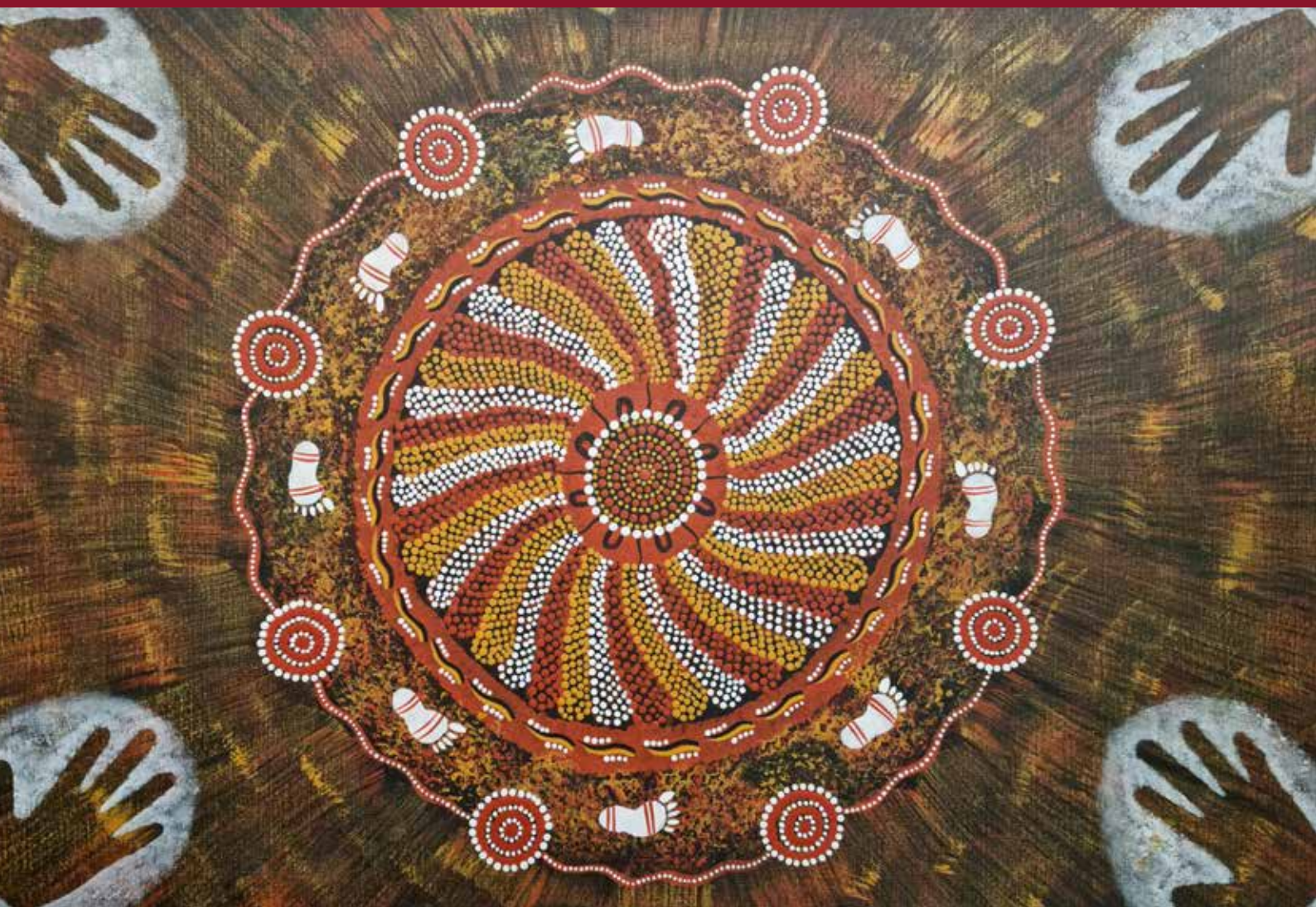
Australian Government
Australian Institute of Health and Welfare

Racism and Indigenous wellbeing, mental health and suicide

Mandy Truong and Edward Moore



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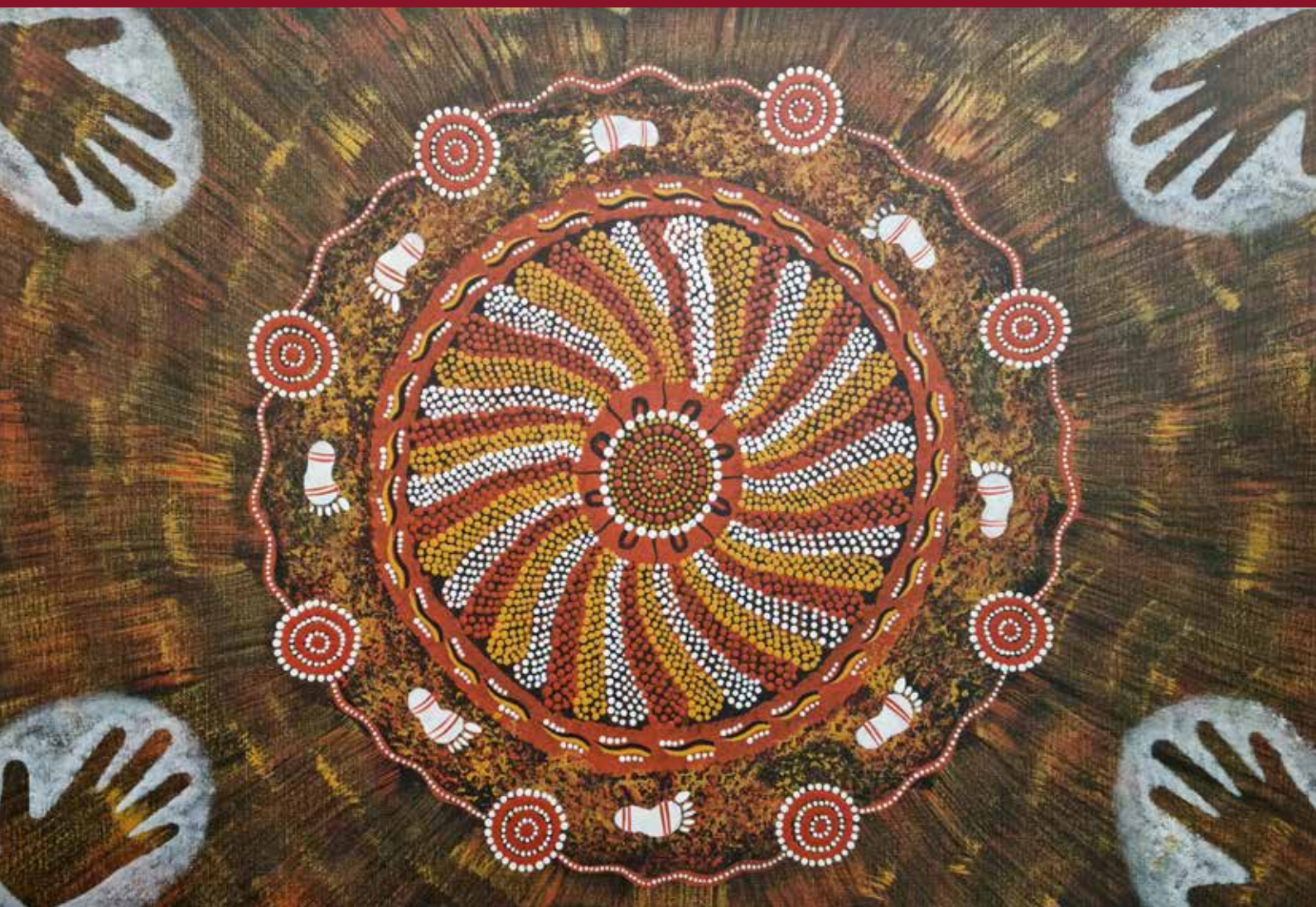

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Contents

About the cover artwork:

Artist: Linda Huddleston

Title: The journey towards healing

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.

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 Thirrili's **Postvention Suicide Support 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.

Summary

What we know

- Experiences of racism and racial discrimination are common for Aboriginal and Torres Strait Islander people (Indigenous Australians), regardless of gender, age and geographic location.
- Racism is an ongoing consequence of colonisation, systematic oppression and the exclusion and disempowerment of Indigenous Australians.
- Experiences of racism among Indigenous Australians are associated with negative impacts on mental health and wellbeing outcomes including psychological distress, stress and depression.
- Racism towards Indigenous Australians has been reported across a variety of health service settings and leads to disengagement with services.
- Indigenous Australians, families and communities determine whether care is culturally safe, therefore their experiences in the health system need to be understood to evaluate and monitor the quality and effectiveness of healthcare provided to them.
- Improvements in Indigenous Australians' mental health and wellbeing will be limited unless racism in the health system is identified and addressed.

What works

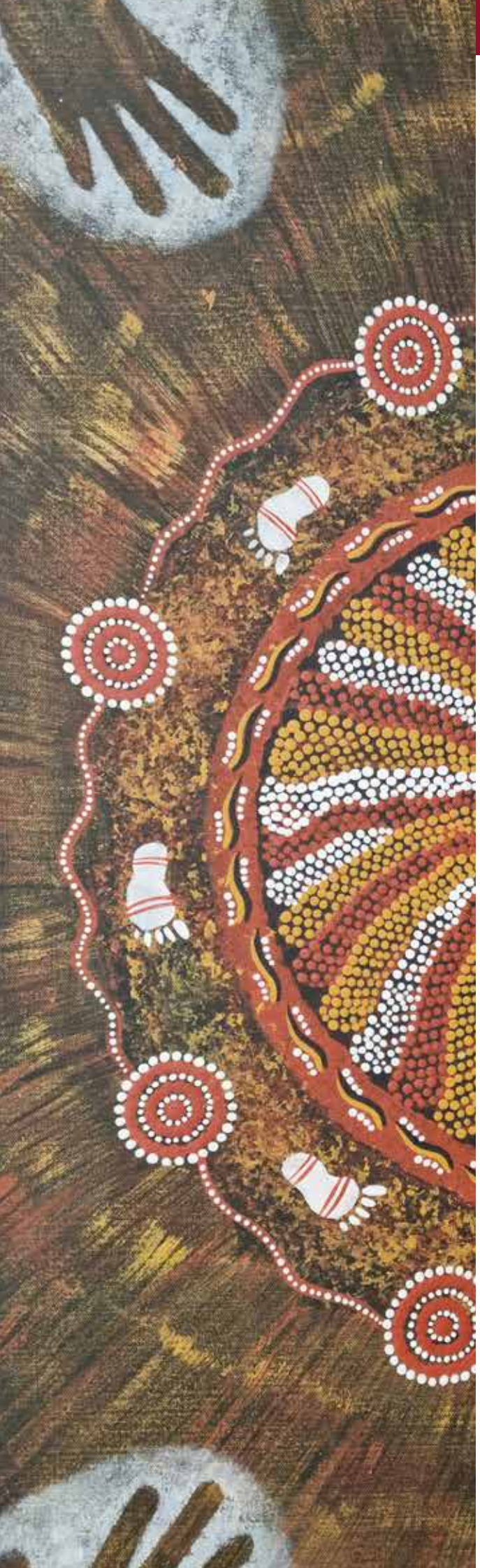
- Increasing the cultural safety of health service provision in mainstream health services. This includes a culturally safe and supported workforce consisting of Indigenous Australian health workers and culturally safe and responsive non-Indigenous staff. Examples include the Baby One Program (Campbell et al. 2018) and the Communicate Study (Kerrigan 2021a).
- Provision of holistic healthcare which incorporates Indigenous ways of knowing, doing and being. In this form of service provision, Indigenous cultures and knowledges are respected and centred. Examples include Waminda's Model of Systemic Decolonisation (Cullen et al. 2020).
- Incorporating principles of Indigenous self-determination, empowerment and leadership. This can be achieved by including Indigenous staff and communities in organisational and service delivery decision-making. Examples include Purple House health services (Purple House 2019).

What doesn't work

- Programs that are not conducted in partnership with or led by Indigenous people, organisations and communities.
- Programs that are not culturally safe and do not address racism and racial discrimination.
- Interventions that focus on Western biomedical models of mental health.

