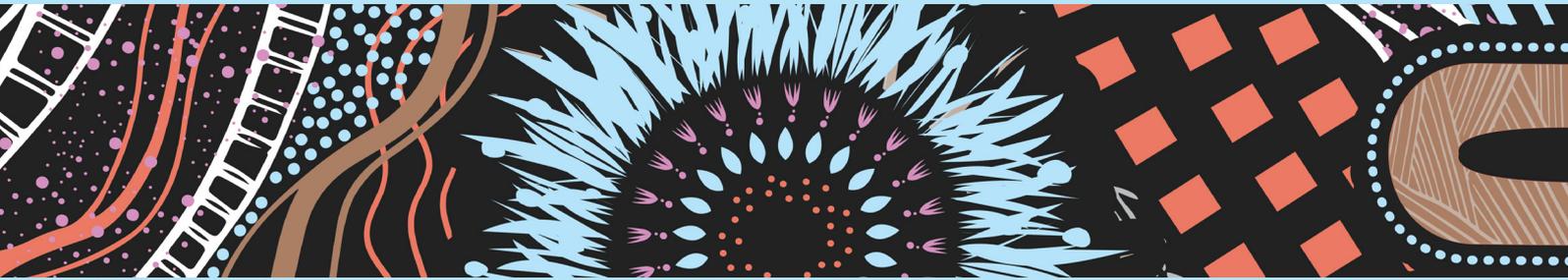


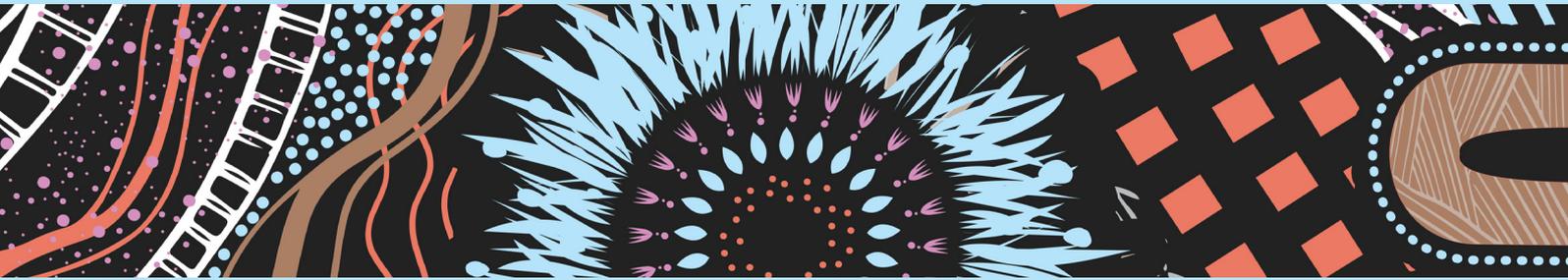


Australian Government
**Australian Institute of
Health and Welfare**



Themes in contemporary Indigenous mental health and suicide prevention research – an analysis of the Research and evaluation register

Australian Institute of Health and Welfare



Themes in contemporary Indigenous mental health and suicide prevention research – an analysis of the Research and evaluation register

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The AIHW is a corporate Commonwealth entity producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing.

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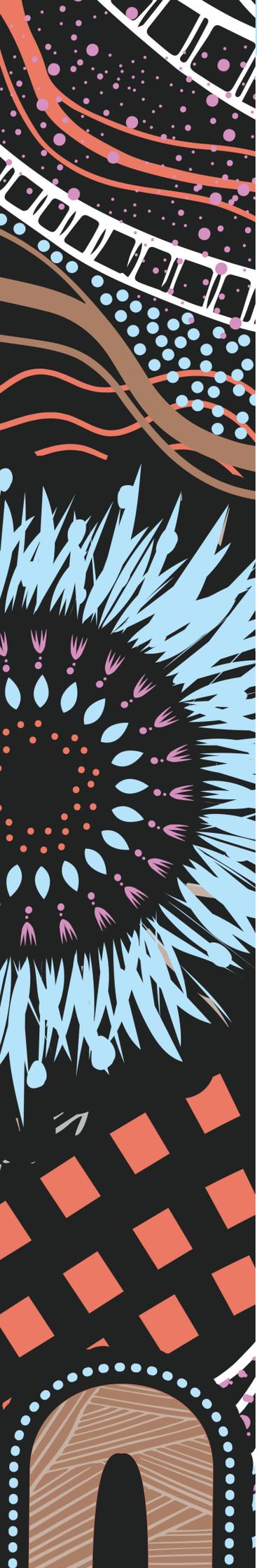
Caution: Some people may find the content in this report confronting or distressing.

