities (Table 1).

**Table 1: National policies on mental health of First Nations students**

Name	Details
The National Children’s Mental Health and Wellbeing Strategy	A framework for the development of services and programs to support the mental health and wellbeing of children in all age groups. While the strategy focuses on all children, it does include specific strategies for First Nations children and families, such as recognition of the importance of the cultural and linguistic diversity of First Nations communities, and the importance of co-design and First Nations community control.
The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017–2023	Acknowledges the role of First Nations cultures, communities and families in ensuring the mental health and wellbeing of First Nations children. The framework specifically addresses the mental wellbeing of First Nations children
The National Agreement on Closing the Gap	Closing the Gap (PM&C 2020) has a significant focus on school attendance and its link to better outcomes in later life. The policy also has a target to increase life expectancy and to reduce suicide, but mental health and wellbeing is largely absent across key target areas.
National Aboriginal and Torres Strait Islander Education Strategy 2015	Does not mention student mental health and wellbeing. School attendance is one of the strategy’s priority areas.
National Safe Schools Framework (2010)	Outlines guiding principles to promote student wellbeing and safe and supportive school environments (Education Services Australia 2013). Does not define what is meant by ‘student wellbeing’ and does not mention mental health.
Australian Student Wellbeing Framework	Outlines best practice principles for implementing policies and practices that create positive learning policies environments for school students (Department of Education 2023). Discusses wellbeing in a general way.

More information on the policies and frameworks is available in Appendix A in the full [Education and the mental health and wellbeing of First Nations children and young people](#) publication.

### Programs and initiatives

There are limited programs and initiatives that focus equally on mental health and school attendance, retention, completion and educational experience for First Nations children and young people. Some do not explicitly identify mental health as an area of focus, or they include a mental health focus that does not reflect a First Nations social and emotional wellbeing perspective.

This paper highlights a range of national, state and territory programs and initiatives that include best-practice, culturally appropriate programs for mental health and education for First Nations children and young people:

- headspace Australia
  - headspace Take a Step Campaign
  - headspace Yarn Safe
- Learning on Country Program
- Remote School Attendance Strategy
- Skills for Life

## **headspace Australia**

Headspace Australia is the National Youth Mental Health Foundation. Headspace was first established in 2006 to provide early intervention mental health services for young people aged between 12 and 25. Headspace Australia provides support services online and face to face in more than 154 communities across Australia. It also provides services and supports in schools.

Two headspace Australia initiatives were reviewed, Take a Step and Yarn Safe.

### **headspace Take a Step**

The headspace Take a Step Campaign was launched in 2021 as a national initiative to support First Nations youth to recognise their mental health needs and seek support to enhance mental wellbeing.

The initiative provides a range of print and online resources for First Nations youth, their families, and friends (headspace 2023). The resources were co-designed and co-developed with First Nations peoples across Australia, including First Nations young people with lived experience of mental health issues (headspace 2023). The program is still active. Currently no evaluation is available.

### **headspace Yarn Safe**

Yarn Safe is a youth-led national mental health campaign for First Nations Australians with mental health concerns. It encourages young people to reach out for support and talk about their social and emotional wellbeing. It provides information and supports online and face to face at Headspace Centres. The initiative began in 2014 and is still active.

Although no formal evaluation is available, Rickwood et al. (2016) note that the number of First Nations young people accessing headspace supports has risen since the initiative began.

Perera et al. (2020) discuss how campaigns including Yarn Safe increase national awareness of the headspace program, reduce stigma associated with mental health issues, and encourage help-seeking among young people.

### **Learning on Country Program**

Learning on Country is an education program where First Nations land and sea rangers, schools, scientists and First Nations landowners come together on Country and in classes to learn local First Nations knowledge, numeracy, literacy, science and work skills. The program was implemented at 5 Arnhem Land sites and aimed to:

- increase school attendance, completion and retention to Year 10
- increase transition to further education
- increase intergenerational transmission of knowledge and customary practice
- foster strong partnerships between community, schools and rangers to develop a culturally responsive curriculum in secondary school.



The program was established in 2013 in the Northern Territory and funded by government as a 2-year pilot. An evaluation found that it had a positive impact on school attendance and retention (Fogarty et al 2015). Other recommendations included strengthening curriculum development and future funding for evaluation and research across additional sites (Fogarty et al. 2015).

## Remote School Attendance Strategy

The Remote School Attendance Strategy (RSAS) began in 2014 and is still active. The program works with communities and schools, including teachers, parents, caregivers, aunties, uncles, grandparents and community, to develop community-led plans to support all children to attend school daily. It is federally funded and operates in 84 schools in South Australia, New South Wales, the Northern Territory, Western Australia, and Queensland (PM&C 2018) and mainly targets very remote schools (Guenther et al. 2022).

The strategy is funded by the Department of the Prime Minister and Cabinet. It was evaluated by Winangali, a First Nations-owned organisation, in partnership with Ipsos (PM&C 2018). The evaluation found that a one-size-fits-all approach was not effective in improving school attendance and engagement in First Nations communities. It identified 4 broad family types that had different views on their children's attendance:

- **Committed families** – view school as important in achieving longer-term education and employment.
- **Protective families** – want children to attend school but are concerned about their safety travelling to school and at school.
- **Unsure families** – strongly value cultural ways of knowing and being and have concerns about whether the schooling system would teach and value First Nations culture.
- **Disconnected families** – feel alone and isolated. They want their children to attend school, however, do not have the relationships or support to enrol them.