What we don't know

- The relationship between racism, mental health and social and emotional wellbeing and suicide and suicide-related behaviours is not well understood.
- Few studies have examined the relationship between cultural identity and wellbeing, connection to community and experiences of racism.
- Few programs focus on how mental health and social and emotional wellbeing can specifically be improved by cultural safety initiatives or programs that address interpersonal and institutional racism.
- We do not know the extent to which national and state/territory frameworks related to cultural safety and mental health and social and emotional wellbeing have been implemented in healthcare settings across Australia.
- More research is needed to understand the link between cultural safety (both at the practitioner and organisational levels); health service use; and mental health and social and emotional wellbeing.
- It is difficult to evaluate the extent to which cultural safety initiatives and programs can address institutional racism and mental health and wellbeing, due to the lack of longitudinal studies that measure change over time.
- More research is required to understand the barriers to, and facilitators of, implementation of organisational and system-level strategies to increase cultural safety and reduce institutional racism.



1

Introduction

1 Introduction

Prior to colonisation, Indigenous communities thrived on their land, with rich cultures and strong kinship systems that fostered a robust sense of identity and connection – particularly to the land and culture. However, the historical and ongoing impacts of colonisation and racism, alongside intergenerational trauma, have significantly impacted the social, emotional, physical and spiritual wellbeing of Aboriginal and Torres Strait Islander people (Indigenous Australians). As a result, the personal wounds experienced by Indigenous Australians are deep and multifaceted. Intergenerational trauma has been passed down to each generation since colonisation and the Stolen Generations, manifesting in challenges such as fractured relationships, disconnected families and issues such as violence, suicide and substance abuse (Gee et al. 2014).

Experiences of racism and racial discrimination are common for Indigenous Australians. Self-reported data from a nationally representative survey (ABS 2017) show that:

- 33.5% of Indigenous Australians aged ≥ 15 years had experienced unfair treatment in the previous year because they were 'Aboriginal and/or Torres Strait Islander'
- racism is commonly reported by both females (35.3%) and males (31.7%)
- people across all age groups (15 years and older) and those living in remote and non-remote areas experience racism.

A 2018–21 national survey of Indigenous Australians (Thurber et al. 2021, Thurber et al. 2023) found that:

- 42.0% (n=3712/9951) of people aged 18 years and over reported experiencing everyday racial discrimination
- racial discrimination was significantly associated with self-reported measures of social and emotional wellbeing, culture and identity, health behaviour and health outcomes such as psychological distress
- racial discrimination is responsible for 47.4% of the difference in psychological distress between Indigenous and non-Indigenous people.

Research studies have found that experiences of racism among Indigenous Australians are associated with mental health and wellbeing (Kairuz et al. 2021). Systematic reviews of international research evidence indicate that racism is associated with negative impacts on general mental health, anxiety, depression, suicide risk, psychological distress and health-compromising behaviours (for example, smoking and alcohol use) (Heard-Garris et al. 2018; Paradies et al. 2015; Priest et al. 2013; Talamaivao et al. 2020). A scoping review of the impact of racism and racial discrimination on physical and mental health among Indigenous Australians found that the prevalence of racism varied between 6.9% and 97% and that the most common health outcomes associated with racism were general poor mental health and poor general health perception (Kairuz et al. 2021). The wide difference in rates of prevalence across the studies may be due to factors such as differences in the demographic characteristics of the sample (for example, age, gender and geographic location) and how 'racism' was measured.

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

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

Suicide is a major problem in Indigenous Australian communities. It is the second leading cause of death among Indigenous males and the tenth leading cause of death for Indigenous females (ABS 2022). The suicide rate increased from 22.2 to 25.6 between 2011–15 and 2016–20 (ABS 2022). Almost three-quarters of Indigenous Australians who died by suicide were male in 2020. Additionally, rates of self-harm hospitalisations are increasing. In 2020–21, the rate of intentional self-harm hospitalisations for Indigenous Australians was about 3 times that of non-Indigenous Australians (AIHW 2022b).

This article provides an overview of:

- the key factors involved in the relationship between racism and mental health
- the impact of institutionalised racism on Indigenous Australians' engagement with health services
- policies and programs that address cultural safety in the health system
- recent evidence of programs that aim to promote cultural safety and to reduce racism towards Indigenous Australians in healthcare settings.

Methods

The academic and grey literature was searched for relevant references regarding mental health; social and emotional wellbeing; racism; suicide; cultural safety; and Aboriginal and Torres Strait Islander peoples. Several online databases were searched, including Medline, Pubmed, Scopus, Google, Google Scholar, AIHW, Analysis and Policy Observatory and the Australian Indigenous HealthInfoNet. Websites of national, state and territory peak bodies and relevant stakeholders (for example, Aboriginal Community Controlled Health Organisations; the Australian Commission on Safety and Quality in Health Care) in Australia were also searched for relevant information.

Key terms

The following key terms (and synonyms) for each topic were used in the search:

1. The key factors in the relationship between racism and mental health:

   Racism (for example, racism, racial discrimination, prejudice, racial bias) AND mental health (for example, mental health, psychological wellbeing, mental illness, psychiatry, social and emotional wellbeing).

2. Experiences of institutional racism in health service settings and negative experiences impacting Indigenous Australians' engagement with health services:

   Institutional racism (for example, institutional racism, organisational racism) AND health service settings (for example, health service, hospitals, clinics, primary practices, tertiary healthcare, community health centres).

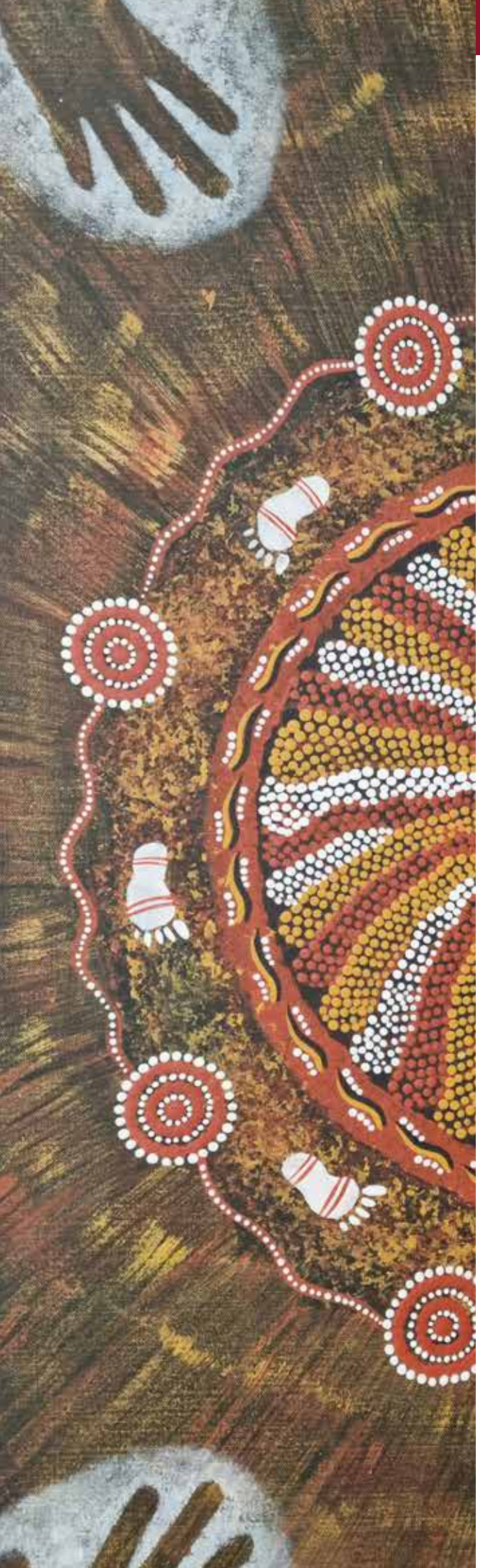
3. Relevant policies/services/programs, including cultural safety programs and measures on reducing racism towards Indigenous Australians in healthcare:

   Cultural safety (for example, cultural safety, cultural competency, cultural respect, cultural awareness) AND policies and programs (for example, policies, programs, services) AND health service settings (as above).

The key terms for each topic were used in conjunction with relevant search terms for indigeneity: Indigenous, Aboriginal, Torres Strait Islander, First Nations. (See Appendix C for further details.)

Date range

There is an extensive body of international literature relating to racism, mental health and Indigenous people. To ensure that the themes and findings are of greatest relevance to Australian policy makers, educators and researchers, this review article focuses on recent and current published work pertaining to Aboriginal and Torres Strait Islander peoples. References from 2017 to the present day (2022) were sought, but seminal works published prior to 2017 were also included where relevant.



2

Background

2 Background

This section provides key definitions and outlines a conceptual framework that helps us understand the link between racism and mental health and social and emotional wellbeing.

Racism and racial discrimination are determinants of mental health and social and emotional wellbeing for Indigenous populations and other racialised minority groups across the world (Priest et al. 2011; Williams and Mohammed 2009).

In this article, 'racism' is defined as:

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

Racism occurs across different domains and systems, including health, education, housing, employment and law (Bailey et al. 2017). Intersecting and compounding experiences of racism across different areas can lead to poorer mental health and can negatively impact social and emotional wellbeing. Racism is multidimensional and occurs at the internalised, interpersonal, institutional and structural levels (Jones et al. 2000; Paradies and Williams 2008).

Racial discrimination commonly refers to the behaviour- or practice-based forms of racism, such as unfair treatment, threats and insults (Priest et al. 2013).

Thus, for Indigenous people racism can be experienced at a person, service/program and institutional level. This article primarily focuses on:

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

Health outcomes are adversely affected by experiences of racism for children, young people and adults. According to Paradies (2013, 2018), this occurs via several pathways:

- cognitive, emotional and physical strain, stress, or damage impacting upon mental, physical, spiritual, or social wellbeing
- reduced engagement in adaptive behaviours such as physical activity
- maladaptive behaviours such as alcohol and drug use
- compromised access to health-promoting settings such as a sporting venue or club
- reduced benefit from everyday routine activities
- greater contact with health-damaging substances.

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

The term 'cultural safety' was coined by Dr Irihapeti Ramsden and Maori nurses over 30 years ago and is recognised as being critical to equitable healthcare provision to Indigenous peoples in countries such as New Zealand, Australia and Canada (Ramsden 2002). It arose from concern with the higher incidences of physical and mental health conditions in the Maori community compared with the non-Maori community (Papps and Ramsden 1996).

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

Additionally, institutions such as government departments, hospitals, clinics and schools must demonstrate cultural safety by incorporating cultural safety in the design and delivery of policies and practices. Mainstream health services should be held accountable for the provision of culturally safe care.

Further, governments need to be more accountable for the lives of Indigenous Australians, especially at the local and regional levels. The current movement towards a national Voice to Parliament is one of the most significant events in Australian political history. This national body will be a mechanism for Indigenous Australians to make representations relating to Aboriginal and Torres Strait Islander peoples (Australian Government 2023).

Racism in the health system

Indigenous Australians can experience racism in the health system which in turn negatively affects physical and mental health and wellbeing and may contribute to premature and avoidable death. It can act as a deterrent to engagement with healthcare services, due to fear of repeated exposure to racism (Bastos et al. 2018). National data show discrimination occurring in healthcare, including lower access to hospital procedures; lower access to cardiac-related specialist services; and higher rates of 'discharge against medical advice' for Indigenous admitted patients compared with non-Indigenous admitted patients (AHMAC 2017; AIHW 2019; AIHW 2020; Cunningham 2002). Furthermore, Indigenous health practitioners have also reported experiences of racism and discrimination (Vukic et al. 2012; NITV 2018).

Mental health and social and emotional wellbeing

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

A synthesis of studies examining Indigenous Australians' understanding of mental health found that 'holistic health' was often used to conceptualise mental health (Ypinazar et al. 2007). Holistic health included elements such as culture and spirituality; social and emotional wellbeing; kinship and community; individual, family and community factors; identity; and the connections between all of these different elements (Ypinazar et al. 2007). Moreover, the impacts of colonisation are ongoing for many Indigenous Australians and continue to affect mental health and social and emotional wellbeing and to limit access and engagement with mainstream services (Carey and McDermott 2017; Dudgeon et al. 2014a).