Please carefully consider your needs when reading the following information about Indigenous mental health and suicide prevention. If you are looking for help or crisis support, please contact:

13YARN (13 92 76), Lifeline (13 11 14) or Beyond Blue (1300 22 4636).

The AIHW acknowledges the Aboriginal and Torres Strait Islander individuals, families and communities that are affected by suicide each year. If you or your community has been affected by suicide and need support, please contact the **Indigenous Suicide Postvention Services on 1800 805 801.**

The AIHW supports the use of the [Mindframe guidelines](#) on responsible, accurate and safe suicide and self-harm reporting. Please consider these guidelines when reporting on these topics.



1



Introduction

1 Introduction

The Indigenous Mental Health and Suicide Prevention Clearinghouse (the Clearinghouse) was established to enhance and improve access to the Indigenous mental health and suicide prevention evidence base. It was created by the Australian Institute of Health and Welfare (AIHW) with funding from the Commonwealth Department of Health and Aged Care, to progress actions of the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan) (COAG 2017).

Action 13 of the Fifth Plan committed governments to strengthening the evidence base needed to improve mental health services and outcomes for Aboriginal and Torres Strait Islander peoples. The sub-action 13.1 specified:

establishing a clearinghouse of resources, tools and program evaluations for all settings to support the development of culturally safe models of service delivery, including the use of cultural healing and trauma-informed care (COAG 2017:34).

The Research and evaluation register (RER) is an important component of the Clearinghouse; it brings together information on emerging research, evaluation, program and policy initiatives. The key objectives are to encourage collaboration between researchers, reduce the chance of duplication and promote a more coordinated research and evaluation effort.

This article draws on the growing body of research and evaluation information in the RER. It explores themes in contemporary research on First Nations social and emotional wellbeing (SEWB), mental health and suicide prevention.

Construction of the RER

To populate the RER, twice yearly the AIHW emails relevant Commonwealth, state and territory government departments, non-government organisations and relevant research institutions to request information on projects to be included in the register. These requests for content submissions commenced in 2020. The AIHW also sources RER project entries from program information included in Appendix B of Clearinghouse articles, which reference the evaluations cited in the article.

Information on projects submitted to the register includes:

- Details of the timing of the project
- Title of the project
- Purpose of the project
- Organisation undertaking the project
- Whether the findings are publicly available, along with a link to published findings
- Categories of research covered by the project.

Appendix A provides the questions asked of projects entered into the RER.



The register scope was initially restricted to projects funded by Commonwealth or state and territory governments. However, in late 2022 the scope was broadened to include projects funded by non-government organisations to ensure the RER could reflect a wide range of projects and support a complete picture of what works in First Nations SEWB, mental health and suicide prevention (see Box 1.1).

Box 1.1: What is social and emotional wellbeing?

One of the categories of research that can be assigned when submitting RER projects is ‘Social and emotional wellbeing’ (SEWB). Many First Nations people use the term SEWB to reflect a more holistic view of mental health. SEWB is the foundation of both physical and mental health for First Nations people.

There are various conceptualisations of SEWB. Gee and colleagues (2014) describe SEWB as a model with 7 interrelated domains: body; mind and emotions; family and kin; community; culture; country; spirituality and ancestors.

Attracting project submissions to the RER to ensure its completeness has not been easy. As with most calls for such information made by email, such requests can be easily ignored, identified as spam, or overlooked in our busy work environments. While the intent was initially to request updates twice yearly, frequently multiple mail outs requesting submissions were made. The mailing list includes funding bodies, government agencies (both state and Commonwealth), universities, health services, non-government organisations and peak bodies in the health and First Nations sectors. Email addresses on the mailing list are largely generic addresses, such as enquiry or information mailboxes, although some personal email addresses are included. Overtime, the mailing list has grown, including via requests to subscribe coming through the Clearinghouse website and suggestions from Steering Committee members for its expansion.