The evaluation found that RSAS can work to families' strengths to support school attendance and engagement. This includes strengthening positive norms and attitudes and creating a sense of belonging within the families and the schools – for example, through advocating for anti-bullying and cultural safety within schools. A family's choice regarding school attendance and engagement was influenced by their needs and experiences, and at times the RSAS program delivery did not adequately meet these needs (PM&C 2018).

A recent critique argues that government narratives about the RSAS being based on co-design and collaboration do not align with its outcomes and contends that the program fails to ethically engage with First Nations communities and their needs (Guenther et al. 2022).

## Skills for Life

Skills for Life is a school-based suicide-prevention resource involving a 12-lesson curriculum for First Nations students in years 7, 8 and 9. It was co-developed with community members in a remote northern Australian community, and educators. Elders were consulted during development. The program ran from 2014 to 2020 and was funded by the National Health and Medical Research Council. No evaluation is available.

More information on the programs and initiatives is available in Appendix B in the full [Education and the mental health and wellbeing of First Nations children and young people](#) publication.

## What works

Currently, there is a lack of evidence on best practice approaches that recognise and value the relationships between mental health and education and the multilayered factors that affect First Nations children and young people. This paper draws on a range of best-practice evidence in the literature to identify 3 strategies/approaches to best practice. The programs and services need to be:

- locally and culturally developed
- co-designed and co-implemented by First Nations communities
- culturally responsive and accessible.

### Locally and culturally developed programs

These approaches acknowledge that cultural wellbeing is important for the mental health and wellbeing of all First Nations people, including First Nations children and young people (Fatima et al. 2022). Locally based programs provide culturally relevant and responsive program and initiative delivery (Shochet and Hodge 2009; Robinson et al. 2016). Culturally responsive programs have been shown to be the most appropriate way to address and support mental wellbeing and suicide prevention (Povey et al. 2020).

Schwab and Fogarty (2015) argue that locally developed programs, such as Learning on Country, allow for culturally safe spaces for First Nations children and young people to learn about, and from, their cultures. Locally and culturally developed programs also assist in enhancing the relationship between schools, community, stakeholders and students (Fogarty et al. 2015).

### First Nations community co-design and co-implementation

Mental health policy and programs have long been implemented ‘from above’ rather than co-designed (Rosen and Holmes 2023:59). This is despite evidence showing that First Nations co-leadership (co-design and community-control) contributed to decreased rates of suicide for First Nations young people (Rosen and Holmes 2023).

Co-design and co-development ensure that services are culturally responsive, safe and appropriate. This is essential to effectively supporting First Nations children and young people (Healing Foundation 2017) and provides capacity building for programs and initiatives (Fogarty et al. 2015). Understanding of the importance of co-design is increasing. For example, 65% of the Learning on Country Program’s activities engaged community consultation (Fogarty et al. 2015).

The National Agreement on Closing the Gap (PM&C 2020) also emphasises the importance of shared decision-making authority in partnership arrangements.

### Culturally responsive and accessible programs and services

Culturally responsive program and service delivery helps to ensure that the diverse needs of children, young people and their families are met. Flexible and diverse service delivery – especially when locally and culturally developed – helps to improve mental health and education outcomes (Morrison et al. 2019; AIHW 2021).

Culturally responsive approaches include supporting the family as well as the child or young person. For example, the RSAS program and evaluation highlights how supporting families and engaging with community, aunties, uncles and grandparents is crucial when addressing school attendance.



When programs do not deliver culturally responsive service options that acknowledge the diverse aspirations of First Nations communities, there is a risk that families, children and young people will be unequally supported (PM&C 2018). This significantly affects children and young people living in regional, remote, and very remote areas who already have less access to mental health services than children and young people from urban areas (National Mental Health Commission 2021). The co-designed resources developed for the headspace Australia Take a Step and Yarn Safe initiatives are examples of culturally responsive and accessible program delivery.

## Conclusions

It is essential to acknowledge the complexities involved in the mental wellbeing and education experiences of First Nations children and young people. Although there are policies and programs aimed at increasing school attendance and mental health and wellbeing, attendance rates have declined, and suicide rates have increased.

Current policy and programs continue to be underpinned by a deficit discourse, where the dominant focus is on 'First Nations disadvantage' and dysfunction that positions First Nations people as a 'problem to be fixed' (Vass 2012:85). Rather than focusing on the protective and strength-based factors of First Nations culture and communities (Prout 2012), the policies and programs focus on structural factors (such as colonisation and intergenerational trauma) that affect the mental wellbeing of First Nations children and young people.

Deficit approaches hold parents responsible and punish them for children's school absences despite the literature showing that this is ineffective in improving school attendance, retention and completion, and mental wellbeing (Billings 2009 in Waller et al. 2018).

It is crucial that we strengthen the evidence base for programs designed to support education experiences and mental wellbeing. This can best be done through evaluation that is developed and led by First Nations people. Programs and evaluations that reflect culturally and locally responsive methods and understandings have significant potential to improve the education experiences and mental wellbeing of First Nations children and young people. Policies and programs need to continue moving beyond ethnocentric and one-size-fits-all models and recognise that First Nations children and young people are part of a wider network – including their family and communities – that can holistically support their wellbeing and education experiences. Programs and policies will benefit from further integrating culture, community, Country and language, and ensuring that the positive and protective factors of First Nations cultures and communities underpin policy directions, program development, implementation and evaluation.

## Areas for further research

Further research is recommended in several areas:

- understanding how best practice principles of co-design and co-implementation can be incorporated into program evaluation
- exploring First Nations community-controlled programs and their effectiveness
- examining the role of positive and protective factors in supporting and evaluating the effectiveness of mental health and education policy and programs for First Nations children and young people.

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