The unresolved intergenerational trauma resulting from colonisation continues to affect Indigenous Australians today and can be passed on to future generations (HREOC 1997, Martin et al. 2023). Experiences of intergenerational trauma – such as the disconnection from family and kinship systems, Country, spirituality and cultural practices – can be transmitted from caregivers to children (HREOC 1997). This trauma is exacerbated by other stressors such as racism and socioeconomic marginalisation in areas including housing and employment (AIHW 2022a, Hunter et al. 2022).

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

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

Research evidence on racism and mental health

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

Associations between racism and negative mental health are well documented in the Australian and international research literature. Racism is associated with poorer mental health, including depression, anxiety, psychological stress and negative self-esteem (Paradies et al. 2015; Priest et al. 2013). Additionally, among women, discrimination has found to be associated with postpartum depression (Daoud et al. 2019), emotional eating disorders (Pickett et al. 2020), stress during pregnancy (Macedo et al. 2020) and negative parenting and compromised parent-child relationship quality (Murry et al. 2022).

Psychological responses to racism

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

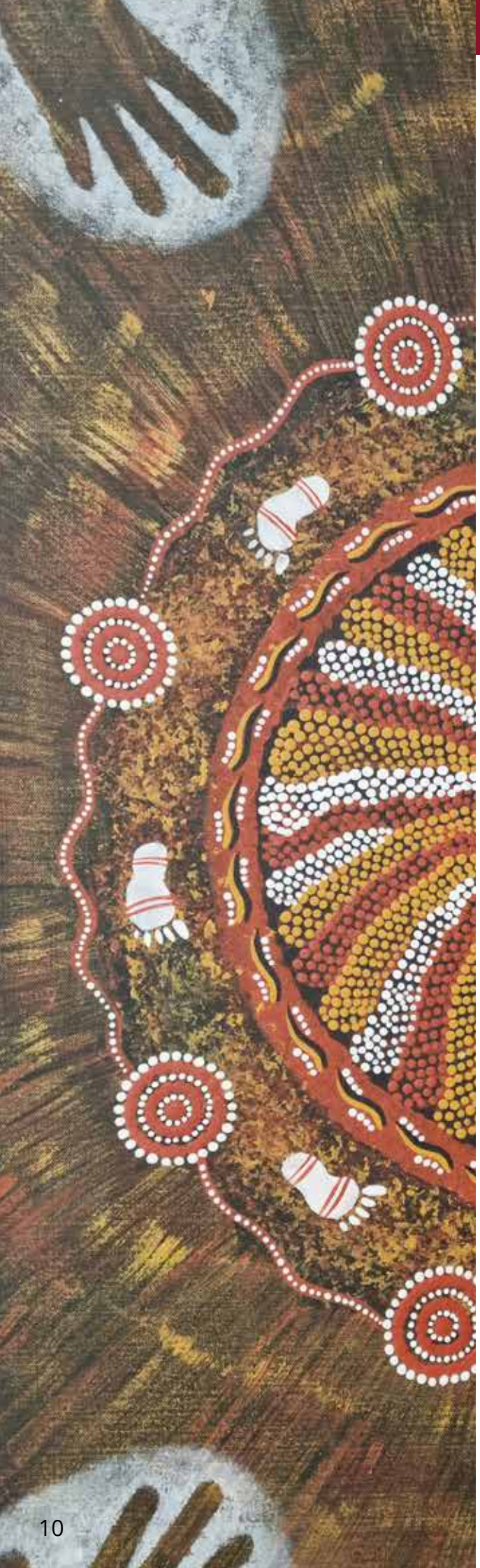
There is emerging research on the cognitive-affective processes that may underlie the association between racism and anxiety and depression. The term 'experiential avoidance' refers to an 'unwillingness to remain in contact with distressing internal experiences along with the attempts to control or avoid distressing internal experiences' (Hayes-Skelton and Eustis 2020). In other words, to obtain relief from distress, individuals experiencing racism may be more likely to avoid situations (for example, they may disengage from health services where discrimination has occurred).

Research on stress and health show that, in addition to the stress of experiencing discrimination, the threat of exposure to racism can prolong the negative effect of stressful experience due to worry, rumination (continually thinking about an idea or situation), anticipatory stress and hypervigilance (constantly being on alert) (Williams et al. 2019). Individuals may also adjust their behaviours or alter their decisions based on their perceived likelihood of being exposed to a racist event or interaction. Vigilance about discrimination has been shown to be positively associated with depressive symptoms, sleep difficulties and hypertension (Williams et al. 2019).

Behavioural responses to racism

Experiences of racism can lead to several behavioural responses and adaptations. Firstly, it can lead to health-damaging behaviours such as alcohol or drug overuse, violence, self-harm and aggression as coping mechanisms. Secondly, it can result in changes to health-related behaviours (for example, stopping or reducing exercise) and may impact access to health services and health-promoting settings. A review of studies on discrimination and health service utilisation revealed that racism is associated with more negative patient experiences of health services, including lower levels of healthcare-related trust, satisfaction and communication (Ben et al. 2017).

There is also evidence that racism is associated with suicide and suicide-related behaviours. In the United States, a study of 11,235 children reported that experiences of racism were associated with almost 3 times higher risk of suicide ideation or suicide attempts (Argabright et al. 2022). A literature review found that adverse childhood experiences (ACEs) are higher in Australian Indigenous populations than in non-Indigenous populations and higher ACEs are associated with increased rates of suicide ideation and attempts and psychological distress (Radford et al. 2021). Racial discrimination has also been found to be significantly associated with increased rates of depressive symptoms and suicide ideation among African American males (Goodwill et al. 2021).



3

Key issues

3 Key issues

This section provides an overview of the research evidence on the impacts of racism on mental health and social and emotional wellbeing focused on Aboriginal and Torres Strait Islander people (Indigenous Australians) and how racism acts as a barrier to accessing health services. It concludes with a brief discussion of emerging research on protective factors to mental health and social and emotional wellbeing.

The impacts of racism on mental health and social and emotional wellbeing among Aboriginal and Torres Strait Islander people

Among Indigenous Australians, racism has been negatively associated with mental health-related outcomes including psychological distress (Temple et al. 2020), depression (Paradies et al. 2015), stress and personal control (Macedo et al. 2020). This is present across different age groups, genders and geographic locations. Racism causes or exacerbates trauma for Indigenous Australians, which leads to poor mental health and wellbeing.

Children and young people

Exposure to racism in Indigenous children and young people increases the risk of psychological, behavioural and physical factors linked to negative mental health. A systematic review found higher rates of suicide, self-harm and suicide ideation among Indigenous youth compared with their non-Indigenous peers (Dickson et al. 2019). This review also found that greater risk of suicide ideation was associated with being incarcerated and with experiences of racism and emotional and social distress (Dickson et al. 2019). A Queensland study of Indigenous young people found that suicide rates were 18% higher in communities with higher levels of reported discrimination than in areas with low levels of discrimination (Gibson et al. 2021).

Children and young people are negatively impacted through direct and indirect experiences of racism, contributing to poorer child mental health including clinically significant emotional and behavioural difficulties, sleep difficulties, obesity and asthma (Cave et al. 2019; Shepherd et al. 2017).

Adults

Racism and its impacts on Indigenous adults are well documented. A national study found that racial discrimination was significantly associated with self-reported measures of social and emotional wellbeing, culture and identity, health behaviour and health outcomes such as psychological distress (Thurber et al. 2021, Thurber et al. 2023). It also found that almost 50% of the difference in psychological distress between Indigenous and non-Indigenous Australians could be explained by experiences of racial discrimination (Thurber et al. 2023). Using data from the Australian Longitudinal Study on Male Health, Haregu et al. (2022) found that Indigenous males have a prevalence of self-perceived discrimination, suicidal ideation and moderate (or worse) depressive symptoms that is twice as high as non-Indigenous males.

A study of older Indigenous adults (aged 45 years and over) found that racial discrimination was strongly associated with psychological distress (Temple et al. 2020). About half of the study participants reported unfair treatment and/or avoidance in health facilities and this was associated with a twofold increase in levels of distress (Temple et al. 2020).

Indicators of cultural wellbeing

Few research studies to date have specifically examined racism and cultural wellbeing as opposed to mental health and illness. A national study found that experiences of discrimination were associated with self-reported measures of cultural wellbeing including low control over life, feeling torn between Indigenous and non-Indigenous culture and feeling disconnected from Indigenous culture (Thurber et al. 2021). The association between discrimination and low personal control (as an indicator of self-determination) was strongest: those experiencing discrimination compared with no discrimination were almost 4 times more likely to report low personal control (Thurber et al. 2021).

Racism as a barrier to accessing health services

Indigenous Australians face various barriers to accessing mainstream health services and this can be amplified by geographical location and the need to travel long distances (Nolan-Isles et al. 2021). There is evidence of widespread racism and racial discrimination against Indigenous Australians in healthcare settings, including racist attitudes and behaviours among healthcare providers that result in barriers to accessing care and unequal treatment of patients based on their race or ethnicity (AHMAC 2017; Paradies et al. 2014). Evidence indicates that Indigenous Australians are more likely to not access mainstream health services until much later in an illness, to leave hospital early or not to attend at all (Nolan-Isles et al. 2021). This may be due, in part, to family or community members sharing their negative experiences of particular health services.

Experiences of racism impact Indigenous Australians' level of engagement, trust and access to mainstream mental health services (Heard et al. 2022). Furthermore, mental health issues can create societal barriers of stigma, fear and mistrust in some families and communities which can create challenges in accessing and using mental health services (Heard et al. 2022).

Most research examining experiences of racism in health services are qualitative studies of individuals' experiences of racist attitudes, practice and behaviours in a variety of healthcare settings. Interpersonal racism and care that is experienced as culturally unsafe have been reported in drug and alcohol rehabilitation (Farnbach et al. 2021), Indigenous maternity care (Josif et al. 2017, Thackrah et al. 2021), paediatric burn care (Coombes et al. 2021), emergency department care (Arabena et al. 2020), oral healthcare (Durey et al. 2017) and general hospital-based care (Mithen et al. 2021). It can have long-lasting impacts on healthcare access and engagement with services, including Indigenous patients' willingness to attend future health services, to follow advice received from health practitioners and to attend follow-up appointments (Shahid et al. 2016).

Racist and discriminatory behaviours from staff and other patients in healthcare settings can lead to Indigenous Australians leaving the hospital emergency department before accessing care (Arabena et al. 2020), avoiding health services (Josif et al. 2017) and feeling isolated and lonely (Askew et al. 2021).

A 2013 study involving Indigenous women in urban and regional prisons in NSW reported racism and discrimination in the custodial system in the forms of not being listened to, negative stereotyping, blocked access to healthcare and inadequate healthcare provision (Kendall et al. 2020).

Indigenous healthcare workers are also subject to racism. (Askew et al. 2021; Rallah-Baker 2018). Indigenous mental health and addictions workers from 2 metropolitan hospital and health services reported experiences of isolation, lack of cultural safety and unconscious and overt racism (McIntyre 2022). Studies also highlight how mainstream services, grounded in the Western biomedical model of health, exclude the lived experiences and knowledge of Indigenous health workers and patients/consumers. For example, where Indigenous knowledge and expertise is undervalued within clinical/medical teams (Coombes et al. 2021; Kerrigan et al. 2021b; McIntyre et al. 2022).

Few studies have investigated institutional racism in health services. Institutional racism is more pervasive, subtle or invisible and thus harder to overcome. A recent study of Rheumatic Heart Disease practitioners revealed a poor understanding of Indigenous ways of life, lack of recognition of Indigenous culture and the power differences between practitioners, the health system and Indigenous Australians (Haynes et al. 2021). High levels of institutional racism were found in Queensland hospitals and health services (Marrie 2017; Bourke et al. 2019). The independent audit of 16 Queensland hospital and health services identified significant barriers to health equity for Indigenous Australians, such as lack of Indigenous representation in governance structures (for example, board and management), issues with financial accountability and reporting and low levels of Indigenous participation in the health workforce (Marrie 2017; Bourke et al. 2019). Similarly, an audit of institutional racism in South Australian state government hospital providers found that all 9 of the Local Health Networks in South Australia were assessed as having 'very high' evidence of institutional racism (Health Performance Council of South Australia 2020).