Further, maintaining the currency of entries in the RER has proved challenging for some projects. Some projects are marked as underway when initially submitted. These are usually in initial stages and/or sourced through the funding entity. Ideally, researchers will provide updates to the AIHW to indicate completion of a project and supply a link to published output. However, this has occurred infrequently. Efforts have been made by the AIHW to contact researchers for updates, however obstacles, such as erosion of contact details, assertions of privacy by the original funding entity or non-response, have hindered such updates.

To increase the breadth of the RER, AIHW has been adding relevant projects from two additional sources, (a) programs and evaluations identified in the Clearinghouse publications and (b) programs and evaluations suggested to the AIHW by external organisations in correspondence about the Register.

Broad overview of information in the RER

As of December 2024, the RER has been live for approximately 3 years. It contains information on 135 research and evaluation projects. Project completion times range from 2014 to 2025. Of these, 121 (90%) were identified as completed and more than three-quarters (81%) of the projects include a link to published release of information. In most cases this link is to a journal article or published report, but in a small number of cases it is a link to the original notice of funding, grant approval or a published notification promoting the project.

Projects are assigned by the submitter to one or more of the following categories, with the proportion in each category noted:

- Social and emotional wellbeing, 72%
- Mental health, 34%
- Suicide prevention, 16%.

Submissions to the RER include information on the funding source for the research or evaluation. The majority of projects were funded by government (83, 61.5%), with these being Commonwealth or state/territory government sources (Table 1.1). The Lowitja Institute funded 12 of the projects (8.9%). Other funding sources include Primary Health Networks (PHNs) and non-government organisations (both 10 projects, representing 7.4% each of the total).

As outlined earlier, until late 2022 the register was restricted to government funded projects, which is likely to affect the predominance of projects funded by governments.

Table 1.1: Source of funding for research or evaluation projects

Funding organisation	Number	Per cent
Government ^(a)	83	61.5
Lowitja Institute	12	8.9
Primary Health Networks	10	7.4
Non-Government Organisation	10	7.4
Other source ^(b)	5	3.7
Not specified	15	11.1
Total	135	

(a) Includes Commonwealth, state and territory funding bodies.

(b) Includes peak bodies, university grants and private organisations.

Source: Indigenous Mental Health and Suicide Prevention Clearinghouse RER.

Information supplied concerning the organisation who conducted the research or evaluation was reviewed to identify the principal source of projects within the RER (Table 1.2). The majority of the projects are undertaken by universities (84, 65%), with the remaining entries largely spread across research institutes, government, consultancy firms and health services.

Table 1.2: Type of organisation undertaking research or evaluation

Organisation type	Number of projects	Per cent
University	84	62.2
Research institute	13	9.6
Government	13	9.6
Consultancy firm ^(a)	10	7.4
Health service ^(b)	7	5.2
Other ^(c)	8	5.9
Total	135	

(a) Some consultancies are undertaken in concert with health services. The lead entity is identified here.

(b) Health services include hospitals, Primary Health Networks and Aboriginal Community Controlled Health Services.

(c) Other includes peak bodies and other non-government organisations.

Source: Indigenous Mental Health and Suicide Prevention Clearinghouse RER.

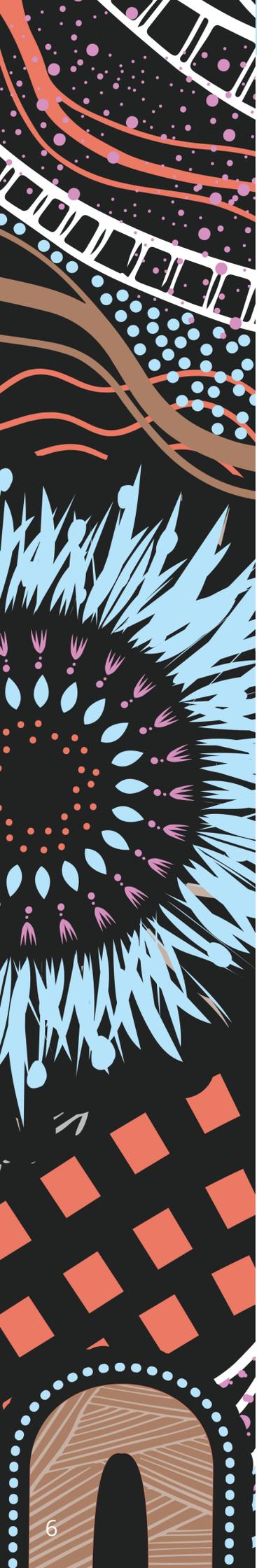
Projects were also reviewed to assess their distribution between evaluation and research. For this exercise the terms 'research' and 'evaluation' were treated as binary categories. Where evaluation was mentioned anywhere in the title or purpose of a project, it was deemed to be an evaluation. Research entries (78, 58%) outnumbered evaluation entries (57, 42%) (Table 1.3). Of course, both types of projects involve investigation and many of the projects categorised as evaluations had important research foundations. Taking a guide from evaluation theorists, evaluations were recognised to be assessments of the 'merit, worth, or significance' of a program or service (AIFS 2021; Scriven 2005).

Table 1.3: RER projects, evaluations versus research

Purpose / method	Number of projects	Per cent
Evaluation	57	42.2
Research/exploratory	78	57.8

The research entries were diverse, including analytical projects, cohort studies, and summaries of roundtable and yarning circles concerning wellbeing topics. Evaluations included formal process and outcome evaluations, through to less formal assessments of an activity or intervention.

The inclusion by AIHW staff of project evaluations identified and referenced in the Clearinghouse publications may have had the effect of boosting the number of evaluations, given the strong focus on evaluations in these publications. It is also likely to have elevated the frequency of papers on topics that were the subject of a Clearinghouse publication.



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Thematic analysis of the RER

2 Thematic analysis of the RER

This chapter explores the most common broad thematic groups of the RER projects, with descriptions and examples of these projects. RER projects may also have a focus on a specific demographic group, such as children or men. The demographic focus of projects is discussed in Chapter 3, along with less common themes of research within the RER.

Overview

As initially conceived, a well populated RER would provide a comprehensive picture of contemporary research on First Nations' mental health, SEWB and suicide prevention. It would aid understanding of gaps in this field and help with identifying where government investments are being made. Evaluation entries would contribute to this picture, through information on what works or does not work in programs that address mental health, SEWB and suicide prevention, along with pointers to areas where more research is needed. Comprising 135 projects in December 2024, with listed completion dates for project entries covering the period 2014 to 2025, the RER is not likely to represent a complete picture of current Australian research and evaluations. Searches of scholarly databases will readily reveal many more unlisted projects.

Notwithstanding these limitations, a thematic review of the RER was undertaken to build a greater awareness of contemporary research directions and promote important developments. Projects registered in the RER were assigned between one and 5 themes each, based on their title and purpose. This use of title and purpose information to classify projects may overlook other important elements of the RER projects. It assumes the main themes have been identified by the project's submitter as its purpose or are included in the project's abstract. The latter being used by AIHW staff for projects included in the RER following their inclusion in a Clearinghouse publication.

Themes of projects fall into a range of areas, including matters related to service or care planning; social issues; treatment modalities; or research methods. Table 2.1 presents the most frequent themes of projects, covering 129 (96%) of the 135 RER projects.

Table 2.1: Most frequent themes of RER projects, December 2024

Themes	Number of projects	Per cent
Health care planning / service planning	45	33.3
Determinants/protective factors	21	15.6
Research methods	20	14.8
Training	16	11.9
Cultural safety	14	10.4
Cultural continuity	13	9.6

Information on these frequent project themes is explored in more detail in the following sections.



Health care planning and service planning

Projects related to health care planning and/or service planning and improvements were the most strongly represented, comprising a third of the RER project entries (45, 33%). Represented in this category were projects covering service provision by Aboriginal Community Controlled Health Organisations (ACCHOs) or Aboriginal Community Controlled Organisations (ACCOs), Primary Health Networks (PHNs) or hospitals. Other projects related to care pathways. For example, an evaluation of a homeless healthcare clinic in Western Australia, entitled *Assessing the nature and magnitude of health, economic and wellbeing benefits of Homeless Healthcare (HHC) services in Perth, Western Australia*, reviewed a clinic providing a ‘hub and spokes’ model of care. The project described staff working across multiple services and settings supporting homeless clients, thereby reducing barriers to healthcare access and challenges navigating services, while building trust among service users (Wood et al. 2022).