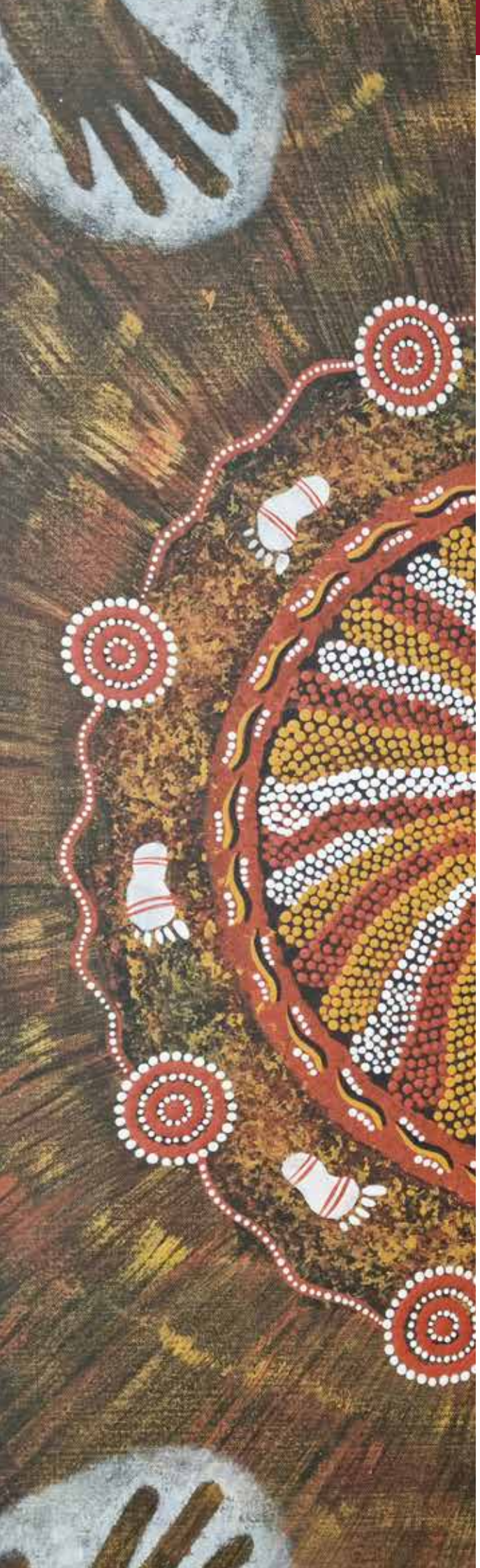
Protective factors that buffer the negative impacts of racism on mental health and social and emotional wellbeing

As mentioned earlier, research and discussions related to the wellbeing of Indigenous peoples have predominantly been framed and studied in relation to Western biomedical concepts and knowledges of health. In health-service provision and research, Indigenous ways of knowing, being and doing are rarely central and the non-Indigenous Australian community is regarded as the standard or norm against which Indigenous Australians are compared (Lovett and Brinckley 2021; Bond and Singh 2020).

Existing literature has identified that culture is significantly and positively associated with physical health, social and emotional wellbeing and reduces risk-taking behaviours (Bourke et al. 2018). However, an understanding of how culture, identity, family and community factors act as buffers against the impacts of discrimination for Indigenous Australians is currently limited in the research literature.

It is vital that Indigenous Australians sustain a strong cultural identity as it is an important component of their social and emotional wellbeing (Gee et al. 2014). According to Lovett and Brinkley (2021), discrimination disempowers and impairs positive identity formation among Indigenous Australians through marginalisation and social exclusion. They recommend greater focus on increasing cultural participation as a way to buffer the impacts of discrimination and racism and to promote positive identity formation. A review of studies examining adverse childhood experiences and health outcomes (for example, diabetes and self-reported physical health) among Indigenous populations found that protective factors such as cultural identity and connectedness, education, social support and psychological resilience reduced the impact of ACEs among Indigenous children (Radford et al. 2021).

Strengthening healthy connections to Country and community have many benefits. Greater understanding of how strong cultural identity, connection to community and connection to family protects health can inform the development of programs that buffer against the impacts of racism (Dudgeon et al. 2022).



4

Policy context

4 Policy context

National policies and frameworks

This section outlines the key policies and frameworks that include a focus on racism, mental health and/or social and emotional wellbeing and cultural safety. Only current policies and frameworks are included in this summary due to space. Each of these frameworks and plans are set out with more details in Appendix A: Policies and frameworks.

At the national level, there are several policies, plans and frameworks which discuss Indigenous health, social and emotional wellbeing and cultural safety. The various documents provide a framework or plan for health services to provide culturally safe services for Indigenous Australians. The policies also outline the directions that the governments will take towards working together to provide real improvements in the lives of Indigenous Australians with mental ill health, their families and their communities. The overarching National Agreement on Closing the Gap 2022 (Joint Council on Closing the Gap 2020) outlines what is required to improve health outcomes for Indigenous Australians. The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Department of Health 2021) is a framework for addressing the health inequalities that Indigenous Australians experience.

The Australian Government and state/territory governments all have a shared responsibility to ensure a long-term vision for developing an accessible, high-quality and integrated mental healthcare system. Many of the policies include key domains such as governance, Indigenous employment strategies, accountability, self-determination and Indigenous-led co-design.

Many of the frameworks, policies and plans at the national level focus on developing culturally appropriate models for Indigenous Australians across mainstream health services. The key policies are:

- National Agreement on Closing the Gap July 2020 (Joint Council on Closing the Gap 2020)
- Cultural Respect Framework 2016–2026 – For Aboriginal and Torres Strait Islander Health (AHMAC 2016).
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (Commonwealth of Australia 2022)
- National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 (AHPRA 2020)
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 (PM&C 2017)
- National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Department of Health 2021)
- National Safety and Quality Health Service (NSQHS) Standard User Guide for Aboriginal and Torres Strait Islander Health 2017 (Australian Commission on Safety and Quality in Health Care 2017)
- Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide 2018 (National Aboriginal and Torres Strait Islander Leadership in Mental Health 2018).

State and territory policies and frameworks

Most state and territory governments in Australia have also developed mental health frameworks/ plans around cultural safety, cultural competence and cultural respect for Indigenous communities.

The policies and frameworks aim to ensure that high-quality person- and family-centred care is provided by mainstream health services in a timely manner that is supported by culturally appropriate awareness, attitudes, knowledge and skills when engaging with Indigenous communities. The frameworks have strategies and goals to work in ways that are holistic, culturally sensitive, respectful and free of racism to ensure outcomes are met that improve the lives of Indigenous Australians.

There is also focus on developing culturally appropriate models of care that are led and/or co-designed by Indigenous communities. Additionally, strengthening and prioritising the Aboriginal community-controlled health sector is an important mechanism to provide responsive care around trauma-informed care and healing approaches and suicide prevention (Dudgeon et al. 2017).

The key state and territory policies are:

New South Wales

- NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025 (NSW Health 2020)

Victoria

- Aboriginal and Torres Strait Islander cultural safety framework (Victorian Department of Health and Human Services 2019)
- Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (Victorian Department of Health and Human Services 2017b)
- Balit Murrup Aboriginal social and emotional wellbeing framework 2017–2027 (Victorian Department of Health and Human Services 2017a).

Queensland

- Cairns and Hinterland Hospital and Health Service – First Peoples Health Equity Strategy 2022–2025 (Queensland Health 2022)
- Making Tracks Together Queensland's Aboriginal and Torres Strait Islander Health Equity Framework 2021 (Queensland Health and Queensland Aboriginal and Islander Health Council 2021)
- Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033 (Queensland Health 2010)

Western Australia

- WA Aboriginal Health and Wellbeing Framework 2015–2030 (WA Department of Health 2015)

South Australia

- South Australian Aboriginal Health Promotion Strategy: Strengthening and promoting the Cultural Determinants of Health and Wellbeing - 2022–2030 (Wellbeing SA 2022)

Northern Territory

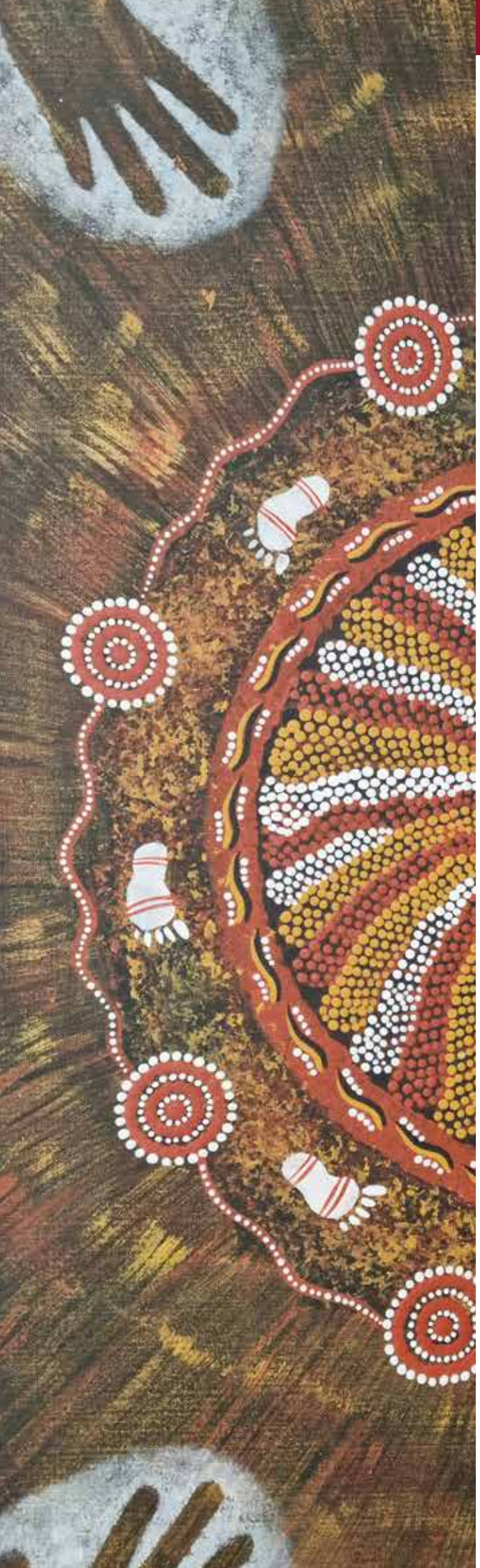
- NT Health Aboriginal Cultural Security Framework 2016–2026 (Northern Territory Government 2016)
- NT Mental Health Strategic Plan 2019–2025 (Northern Territory Government 2019)

Peak bodies and key stakeholders

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

Examples of policies from peak bodies and stakeholders are:

- the National Aboriginal Community Controlled Health Organisation – Cultural Safety Training Standards and Assessment Process
- the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM 2017)
- cultural safety training – Australian Indigenous Doctors Association (n.d.)



5

Programs and initiatives

5 Programs and initiatives

This section describes some of the programs that aim to improve the cultural safety of health service delivery and to reduce the impacts of racism on Indigenous Australians. It draws on the programs and initiatives listed in Appendix B, which were found by searching scholarly databases and websites (with the majority published between 2017 and 2022). Due to the lack of evidence, programs were included if they were from any health service delivery settings (for example, hospitals, general practice clinics, community health organisations), and were not confined to mental health services specifically.

Programs were included if:

- they described cultural safety or cultural responsiveness or racism/anti-racism or cultural competency and focused on Indigenous Australians
- there was a description of the impact of the programs and initiatives, including any program evaluations, outcomes (individual and organisational) and implementation practices.

Finding programs to include in this section was highly challenging. Programs are either not formally evaluated and/or there is no evaluation information available to the public. The few programs that were evaluated did not include outcomes at the level of the patient, client or health-service consumer.

The Communicate Study

The Communicate Study is a partnership project across the Top End of the Northern Territory to improve Indigenous patients' experience and outcomes of healthcare. It aims to ensure that more Indigenous patients receive culturally safe healthcare. It is a multilevel partnership between the Menzies School of Health Research; NT Health; the NT Aboriginal Interpreter Service (AIS); the National Accreditation Authority for Translators and Interpreters (NAATI); and Indigenous leaders, health professionals and educators in the Northern Territory.

One component of the project was a pilot study that integrated interpreters into hospital medical teams during ward rounds over 4 weeks to facilitate more culturally safe communication between non-Indigenous health professionals and Indigenous patients and their families (Kerrigan et al. 2021a, 2021b). This pilot study was evaluated using interviews with doctors, interpreters and an interpreter trainer; reflective journals by doctors; and researcher field notes.