Projects within this theme also addressed primary health issues and chronic disease management, including the *‘Strong Men’: Aboriginal community development of a cardiovascular exercise and health education program* (Biles 2020). The study informed the development of the ‘Strong Men’ model, co-created by the Aboriginal men and the lead researcher. The model represents 4 important and interrelated elements of health and wellbeing of First Nations men, which include privileging men’s voices and culturally safe practice (Biles 2020). Many of the projects in this category explicitly note a strong focus on cultural safety.

Determinants/protective factors

Projects relating to risk factors, protective factors and social determinants of mental health and social and emotional wellbeing also feature strongly in the RER (21, 15.6%). Many of the projects categorised within this group also feature a focus on resilience or empowerment. One such study – *Risks for mental illness in Indigenous Australian children: a descriptive study demonstrating high levels of vulnerability* – used the Longitudinal Study of Indigenous Children (LSIC) to build a greater understanding of the potential for prevention of mental illness (Twizeyemariya et al. 2017). This research explored modifiable risks and adversities connected with mental illness in First Nations children. The study found extreme levels of multiple disadvantage are responsible for the high risk of developing mental illness. Also notable were the low rates of low self-confidence (less than 5%) among First Nations children in the study, suggesting considerable resilience among these children (Twizeyemariya et al. 2017).

Research methods

Investigation or promotion of different research methods are also featured across many RER projects (20, 14.8%). Included within this thematic group are projects featuring Indigenous Research Methodologies (IRM), such as the use of yarning circles to gather information or explore research ideas or methods such as Aboriginal Participatory Action Research (APAR). In some cases, APAR or yarning also contribute to improved SEWB.



Dudgeon and colleagues' (2020) work, *Aboriginal Participatory action research: An Indigenous research methodology strengthening decolonisation and social and emotional wellbeing*, is one such project included in the RER. It provides foundational material on this methodology and demonstrates how APAR contributes to First Nations SEWB and First Nations psychology. Importantly, it also serves to legitimate First Nations knowledges and methodologies. The paper explores 3 different community programs – Kimberley Empowerment, Healing and Leadership Program, the National Empowerment Project and the Cultural, Social and Emotional Wellbeing Program – to draw out the essential principles of APAR.

In the *Understanding Stress and Staying Strong in Aboriginal and Torres Strait Islander Health and Human Services Workforce* project, yarning and roundtable discussions were used as methods to help gather information about how First Nations health and human services workers stay strong despite challenging working conditions (Lowitja Institute n.d.; AHCSA 2024). *The Stronger Smarter Yarns for Life Evaluation Report* (Almeda et al. 2019) assesses an early suicide prevention program that was developed with and for First Nations people. In this case, yarning is incorporated into the training program, with the program providing participants the confidence to have yarns with people in distress or facing a personal crisis.

Training

Sixteen (11.9%) of the RER entries identify training as a key component of the project. The previous section noted one such project – *The Stronger Smarter Yarns for Life Evaluation Report* (Almeda et al. 2019) – which delivered suicide prevention training and, as noted earlier, helped participants learn when to engage in a yarn. Other RER projects such as *Suicide Story program evaluation* (MHACA n.d.; Guenther and Mack 2019) and *Talking about suicide: An uncontrolled trial of the effects of an Aboriginal and Torres Strait Islander mental health first aid program* (Armstrong et al. 2020) also feature similar suicide prevention program evaluations and were featured in Clearinghouse publications.

An RER project entitled “*The talking bit of medicine, that’s the most important bit*”: doctors and Aboriginal interpreters collaborate to transform culturally competent hospital care (Kerrigan et al. 2021) spans several of the key themes; cultural safety and health care planning feature, alongside training. This project outlines a pilot program whereby Aboriginal interpreters were embedded in the renal team during medical ward rounds of Royal Darwin Hospital for 4 weeks. Training sessions were provided to the renal doctors by the interpreter service before the program. Patient health improvements, together with staff attitude and behavioural changes were among the demonstrated the benefits of this culturally safe communication investment program.