An evaluation of the pilot study found that embedding interpreters in the medical teams resulted in improved knowledge of Indigenous cultures among the health professionals and that doctors adapted their work routines – including lengthening the duration of bedside consultation (Kerrigan et al. 2021b). Also, attitudes towards culturally safe communication in the hospital shifted: doctors began prioritising patient needs; and patient health trajectories also improved (Kerrigan et al. 2021a)

Cultural responsiveness in Victorian hospitals

An evaluation was conducted to examine the work of Victorian hospitals to improve the cultural responsiveness and cultural safety of services for Indigenous Australians (Social Compass 2016). It was part of a wider evaluation of the Koolin Balit Investment and was commissioned by the Victorian Department of Health and Human Services. The Koolin Balit Aboriginal Health Strategy 2012–2022 was developed by the Victorian Government and outlines the policy directions for Indigenous health from 2012 to 2022.

The evaluation found that many hospital chief executive officers (CEOs) were looking for support to improve cultural responsiveness and cultural safety, noting that many hospital Board members, CEOs and Executives 'simply do not know what to do' (Social Compass 2016:44). It reported that Aboriginal Community Controlled Health Organisations (ACCHOs) were important in providing support to hospitals to access local cultural knowledge, in supporting the Aboriginal Health Liaison Officers and in building cultural competency and safety in the hospital.

It was identified that a stronger Indigenous health workforce was needed across hospitals because they were critical in enhancing culturally responsive and safe care for patients. While cultural safety training was mostly viewed as being important, there was an absence of evidence evaluating performance or outcomes associated with staff training. The evaluation also found that, at the hospital or statewide level, there was no rigorous monitoring or reporting of cultural responsiveness or cultural safety. Mechanisms for reporting that existed were generally ad hoc, not mandatory and not comprehensive. Additionally, there were no reliable data on the experiences of Indigenous patients in accessing hospital services.

Koolin Balit Aboriginal Health Cultural Competence Project

The Aboriginal Health Cultural Competence (AHCC) Framework and Audit Tool, developed by the AHCC Working Party in 2019, focused on identifying actions for leadership and quality teams to improve cultural competence within rural health and community services (Victorian Government 2019). The AHCC Framework was implemented in the Hume Region of Victoria as the Koolin Balit Aboriginal Health Cultural Competence Project (KB-AHCC Project). The purpose of this project was to assist leadership and quality teams in rural health and community-service organisations to improve their cultural competency and to increase Indigenous Australians' access to mainstream health and social services (Mitchell et al. 2021). The KB-AHCC framework did not explicitly mention concepts of racism or institutional racism and how these could be addressed.

The KB-AHCC project was evaluated to explore the factors involved in the implementation of the AHCC Framework (Mitchell et al. 2021). It found that the KB-AHCC was useful in identifying gaps and had facilitated the development of a formal Action Plan that provided direction for improvement. The structure and comprehensiveness of the KB-AHCC Audit Tool focused organisational attention on actions for improvement and services valued the employment of project workers during implementation of the Project.

The key barriers to implementation of the cultural competency framework were a lack of communication, direction and clear expectations from the department; lack of resources to implement actions; lack of accountability for the implementation of the KB-AHCC Action Plan; and lack of organisational prioritisation for improving cultural competency (Mitchell et al. 2021).

Furthermore, there was resistance among some health and community services staff towards focusing on improving access and cultural competency specifically for Indigenous Australians, and attitudes indicating that Indigenous health is not a key priority for the organisations.

Baby One Program

Baby One Program (BOP) is a family-centred child health promotion model of care, designed to improve cultural safety and child health in remote Indigenous communities (Campbell et al. 2018). It was developed by Apunipima Cape York Health Council and delivered in Queensland Cape York remote communities between July 2014 and December 2015 by Indigenous and non-Indigenous health workers.

A qualitative evaluation of the initial 18 months of implementation of BOP found that the key to effective implementation of family-centred care was the relationships formed between health practitioners, especially between Indigenous health workers and families (Campbell et al. 2018). Responsiveness to the needs of the families determined the success of the program's implementation, as involving family members in decision-making demonstrated cultural respect. Health workers reported that, because of the support provided by BOP, there had been a reduced risk of families engaging with the Department of Child Safety and family members reported feeling more comfortable at the clinic and visited the clinic more often.

Malabar Community Midwifery link service

The Malabar Midwifery Service is an urban model of best practice holistic Indigenous maternity care that promotes the social and emotional wellbeing of the individual woman and her family, aimed to address current disparities in health outcomes for Aboriginal and Torres Strait Islander mothers and babies (Hartz et al. 2019). The midwives in the Malabar Midwifery Service work in collaboration with an Aboriginal Health Worker and a multidisciplinary team that includes an Aboriginal maternal and infant health worker; an obstetrician; a social worker; a child and family health nurse; and a community paediatrician.

An evaluation of the Malabar Midwifery Service for the years 2007–08, for women who identified as Aboriginal and Torres Strait Islander and their babies, found that the service had beneficial clinical and health outcomes. These included early attendance for antenatal care and a reduction in the rate of smoking (Homer et al. 2012). An evaluation of maternal and infant health outcomes was also conducted during 2007–2014 for women and their babies who were cared for by the Malabar Midwifery Service. This evaluation found that, compared to those receiving care within other hospital models (excluding private obstetric care) Malabar outcomes included better rates of nursery admission, low birth rates, preterm births, smoking in pregnancy and breastfeeding at discharge (Hartz et al. 2019). Interviews with women who received care from the Malabar Midwifery Service indicated that the midwives at the service were accessible; that they felt prepared for birth; and that they felt safe.

Hunter New England population health – cultural governance model

In 2017 Hunter New England Local Health District's Population Health unit developed an Indigenous cultural governance model that included the principles of Indigenous self-determination, empowerment and leadership by Indigenous staff in organisational and service delivery decisions (Crooks et al. 2022). The objective of this model was to enhance the delivery of culturally appropriate population health services for the benefit of Indigenous communities.

A case study evaluation (Crooks et al. 2022) of the cultural governance model and its 3 years of operation found that:

- cultural assessments of services fostered cultural inclusion in service planning and implementation and identified opportunities to increase the Indigenous workforce
- Indigenous recruitment was maintained and strengthened
- additional professional development opportunities for Indigenous staff were identified
- increased budget allocation to Indigenous-specific expenditures occurred
- an Indigenous data management protocol was developed to provide a standard for collecting Indigenous data on services and outcomes for Indigenous clients, designed to ensure the safety of reporting data in reports, peer-reviewed publications and conference presentations.

Ways of Thinking and Ways of Doing (WoTWoD) cultural respect program

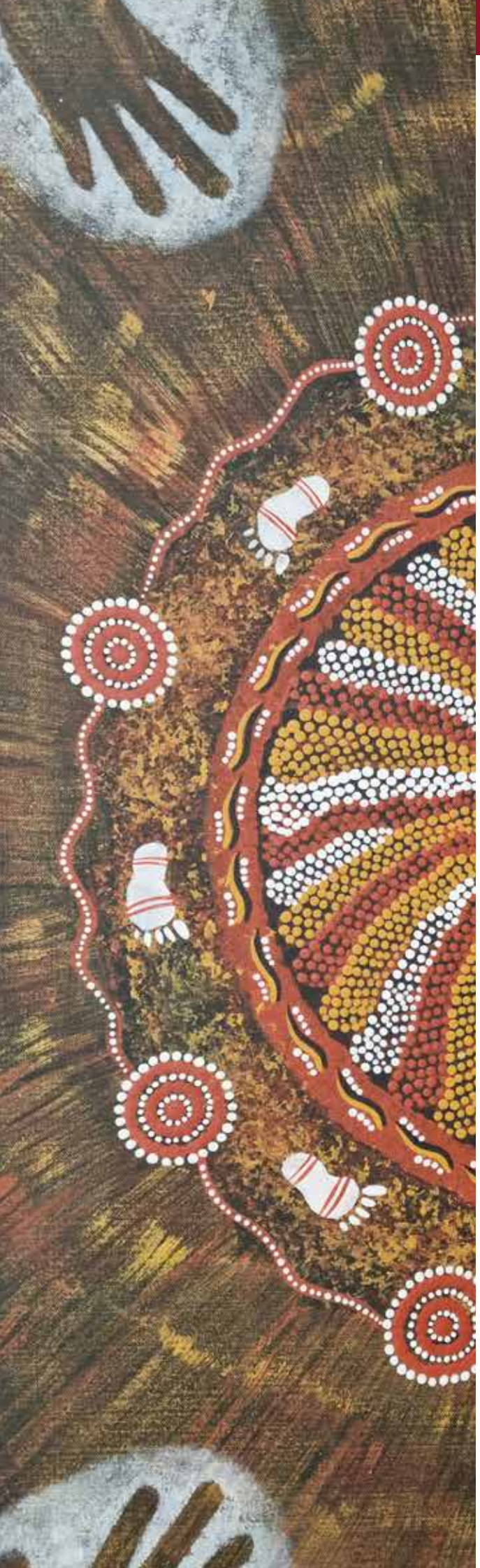
The Ways of Thinking and Ways of Doing (WoTWoD) cultural respect program was a 12-month intervention designed to improve culturally safe clinical care in general practice clinics (Liaw et al. 2019). It consisted of a toolkit of scenarios; one half-day workshop; cultural mentor support for practices; and a local care partnership between participating Medicare Locals/Primary Health Networks and local Aboriginal Community Controlled Health Services for guiding the program and facilitating community engagement. The intervention lasted 12 months at each practice and was evaluated using a mixed-methods cluster randomised controlled trial (Liaw et al. 2019).

The WoTWoD program involved 28 intervention practices (135 doctors and 807 Indigenous patients) and 25 non-intervention practices (210 doctors and 1554 Indigenous patients) in Sydney and Melbourne. An evaluation of the program assessed access to care and cultural respect by measuring the rate of relevant Medicare Benefits Scheme item claims; the number of chronic disease risk factors for Indigenous patients before and after the intervention; and staff self-report surveys to determine their ability to deal with cultural diversity. The evaluation found that the WoTWoD program did not increase the rate of Indigenous health checks or improve cultural respect scores in general practice. However, this lack of effect may be due to limitations and complexities associated with the study design or program, or the measures used to evaluate the intervention and/or contextual factors at the general practice or Medicare Local/Primary Health Network level (Liaw et al. 2019).

Waminda's Model of Systemic Decolonisation, First Response Project

The Waminda South Coast Women's Health and Welfare Aboriginal Corporation undertook a case study to develop a model of interagency collaboration. Using Indigenous research methods, this study was designed to enhance workforce capability and learning about colonisation, racism and whiteness to address trauma- and violence-informed care through decolonising interagency partnerships (Cullen et al. 2020). The findings showed that effective partnerships and strong relationships are essential to creating good outcomes for the Indigenous community (Cullen et al. 2020). Advocacy was another theme evident across all levels from the individual to organisational and system levels, and for families and communities.

Decolonisation was seen as more than just having a culturally competent workforce: staff needed to be educated about historical events in Australia and the impacts of transgenerational trauma and intergenerational trauma. Central to Waminda's approach was the use of lived experience and storytelling to convey how colonisation impacts families and local communities. It was found to be a powerful way of countering racism. Reflecting on whiteness and white privilege during the workshops allowed participants from the interagency partners to understand and critically reflect on how it shaped people's actions and responses – for example, by acknowledging that management needed to take greater responsibility for ensuring cultural competency among their own staff.



6

Overarching strategies, approaches and best practice

6 Overarching strategies, approaches and best practice

The changes required to achieve better mental health and social and emotional wellbeing for Indigenous Australians are complex; dependent on multiple contextual factors that are not all visible; and coupled with the potential for resistance from individuals and organisations. Currently, there is a lack of rigorous evidence on best-practice approaches to reducing institutional racism across the Australian health system.

Strategies and approaches to promote cultural safety in healthcare and to reduce racism across the health system need to be multi-level. Action is required at the individual, organisational and systems level (Truong et al. 2021). At the health provider level, greater critical reflection of how racism and inequity is embedded in healthcare (for example, language and clinical guidelines) is needed. Medical and clinical practice predominately focuses on a biomedical model of health driven by deficit discourse-type language that results in Indigenous Australians being framed in a narrative of negativity, deficiency and failure which leads to differential treatment and poorer health outcomes (Truong et al. 2022). This can induce anxiety and stress in Indigenous Australians, leading to a stress response and to disengagement from care. Indigenous ways of knowing, being and doing need to be recognised and promoted.

Programs solely aimed at the individual level (that is, programs that focus on practitioner attitudes and behaviours) – particularly without supporting organisational policies – have limited scope for change. Health service staff work within services and systems; therefore some practices cannot be accommodated within existing clinical or organisational norms and cultures. For example, studies have identified that even with the availability of interpreters, uptake of their services is often low (Ralph et al. 2017). To overcome this, the Communicate Study (Kerrigan et al. 2021a 2021b) piloted a program embedding Indigenous interpreters in renal team ward rounds and found that consistent access to interpreters enabled patients to express their clinical and non-clinical needs and feel more culturally safe. This improved patient trajectories and reduced self-discharge rates (Kerrigan et al. 2021a). Furthermore, Indigenous interpreters who previously felt unwelcome within the hospital reported feeling valued as skilled professionals (Kerrigan et al. 2021b).

Changing organisations and systems required different strategies to those aimed at individuals. There is a growing demand for change and the need for deeper examination to understand how senior leadership across the health sector can facilitate institutional transformation (Bourke et al. 2019). Regulation or legislation may be effective ways to drive change that leads to more equitable health outcomes for Indigenous Australians (Bainbridge et al. 2015). According to Bourke et al. (2020), there may be value in adopting a broader human rights approach – by asking 'how can we ensure Aboriginal and Torres Strait Islander people's right to health is protected?' This is aligned with the Close the Gap Campaign for Indigenous Health Equality (Calma 2016; Lowitja Institute 2022). Racial discrimination laws have a role to play in reducing institutional racism and may facilitate change in policies and practices related to governance and risk-management by healthcare organisations (Bourke et al. 2020).

The key strategies and approaches that should be taken to progress action in this area should align with the following key principles. These principles are based on the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, National Aboriginal and Torres Strait Islander Health Plan 2021–2031 and the Close the Gap Campaign for Indigenous Health Equality:

1. **Indigenous self-determination**

   Indigenous Australians need to be included in governance, control and accountability of healthcare organisations. It is critical that programs and policies are developed, led by and delivered in partnership with Indigenous Australians to ensure their specific needs are met.

2. **Strengths-based and rights-based approaches to health**

   Organisations and systems should adopt strengths-based and rights-based approaches to health that embed the social and cultural determinants of health for Indigenous Australians. Indigenous ways of knowing, being and doing that encompass a holistic understanding of health and wellbeing should be included in policies, plans and practices.

3. **Culturally safe workforce**

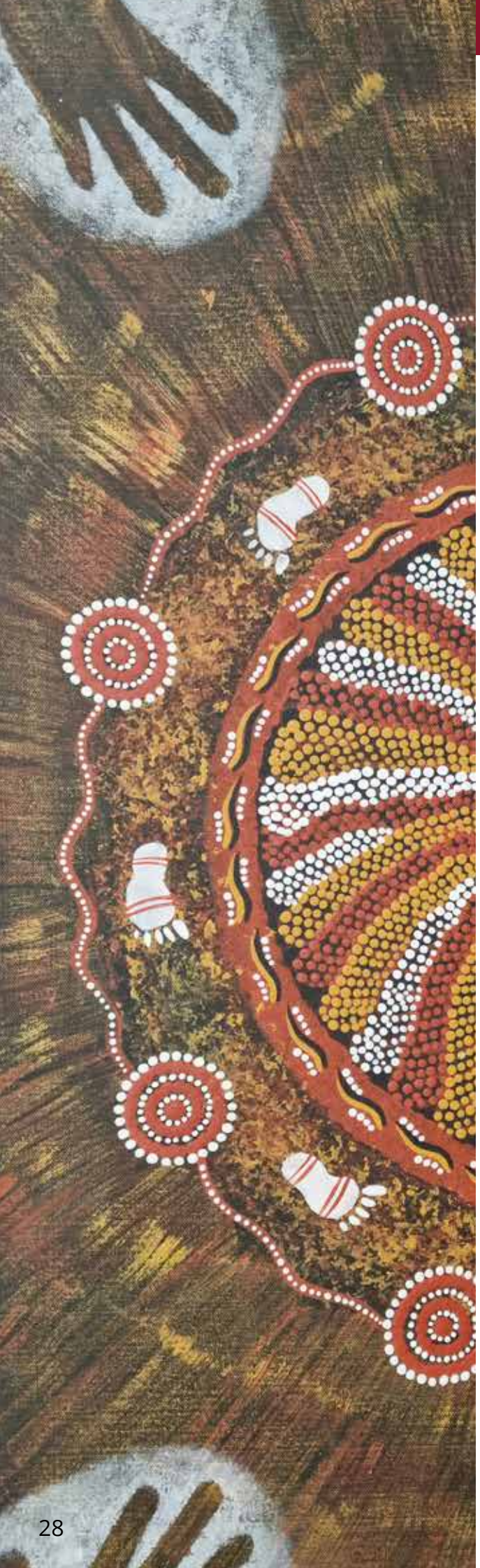
   A highly skilled, culturally safe and supported workforce is needed to meet the needs of Indigenous Australians. This includes increasing Indigenous employment across the entire mental health and social and emotional wellbeing workforce and increasing the cultural capability and responsiveness of the non-Indigenous health workforce. Adopting needs-based and strengths-based approaches can ensure greater sustainability (Lahn et al. 2020). There is a need for greater recognition and employment of traditional healers, of Elders and of others such as non-clinical patient preceptors (Purple House 2019) as a part of the overall social and emotional wellbeing and mental health areas workforce.

4. **Addressing racism and discrimination**

   Experiences of racism are pervasive across society, including the health system. Racism and discrimination need to be rigorously and reliably measured, monitored and actively addressed to ensure the health system delivers appropriate, culturally safe and equitable care. This is critical to improving the social and emotional wellbeing of Indigenous Australians. This also involves building resilience to racism by strengthening cultural identity, connections to family and community.

5. **Whole of life approach**

   Prevention and early intervention are vital to reducing the prevalence and severity of mental ill health across the lifecourse. Increasing family-centric and culturally safe services for families and communities can set the foundation for strong social and emotional wellbeing among Indigenous Australians, families and communities that lasts across the lifecourse.



7

Conclusions and recommend-ations for further research

7 Conclusions and recommendations for further research

Racism in all its forms acts is a barrier to the access and delivery of high-quality mental healthcare to Indigenous Australians. Racism is a determinant of health and contributes to social and economic disadvantage, social exclusion and inequalities across all aspects of life. Providing culturally appropriate, safe and equitable care is needed to address the social, economic, political and historical reasons for the health inequities experienced by Indigenous Australians. Greater leadership and courage are needed by governments and other stakeholders who have a responsibility to ensure that Indigenous Australians have access to high-quality healthcare that meets their needs.

Existing research with Indigenous Australians and their experiences in health settings suggests that a stronger evidence base is urgently needed. This base will help to establish the effect of existing cultural safety practices on both healthcare provision and patient experiences – including their effects on person-centred outcomes such as mental health and social and emotional wellbeing. More research is needed to understand institutional and structural racism, its impacts and how to address them. Future research and evaluation in these areas needs to be conceptualised, designed and led by Indigenous researchers and communities (Watego et al. 2021).

Most of the evidence to date relies on healthcare provider self-report and internal organisational audits of cultural safety, which can be subject to a range of biases. Few studies have examined the effect of service- and system-level interventions (Truong et al. 2014; McCalman et al. 2017). To our knowledge, only 2 projects have comprehensively measured institutional racism using an objective and evidence-based tool (Marrie 2017; Health Performance Council of South Australia 2020). However, these projects did not include measures of clinical performance or interpersonal racism. Moreover, there is a need for cost and effectiveness studies of organisational and systems approaches and of their link to the effects of cultural safety on patient experiences (McCalman et al. 2017). Longitudinal studies measuring change over time at the individual and institutional level are needed to determine best practice approaches that result in improvements in health outcomes for Indigenous Australians.

Moreover, issues related to organisational readiness, change and innovation should be examined to identify barriers to, and facilitators for, implementation of cultural safety programs. This will help us to overcome potential areas of stagnation and resistance among individuals and organisations. As demonstrated by the programs and projects discussed in the 'Programs and initiatives' section, implementation of cultural safety frameworks and initiatives across different health organisations is highly variable and dependent upon a variety of complex and interrelated contextual factors.

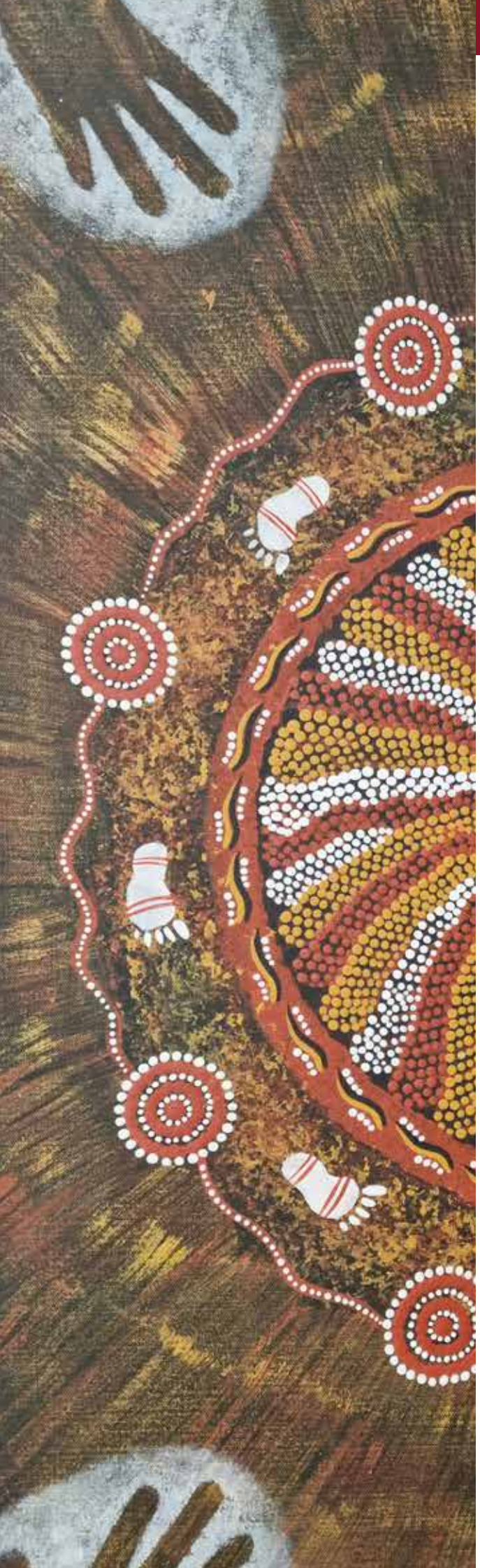
Colonisation and its intergenerational impacts continue to negatively impact the health of Indigenous Australians and contribute to health inequities between Indigenous and non-Indigenous Australians (Griffiths et al. 2016). Further research into decolonisation approaches (for example, Waminda's model of systemic decolonisation) is needed to understand how decolonisation knowledge can be translated into policy and practice in a way that results in high-quality healthcare delivery and better health outcomes for Indigenous Australians. Within decolonisation processes or interventions, Indigenous knowledges and experiences must be central and non-Indigenous organisations need to work in partnership with Indigenous Australians, organisations and communities (Cullen et al. 2020).

Consideration of data sovereignty is also important for any research involving Indigenous Australians and communities (Lovett et al. 2019). Shared access to location-specific data and information to support Indigenous peoples, communities and organisations is a priority reform area of the National Agreement on Closing the Gap (2020).

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

The political landscape in Australia is at a pivotal moment in its history with much discussion of the Voice to Parliament, treaties and truth-telling, along with a possible change to the Australian Constitution. The voices of Indigenous Australians are critical to the development of policies and programs that impact their health and social and emotional wellbeing. Indigenous Australians need to lead these conversations to ensure outcomes meet community needs (Larkin et al. 2018).