Cultural safety

Cultural safety was frequently an element of RER projects, being overtly identified as a central purpose of 14 projects (10.4%). Many aspects contribute to cultural safety in the provision of health care (see also the [Service provision topic page](#) of the Indigenous Mental Health and Suicide Prevention Clearinghouse). The values, beliefs and preferences of clients need to be considered by culturally safe services (Walker et al. 2014). The environment should be physically, spiritually, socially and emotionally safe and care should be responsive and free of racism (Truong and Moore 2023).

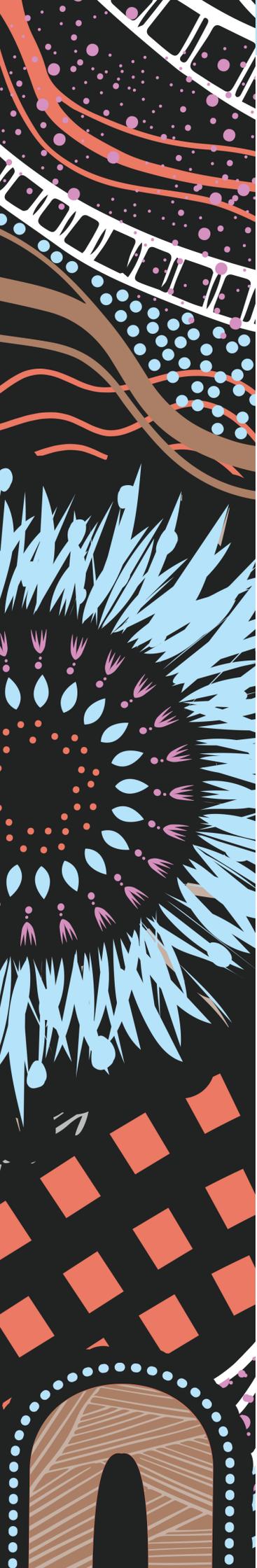


A project entitled *Improving cultural responsiveness of Victorian hospitals: Final report*, reported on an evaluation of efforts made by Victorian hospitals to improve cultural responsiveness and safety for First Nations people. The evaluation, which took place in 2016, reports on consistent themes arising from their review, consultations and case studies, stating: 'Effective and ineffective strategies for improving cultural responsiveness and cultural safety are contained within ... six key themes' (DHHS 2016:10). The themes comprised: Committed leadership; Relationships with Aboriginal Community Controlled Health Organisations (ACCHOs); Aboriginal Health Liaison Officers (AHLOs) and a Stronger Aboriginal Health Workforce; A Welcoming Environment; Cultural Safety Training; and Monitoring and Reporting. The evaluation identifies one of the most important aspects for the provision of culturally responsive care to be increased support and capacity for the critical roles of AHLOs which help ensure the cultural safety of patients (DHHS 2016).

Cultural continuity

For many of the RER projects, an important aspect contributing to their success was the underpinning of cultural continuity, which contributed to improved SEWB. These projects may have highlighted the importance of learning or living on Country, incorporated traditional healing into a service model, or the promoted the benefits of traditional languages to SEWB. 'Cultural continuity', the term used to label such projects, refers to connecting to one's culture through engaging in the practices and values of one's indigenous heritage (Dudgeon et al 2021). It is recognised as a foundation for suicide prevention (Dudgeon et al. 2021). Thirteen (9.6%) of the RER projects were categorised within this theme with it being a strong central element of such research or evaluations.

Two of the RER projects – *Importance of land, family and culture for a good life: Remote Aboriginal people with disability and carers* (Dew et al. 2019) and *Identifying facilitators to living on and off Country in Central Australia (Walykumunu Nyinaratjaku: To live a good life* (NPY Women's Council 2018) – highlight the importance of being on Country and explore options to support people with disabilities and their families to live in their remote or very remote community. Both studies discuss research to inform disability supports and services in the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Lands of the Australian Central Desert region. The term 'Walykumunu nyinaratjaku', used in the second report, means to live a good life, with the reports outlining factors that enable or impede a good life. Dew and colleagues describe these factors as 'being connected to the Lands and family, sharing together and working together' (Dew et al. 2019:418).



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Demographic focus and other themes

3 Demographic focus and other themes

The RER projects also focus on demographic groups as well as other emerging or less common research themes. This chapter briefly describes the demographic focus and other themes not previously discussed in this article.