In recent times, droughts, bushfires and the COVID-19 pandemic have been additional risk factors for mental health and suicide. As such, they have the potential to further deepen disadvantage, including among Indigenous communities (Follent et al. 2021). It is critical that health care access and provision meet the needs of individuals, families and communities and are culturally safe. It is also critical that there is an adequate place-based, multidisciplinary Indigenous social and emotional wellbeing workforce that can support psychosocial recovery from restrictions and from the possible economic recession that follows (Dudgeon et al. 2020). Greater understanding of the risks to and protective factors for mental health, social and emotional wellbeing and suicide can inform efforts to reduce the rate of mental illness and suicide among Indigenous communities (Martin et al. 2023).



Appendixes

Appendix A: Policies and frameworks

Name	Details	Key recommendations	Implementation
National Agreement on Closing the Gap	The National Agreement on Closing the Gap is a partnership between the Australian Government and peak Aboriginal organisations representing Aboriginal and Torres Strait Islander communities (Joint Council on Closing the Gap 2020). The agreement has 19 national socioeconomic targets across 17 socioeconomic outcome areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people.	The National Agreement contains 4 priority reforms: 1. Formal partnerships and shared decision-making 2. Building the community-controlled sector 3. Transforming government organisations 4. Shared access to data and information at a regional level. These reforms are designed to change the way governments work with Aboriginal and Torres Strait Islander peoples and communities.	The National Agreement requires all parties to develop their Implementation Plan and to provide annual reports on their progress towards achieving the agreement's objectives. An implementation tracker has been developed to help track progress, for each party to the National Agreement, on delivering their commitments
Cultural Respect Framework 2016–2026	This framework provides a guide for a nationally consistent approach to jurisdictional action in healthcare design and delivery for Aboriginal and Torres Strait Islander people – an approach that will be overseen by AHMAC and supported by its principal committees (AHMAC 2016).	The framework has 5 key principles which guide the implementation: 1. leadership and responsibility 2. health equality 3. consumer engagement 4. building strong working relationships 5. accountability. There are 6 domains that focus on the whole-of-organisation approach: 1. whole of organisation approach and commitment 2. communication 3. ensuring the workforce is adequately trained 4. community engagement and participation 5. collaboration with key Aboriginal stakeholders 6. research and evaluation.	Reference(s) evaluating the implementation of this framework were not identified.

Name	Details	Key recommendations	Implementation
National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025	This national strategy aims to eliminate racism in the healthcare system. The strategy also addresses what is cultural safety and how to embed it within the healthcare system (AHPRA 2020).	The strategy's key recommendation is to build a culturally safe workplace by using national standards that are consistent across the country for all practitioners: • Understanding the need to increase Aboriginal and Torres Strait Islanders across all disciplines who are registered to practice. • Providing culturally safe services for the Aboriginal community to access, that are affordable and equitable. • Being more influential and providing leadership that is driven by Aboriginal and Torres Strait Islander people.	Monitoring and reporting will be against the national objectives driven by a National Strategy Group made up of health professionals, which will report every six months on progress
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031	The national workforce plan focusses on developing a strong workforce to ensure Aboriginal and Torres Strait Islander people a fully represented across the health sector in Australia (Commonwealth of Australia 2022). The plan has been co-designed in partnership with Aboriginal and Torres Strait Islander people. A strong Aboriginal and Torres Strait Islander workforce is a key driver of change and improving the peoples' lives.	The framework has 2 parts: 1. Creating a culturally safe workforce that is effective, building on current strengths, understanding the challenges ahead, cultural safety ensuring policy alignment. 2. The refreshed framework provides an overview to address the capability, capacity, fostering a workforce where Aboriginal and Torres Strait Islander people can flourish. The plan has 6 overarching strategies to guide implementation.	Reference(s) evaluating the implementation of this framework were not identified.

Name	Details	Key recommendations	Implementation
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023	This national framework focuses on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. It outlines a culturally appropriate model for Indigenous-specific and mainstream health services (PM&C 2017).	The framework sets out a stepped care model of primary mental healthcare service delivery. There are 5 action areas: 1. Strengthen the Foundations 2. Promote Wellness 3. Build Capacity and Resilience in People and Groups at Risk 4. Provide Care for People who are Mildly or Moderately Ill 5. Care for People Living with a Severe Mental Illness.	Reference(s) evaluating the implementation of this framework were not identified.
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	This national plan is the main policy document to guide action to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people (Department of Health 2021). It aligns with the National Agreement on Closing the Gap 2020.	The plan has a strong focus on: • identifying opportunities to strengthen and prioritise the community-controlled health sector • outlining the necessary mechanisms for mainstream health services to provide culturally safe and responsive care.	Reference(s) evaluating the implementation of this framework were not identified.
National Safety and Quality Health Service (NSQHS) Standard User Guide for Aboriginal and Torres Strait Islander Health 2017	This national guide provides information for health service organisations to help them improve the quality of care and health outcomes for Aboriginal and Torres Strait Islander people (Australian Commission on Safety and Quality in Health Care 2017).	The guide outlines 6 actions to meet the needs of Aboriginal and Torres Strait Islander peoples: 1. Partnering with community 2. Governance and identifying priorities 3. Implementation and monitoring 4. Cultural awareness and cultural competency 5. Welcoming environment 6. Identification. It provides case studies.	A study evaluated 3 Australian cancer services against the guide and the National Aboriginal and Torres Strait Islander Cancer Framework (Taylor et al. 2021). It found that: • 2 of the 3 services performed well against the guide • a whole-of-organisation approach was important to addressing and embedding the 6 actions of the guide.

Name	Details	Key recommendations	Implementation
Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide 2018	This guide was designed to assist Australian governments, mental health commissions and the various parts of the Australian mental health system (local, state and national levels) implement the Gayaa Dhuwi (Proud Spirit) Declaration; the promotion and restoration of social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander people (National Aboriginal and Torres Strait Islander Leadership in Mental Health 2018).	There are key recommendations under 5 themes that emphasise: • the mental health system recognising and incorporating Aboriginal and Torres Strait Islander culturally informed approaches, • adapting mental health and related outcomes measures to Aboriginal and Torres Strait Islander values and cultural understandings and • ensuring employment and leadership of Aboriginal and Torres Strait Islander people in the mental health workforce.	Reference(s) evaluating the implementation of this guide were not identified.
NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025.	This strategy provides overarching strategies for action for NSW Health services to achieve the goals of holistic, person- and family-centred care and healing; culturally safe, trauma-informed, quality care; and connected care (NSW Health 2020).	The strategy has 3 goals for the provision of mental health services: 1. Holistic, person and family-centred care and healing 2. Culturally safe, trauma-informed, quality care 3. Connected care.	An evaluation of the NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025 is being undertaken by Yulang Indigenous Evaluation through to 2025
Victorian Aboriginal and Torres Strait Islander cultural safety framework	This framework has been designed to ensure a culturally safe environment for Aboriginal employees within the human services area in Victoria. The framework is to assist mainstream health and community services to strengthen their cultural safety by going on a journey of continually learning (Victorian Department of Health and Human Services 2019).	The 3 domains focus on: 1. Creating a culturally safe workplace and organisation 2. Aboriginal self-determination 3. Leadership and accountability	Reference(s) evaluating the implementation of this guide were not identified.

Name	Details	Key recommendations	Implementation
Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027.	This plan provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians now and over the next 10 years (Victorian Department of Health and Human Services 2017b).	A number of system-wide issues were identified by Aboriginal communities as impediments to delivering long-term change for Aboriginal health, wellbeing and safety, including: • systemic racism • services that are culturally unsafe and culturally unresponsive • lack of integrated and holistic services • disparities in funding arrangements between non-Aboriginal and Aboriginal organisations • short-term, fragmented funding • funding and reporting with input controls.	The design, development and delivery of the evaluation plan and the subsequent monitoring and evaluation of Aboriginal health, wellbeing and safety, will be Aboriginal community led.
Balit Murrup Aboriginal Social and Emotional Wellbeing Framework 2017–2027.	This framework is designed to help mainstream Victorian health, human and community services and the department to create culturally safe environments, services and workplaces (Victorian Department of Health and Human Services 2017a).	The framework has 3 domains for action: 1. Creating a culturally safe workplace and organisation 2. Aboriginal self-determination 3. Leadership and accountability.	The framework will improve service response and advocate for emerging issues; engage; and monitor the strategies to address social and emotional wellbeing issues.
Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework 2021	Making Tracks Together outlines the strategic framework to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for First Nations peoples by 2031 (Queensland Health and Queensland Aboriginal and Islander Health Council 2021).	This Guide outlines 6 actions to meet the needs of Aboriginal and Torres Strait Islander people: 1. Partnering with community 2. Governance and identifying priorities 3. Implementation and monitoring 4. Cultural awareness and cultural competency 5. Welcoming environment 6. Identification.	Reference(s) evaluating the implementation of this framework were not identified.

Name	Details	Key recommendations	Implementation
Cairns and Hinterland Hospital and Health Service – First Peoples Health Equity Strategy 2022–2025	This strategy is intended to guide hospitals and health services in the Cairns and Hinterland region of Queensland (Queensland Health 2022).	The strategy contains 6 key priority areas: 1. Increasing access to healthcare services 2. Actively eliminating racial discrimination and institutional racism within the service 3. Working with First Peoples, communities and organisations to design, deliver, monitor and review health services 4. Influencing the social, cultural and economic determinants of health 5. Delivering sustainable, culturally safe and responsive healthcare services 6. Improving health and wellbeing outcomes.	Reference(s) evaluating the implementation of this framework were not identified.
Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033.	The focus of this framework is to ensure culturally appropriate healthcare for Aboriginal and Torres Strait islander peoples (Queensland Health 2010). The framework also addresses cultural competence to build the attitudes, awareness, behaviour and skills to engage with Aboriginal people.	The guiding principles for implementation focus around how to be culturally respectful; recognition; communication; capacity building; and building strong working relationships and partnerships.	Monitoring and evaluation will begin by developing biennial reporting against key outcomes and key performance indicators.
WA Aboriginal Health and Wellbeing Framework 2015–2030.	This framework acknowledges the importance of the cultural determinants of health and aims to promote Aboriginal perspectives as an approach to improving health and wellbeing of Aboriginal people. It identifies a set of guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia for the next 15 years (WA Department of Health 2015).	The priority areas are: • Addressing risk factors • Managing illness better • Building community capacity • Better health systems • Aboriginal workforce development • Data, evidence and research • Addressing the social determinants of health.	An evaluation of the first 5 years of the framework has been conducted.

Name	Details	Key recommendations	Implementation
South Australian Aboriginal Health Promotion Strategy: Strengthening and promoting the Cultural Determinants of Health and Wellbeing – 2022–2030.	The purpose of this strategy is to focus on the cultural determinants of health for the South Australian Aboriginal community. The strategy provides ways to guide, inform, identify and provide clear directions for improving the health and wellbeing of the Aboriginal community. The strategy also focuses on social and emotional wellbeing along with being culturally safe, aware, competent and responsive to the needs of the Aboriginal community in South Australia (Wellbeing SA 2022).	This strategy contains 8 key principles: 1. Ensuring cultural knowledge 2. Being respectful to the diverse community by valuing the voices and strengthening communities 3. Partnering and collaborating with communities along the journey 4. Placing high regard on guidance and leadership 5. Integrity and being transparent when building relationships 6. being committed to communication that is authentic 7. Understanding that 'equity' is about providing outcomes based on individual need.	Reference(s) evaluating the implementation of this plan were not identified.
Northern Territory Health Aboriginal Cultural Security Framework 2016–2026	The aim of the Aboriginal Cultural Security Framework is to understand what cultural security is and to embed it within NT Health (Northern Territory Government 2016).	The framework has 6 domains that will guide NT Health and staff to build their cultural knowledge and to provide a safe working environment for Aboriginal staff. The 6 domains focus on: 1. workforce 2. communication 3. whole-of-organisation approach 4. leadership 5. consumer and community participation 6. quality improvement, planning, research and evaluation.	Monitoring and evaluation will be conducted by NT Health on an annual basis with a mid-term review.