Demographic focus of RER projects

Frequently the RER projects indicate a specific focus on a demographic group, with children the most frequently noted focal point of the research or evaluations (29 projects, 21%). Young people, which may include children, was the second most frequently noted focus of research (24 projects, 18%).

Table 3.1: Demographic focus of RER projects, December 2024

Major demographic focus	Number	Per cent
Children	29	21.5
Young people	24	17.8
Women / mothers	5	3.7
Men / fathers	4	3.0
All RER projects	135	

A large number of the projects (21, 15.6%) relate to research projects based on the *Footprints in Time: Longitudinal Study of Indigenous Children (LSIC)*. This study follows the development of First Nations children and their families. Interviews of participants for the first wave of this study first occurred in 2008. In 2024, 14 waves of this study had occurred (DSS 2024). The regular submission of projects using data from this study by the Australian Government Department of Social Services, who manages this long-term research study, is likely to have helped elevate the predominance of children and young people as demographic focal points among the RER project entries.

Only a small number of RER projects specifically noted a focus on First Nations men. This may not be indicative of a gap in research, given many of the general projects will encompass this demographic group. However, for the period 2018–2022, the age-standardised rate of suicide for First Nations males was 41.5 per 100,000, compared to 18.8 per 100,00 for non-Indigenous males and 14.1 and 5.8 per 100,000 for First Nations females and non-Indigenous females respectively (ABS 2023a). These statistics signal First Nations men to be a much-needed focus group for suicide prevention research.

Another demographic focus notable in the RER was disability, with 8 (5.9%) project entries identifying disability or services of the National Disability Insurance Scheme a primary focus of the project.



Other, less frequent themes of RER projects

No less important were some less frequently observed central research themes. These RER projects describe less common research on the impacts of different phenomena on First Nations SEWB.

These projects included:

- Oral health – One project, *Bullied Because of Their Teeth: Evidence from a Longitudinal Study on the Impact of Oral Health on Bullying Victimization among Australian Indigenous Children*, considered the links between bullying and oral health (Islam et al. 2022). It found that bullying and poor dental health were present in urban and rural/remote Australia, however bullying victimisation associated with poor dental health was only found to occur in major cities. It found an increased risk of bullying victimisation in children who were from families who experienced racial discrimination, families with lower levels of parental education and poor child oral hygiene. Conversely, where parents had good SEWB there was a significantly reduced likelihood of children being bullied (Islam et al. 2022).
- Language reclamation – While language may have been mentioned across several studies in relation to translation services or learning in language, for one RER study the central theme was language reclamation. *Examining the impact of language reclamation on social and emotional wellbeing among the Barngarla* acknowledged the centrality of Indigenous languages to First Nations peoples' autonomy, identity and spiritual and intellectual sovereignty (Sivak et al. 2019). A language reclamation study involving the Barngarla people of the Eyre Peninsula in South Australia is described, where the Barngarla language is being re-learned and documented for future generations. An assessment of improvements in mental health and SEWB will also be made as part of the project. The linked paper in the RER project entry by Sivak and colleagues (2019) describes the purposes of the Barngarla Language and Wellbeing Study, noting that the loss of language is a source of grief for many people, with language being central to culture.
- Cyberbullying – An RER project entitled *Indigenous peoples' experiences of cyberbullying: An assemblage approach* describes work by researchers at Macquarie University on First Nations people's understanding, experience and responses to cyberbullying. Published works by Carlson and Frazer (2018; 2021) note that much of the research on cyberbullying focuses on mainstream populations. Their research reveals that First Nations people experience different rates of cyberbullying and the reasons for victimisation are different to mainstream populations (Carlson and Frazer 2018). They also highlight the different nature of cyberbullying for First Nations people, which is due to social differences, diverse cultural practices and the political context of settler-colonialism (Carlson and Frazer 2021).
- Bushfires – The RER project entitled *A mixed methods study of the impact of the recent 2019–20 bushfires on Aboriginal people's mental health, wellbeing and resilience* explores the concept of solastalgia among First Nations people (Upward et al. 2024). It explains this term as emerging in relation to the psychological impacts of climate change. It uses Indigenist research methodologies such as APAR to explore solastalgia-related concepts, with the 2019–20 bushfires and their impact on wellbeing a focus of enquiry.