Name	Details	Key recommendations	Implementation
Northern Territory Mental Health Strategic Plan 2019–2025.	This plan sets specific directions for the mental health service system in the Northern Territory. The plan focuses on enhancing the participation of individuals and carers – particularly those with lived experience – to strengthen both clinical and non-clinical services (Northern Territory Government 2019).	The plan consists of 6 priorities: 1. Coordinated care through regional planning 2. Culturally secure, safe and trauma-informed care focused on recovery 3. Person-centred supports and services with consumers and carers at the front and centre of care 4. Community information and education to increase mental health knowledge to reduce stigma 5. Safety, quality, data collection, evidence-based service and investment in evaluation 6. Equity, sustainability and a stepped care approach.	Reference(s) evaluating the implementation of this plan were not identified.
National Aboriginal Community Controlled Health Organisation – Cultural Safety Training Standards and Assessment Process	These standards aim to create an environment of cultural safety in health services to ensure responsive and culturally appropriate care is the core business of NACCHO. They are based on the principle that cultural respect will occur when the 'health system is a safe environment' for Aboriginal peoples and where cultural differences are respected.	The 3 dimensions are: 1. Knowledge and awareness 2. Skilled practice and behaviour 3. Strong relationships between Aboriginal people and communities and health and mental health agencies providing culturally appropriate services.	Standards have been developed by the Aboriginal Community Controlled Health Sector in recognition of the need for culturally informed and sector-driven standards for culturally sensitive service development and provision.

Name	Details	Key recommendations	Implementation
Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework – Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	The cultural safety program is about creating a holistic and culturally safe environment to achieve optimal social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples and communities in a culturally safe environment (CATSINaM 2017).	In the health industry CATSINaM recommends that government and non-government agencies create systems that are culturally safe for Aboriginal nurses and midwives and support strategies to enhance the sector.	The implementation plan is to identify important cultural safety principles, polices and embed them in structures and practices.
Australian Indigenous Doctors Association – Cultural Safety Training, Aboriginal and Torres Strait Islander Health in Clinical Practice (ATSIHiCP)	Cultural safety is defined here as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal healthcare for Aboriginal and Torres Strait Islander peoples (Australian Indigenous Doctors Association n.d.).	AIDA's Cultural Safety Training, Aboriginal and Torres Strait Islander Health in Clinical Practice (ATSIHiCP) is clinically focused and designed to assist medical practitioners integrate cultural safety into their practices to improve healthcare for Aboriginal and Torres Strait Islander patients.	Reference(s) evaluating the implementation of this plan were not identified.

Appendix B: Programs

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Communicate Study Partnership project aiming to ensure more Aboriginal patients receive culturally safe healthcare that improve patients' experience and outcomes.	Location	NT	Kerrigan et al. (2021b). Qualitative evaluation using interviews, field notes, reflective journals.	Location	NT	Knowledge of Aboriginal cultures improved among non-Indigenous health workers • Doctors adapted their work routines including lengthening the duration of bed side consults. • Attitudes towards culturally safe communication in the hospital changed • Doctors recognised the limitations of clinically focused communication and began prioritising patient needs • Interpreters who previously felt unwelcome within the hospital reported feeling valued as skilled professionals. • There was some resistance to interpreter use among some health workers.
	Participants	Indigenous and non-Indigenous health workers		Participants	Indigenous and non-Indigenous health workers	
	Duration	17 days over 2 separate periods in 2019		Duration	n.a.	
	Indigenous-specific	Yes		Indigenous-specific	No	
Cultural Responsiveness in Victorian Hospitals	Location	Victoria	Report commissioned by the Victorian Department of Health and Human Services, published 2016, using methods evaluation (interviews, document and data review and surveys).	Location	Victoria	Effective and ineffective strategies for improving cultural responsiveness and cultural safety are contained within 6 key themes: 1. Committed leadership 2. Cultural safety training 3. Monitoring and reporting 4. Relationships with ACCHOs 5. Welcoming environment 6. AHLOs and Aboriginal staff
	Participants	n.a.		Participants	173	
	Duration	n.a.		Duration	Jan-Oct 2016	
	Indigenous-specific	Yes		Indigenous-specific	No	

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Koolin Balit Aboriginal Health Cultural Competence Project	Location	Victoria	Mitchell et al. (2021) Qualitative evaluation using semistructured interviews and case studies	Location	Victoria	Key factors acting as barriers and/or enablers to implementing cultural competence frameworks were: • comprehensive, structured tools • project workers • communication • organisational responsibility for implementation • prioritising organisational cultural competence • resourcing • resistance to focusing on one group of people • accountability.
	Participants	n. a		Participants	20	
	Duration	2017–18		Duration	Feb-July 2018	
	Indigenous-specific	Yes		Indigenous-specific	No	
Baby One Program	Location	QLD	Campbell et al. (2018) Qualitative evaluation using interviews and a focus group	Location	QLD	The evaluation revealed the following themes: • challenging environments for new families and valuing cultural ways • resourcing program delivery • working towards a team approach • negotiating the cultural interface • engaging families • exchanging knowledge through 'yarning' • strengthening the workforce • seeing health changes in families.
	Participants	161		Participants	48	
	Duration	July 2014–Dec 2015		Duration	Late 2015	
	Indigenous-specific	Yes		Indigenous-specific	No	

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Malabar Community Midwifery Link Service	Location	NSW	Hartz et al. (2019): a mixed methods evaluation consisting of interviews and clinical data.	Location	NSW	The Malabar Service demonstrated similar rates of preterm birth, breastfeeding at discharge and a higher rate of low birthweight babies compared to the comparison group. There was a 25% reduction in smoking rates from 38.9% to 29.1%. Malabar Mothers experienced accessibility, preparedness for birth and cultural safety.
	Participants	505 Malabar 201 non-Malabar		Participants	22 (interviews)	
	Duration	2014–2017		Duration	2015	
	Indigenous-specific	Yes		Indigenous-specific	No	
Hunter New England Population Health – Cultural Governance Model	Location	NSW	Crooks et al. (2022) Case study evaluation.	Location	NSW	The model has: • provided strategic oversight of the organisation • implemented several strategic initiatives, including a cultural assessment process • maintained and strengthened Aboriginal recruitment • established a wellbeing leadership group • monitored budget allocation • developed an Aboriginal data management protocol • provided additional professional development opportunities for Aboriginal staff.
	Participants	n.a.		Participants	n.a.	
	Duration	2017–2021		Duration	n.a.	
	Indigenous-specific	Yes		Indigenous-specific	No	
Ways of Thinking and Ways of Doing (WoTWoD) cultural respect program	Location	NSW, Victoria	Liaw et al. 2019 Quantitative evaluation using Medical Benefit Schedule (MBS) item data and staff self-report survey	Location	NSW, Victoria	12-month rates of MBS item 715 claims and recording of risk factors for the 2 groups were not statistically significantly different. Mean changes in staff self-report Cultural Quotient scores were not statistically significant.
	Participants	2,361		Participants	2,361 patients 132 staff	
	Duration	2014–17		Duration	n.a.	
	Indigenous-specific	Yes		Indigenous-specific	No	

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Waminda's Model of Systemic Decolonisation, First Response Project	Location	NSW	Cullen et al. 2020: a case study evaluation using yarning and semistructured interviews.	Location	NSW	Waminda's innovative model of interagency collaboration enhanced workforce capability through shared language and collective learning around colonisation, racism and Whiteness. This process generated individual, organisational and systemic decolonisation to disable power structures through trauma- and violence-informed approaches to practice.
	Participants	24		Participants	24	
	Duration	2018		Duration	2019	
	Indigenous-specific	Yes		Indigenous-specific	No	

NSW = New South Wales; NT = Northern Territory; Qld = Queensland

Appendix C: Methods

A literature review was conducted using scholarly databases, grey literature databases and Google. Initially, relevant literature published between January 2017 and September 2022 was searched in the following online databases:

- Medline
- Pubmed
- Scopus
- Google
- Google Scholar
- Australian Policy Observatory (APO)
- Australian Indigenous HealthInfoNet
- Australian Institute of Health and Welfare library.

Three search topics

Separate searches were conducted for each of these 3 topics:

1. The key factors in the relationship between racism and mental health
2. Experiences of institutional racism in health service settings and negative experiences impacting Indigenous Australians' engagement with health services
3. Relevant policies/services/programs including cultural safety programs and measures on reducing racism towards Indigenous Australians in healthcare.

Search strategy

The table below outlines the search strategy used for Medline, which was adapted for searches in the other databases:

- Publication data was limited to 2017–2022
- Search was conducted during September 2022

	Search terms	No. of references returned (titles and abstracts)
Topic 1		
1. Racism	Racism OR discrimination OR prejudice OR ((racial or race-based) and discrimination) OR racial bias	
2. Mental health	mental health OR psychological wellbeing OR mental illness OR social wellbeing OR emotional wellbeing OR (social and emotional wellbeing) OR stress OR anxiety OR depress* OR suicid* OR violen* OR aggress* OR mental disorder*	
3. Indigeneity	Indigenous OR Aboriginal* OR Torres Strait Islander* OR First Nation*	
	Research topics 1 AND 2 AND 3	128
Topic 2		
1. Institutional racism	racism and (institution* OR system* OR structural OR organisation* OR organisation*)	
2. Health service setting	(health service* OR hospital* OR clinic* OR primary practice* OR tertiary healthcare OR community health centre*)	
3. Indigeneity	Indigenous OR Aboriginal* OR Torres Strait Islander* OR First Nation*	
	Research topics 1 AND 2 AND 3	152
Topic 3		
1. Cultural safety	cultural safety OR cultural competenc* OR cultural respect OR cultural awareness	
2. Policies and programs	policies OR program* OR service* OR intervention*	
3. Indigeneity	Indigenous OR Aboriginal* OR Torres Strait Islander* OR First Nation*	
	Research topics 1 AND 2 AND 3	173

The titles and abstracts of all references were initially screened for relevance according to the inclusion and exclusion criteria below. After this initial screening, the full texts of relevant references were then reviewed and evaluated. A total of 49 articles were found to be relevant to one or more of the 3 key topics.

Inclusion criteria

The following groups of literature were included:

- focused on Aboriginal and Torres Strait Islander peoples
- date of publication 2017–2022
- Study design: quantitative, qualitative, mixed methods, case studies, systematic or scoping review
- published in peer-reviewed academic journals
- reports found in the grey literature.

Exclusion criteria

The following groups of literature were excluded:

- commentaries, editorials, study protocols, books or book chapters, conference papers or abstracts.
- non-Australian Indigenous evidence
- studies focusing on health professional students (for example, nurses and allied health)

In the second part of the search, Australian Government and state/territory government websites and relevant peak bodies were searched for key policies, frameworks and plans. These were reviewed to identify and understand the policy context of the topic area. Relevant professional networks were also contacted to identify additional reports and documents.

Data synthesis

Due to the heterogeneity of the references in terms of study methodology, design, sample populations and outcome measures, a narrative synthesis was conducted according to the 3 topics of interest. Quality assessment of studies was not conducted due to time and scope of the review.

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Abbreviations

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisations
ACE	adverse childhood experience
ACT	Australian Capital Territory
AHCC	Aboriginal Health Cultural Competence
AHMAC	Australian Health Ministers' Advisory Council
AIDA	Australian Indigenous Doctors' Association
AIHW	Australian Institute of Health and Welfare
AIS	Aboriginal Interpreter Services
AMA	Australian Medical Association
AHPRA	Australian Health Practitioner Regulation Agency
ATSIHiCP	Aboriginal and Torres Strait Islander Health in Clinical Practice
BOP	Baby One Program
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
COVID-19	Coronavirus disease caused by the SARS-CoV-2 virus
KB-AHCC	Koolin Balit Aboriginal Health Cultural Competence
LSIC	Longitudinal Study of Indigenous Children
NACCHO	National Aboriginal Community Controlled Health Organisation
NAATI	National Accreditation Authority for Translators and Interpreters
NIAA	National Indigenous Australians Agency
NITV	National Indigenous Television
NSQHS	National Safety and Quality Health Service
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
WA	Western Australia
WHO	World Health Organization
WoTWoD	Ways of Thinking and Ways of Doing

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Racism and racial discrimination are key determinants of health and wellbeing. This article provides an overview of how racism affects the mental health of Indigenous Australians, their access to care and the policies and programs that address cultural safety in the health system.

AIHW

Stronger evidence,
better decisions,
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