4



Conclusion



4 Conclusion

The Research and evaluation register (RER), a part of the Indigenous Mental Health and Suicide Prevention Clearinghouse, provides insights into emerging research, evaluation, program and policy initiatives. However, its validity as a complete picture of contemporary research in First Nations mental health, social and emotional wellbeing and suicide prevention is limited. Greatest among the challenges for the RER is its ability to attract submissions to ensure its currency and completeness. An email list with over 110 contact points across Australian governments, universities and research entities is contacted twice yearly to request RER content, however response rates are low. There is also a substantially larger subscriber list who receive regular updates on Clearinghouse releases. This latter group of subscribers should also be aware of the RER and its purpose. (More than 800 subscribers were on this list at the time of writing).

The RER was initially conceived as a means of encouraging research collaboration. Whether it has been used for this purpose is not known. However, for project entries where there is not a link provided to publicly available information, there have been no instances of contact with the AIHW by users of the RER to seek contact details for a project entry. That's not to say users of the RER have not found other avenues to identify contact points themselves, using the funding and research entity information published alongside the project in the RER. These issues suggest that the RER may not be entirely fulfilling its purpose to promote a more coordinated research and evaluation effort.

Nonetheless, this analysis has highlighted some important features of research and evaluations in this subject area. For example, there is a strong focus on care pathways in the RER projects, and contemporary efforts to understand and/or implement cultural safety in service delivery were well represented among RER project entries. Across many RER projects, Indigenous Research Methodologies, or IRM, are proving valuable as a means of expanding the evidence base on social and emotional wellbeing. This work has also indicated some gaps in the research agenda, particularly – given the high rate of suicide among First Nations men – with an apparent limited number of projects specifically focused on improving SEWB and mental health in First Nations men.

Another valuable feature of the RER is its ability to promote novel research. The RER offers an avenue for researchers to showcase such research, with the related RER project entry for these projects returned high in the findings of online search engines when that topic is queried.

Across the Clearinghouse publications, the need for evaluation of programs is frequently highlighted as fundamental to expanding the evidence base of what works in efforts to improve First Nations SEWB and to prevent suicide. Evaluation needs to be embedded in the policy planning cycle to ensure outcomes are used to improve First Nations wellbeing. But these evaluation findings then need to be promulgated and readily found, if they are to be used. Most Clearinghouse publications also flag 'What we don't know' signalling gaps in the evidence base and the need for further research. The RER offers an avenue to locate and review findings of evaluations and research, including for small scale, community level interventions, in what continues to be an essential area of enquiry and research.



Appendix A: RER submission information requirements

The following questions/prompts are asked of project entries made into the RER:

- Who is the contact for this research/evaluation?: Name
- Who is the contact for this research/evaluation?: Organisation
- Who is the contact for this research/evaluation?: Phone or email
- What year did the research/evaluation start?
- Is the research/evaluation completed or still underway? (*Completed/Underway*)
- What year did the research/evaluation finish, or is expected to finish?
- What is the title of the research/evaluation?
- What is the purpose of this research/evaluation?
- What is the name of the program being evaluated (if applicable)?
- What organisation conducted the research/evaluation?
- What organisation provided the funding for the research/ evaluation?
- What region(s) did the research/evaluation cover?
- Are the findings publicly available or will they be made public in the future? (*Yes/No*)
- Please provide the year of publication
- Please provide a link to the published findings (if applicable)
- Please provide links to any other documents related to the research/ evaluation
- What categories does the research/evaluation cover? (*Mental health, suicide prevention or social and emotional wellbeing*)



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Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
ACCO	Aboriginal Community Controlled Organisation
AIHW	Australian Institute of Health and Welfare
AHLO	Aboriginal Health Liaison Officer
APAR	Aboriginal Participatory Action Research
HHC	Homeless Healthcare
IRM	Indigenous Research Methodologies
LSIC	Longitudinal Study of Indigenous Children
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
PHN	Primary Health Network
RER	Research and evaluation register
SEWB	Social and Emotional Wellbeing

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This paper analyses key themes in Indigenous mental health and suicide prevention research from the AIHW's Research and evaluation register. It highlights cultural safety, community connection, and First Nations-led approaches, offering valuable insights to inform more effective, culturally grounded policies and programs for Aboriginal and Torres Strait Islander wellbeing.



Stronger evidence,
better decisions,
improved health and welfare

