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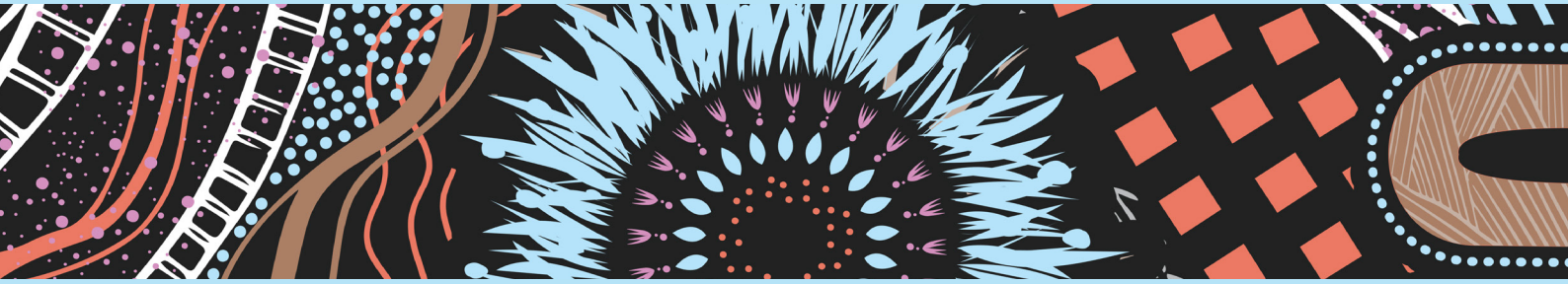
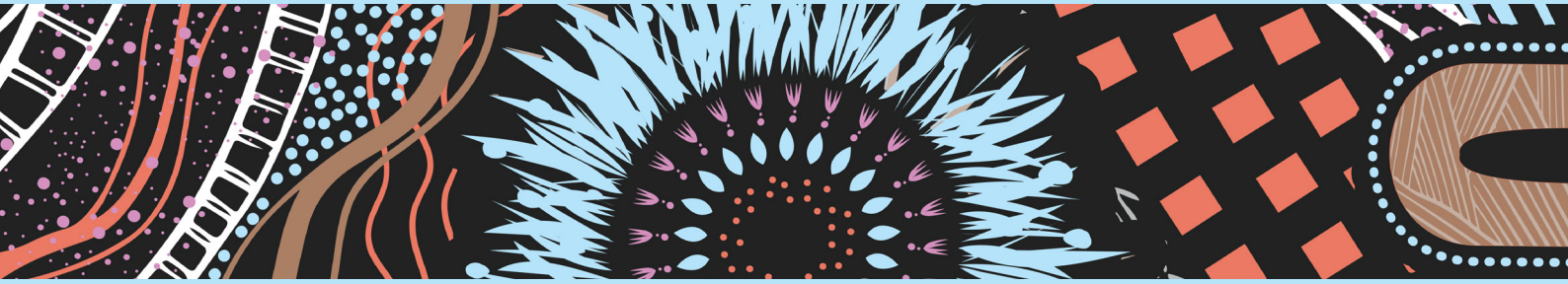


Flourishing in later life: promoting older Aboriginal and Torres Strait Islander peoples' mental health and suicide prevention

Chontel Gibson (Gamilaraay), Shirley Godwin (Badimaya Yamatji),
Kylie Radford and Donna Stanley (Gunggari)



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Contents

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

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

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

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

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

Summary

This paper explores flourishing in later life from the perspectives of Aboriginal and Torres Strait Islander (First Nations) peoples, with a focus on mental health and suicide prevention.

What we know

- First Nations people's perspectives of flourishing communities reflect Indigenous human rights; they result from positive factors associated with determinants of health and uphold relationality principles, like connections to family, community, culture, spirituality and Country.
- The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Model (SEWB Model) privileges relationality principles, as well as the importance of the cultural, social, political and historical determinants of health. It is an appropriate model that may facilitate the expressions and experiences of growing older.
- Growing older can have both positive and negative effects on the expressions and experiences of social and emotional wellbeing.
- Social and emotional wellbeing and mental health, although distinct concepts, are interrelated. Overall, older First Nations people experience many risk factors for social and emotional wellbeing and mental health.
- Risk factors associated with the determinants of health include those resulting from the Stolen Generations, which, in turn, result in a significant proportion of older First Nations people who experience social and emotional wellbeing issues and/or who live with long-term and complex illnesses and/or disability.

What works

- Strengths-based service approaches that privilege partnerships with First Nations people; co-design principles; human rights approaches; integrated service provision; cultural safety; trauma-informed care.
- First Nations-led organisations, which are best at delivering services that meet the needs and aspirations of older First Nations people.
- When First Nations community-controlled organisations are not available, delivery of strengths-based services by suitably trained and qualified non-Indigenous service providers.
- Policy directives, legislation and service provision that value, implement and evaluate First Nations models, like the SEWB Model, in everyday practices.
- Fostering of environments for change that embed First Nations people's philosophy of care principles and recommendations, including cultural governance structures.
- First Nations people (and place-based leadership) with the authority to monitor and ensure accountability for providing culturally responsive service.
- Truth, healing and reconciliation processes that are valued by First Nations people.
- Approaches that privilege and honour intergenerational reciprocal care within First Nations communities.

What doesn't work

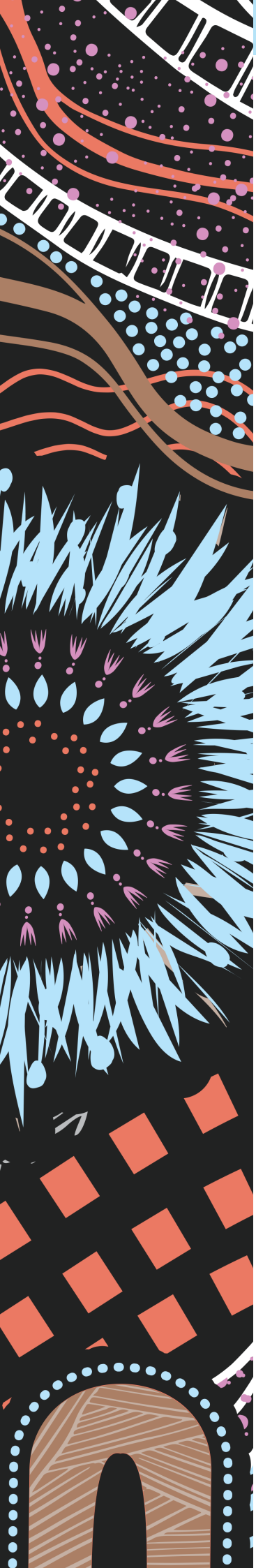
- Western services delivered in the typical manner of 'one approach fits all'. Such an approach is often not co-designed, does not embed local First Nations perspectives of health and wellbeing, is not inclusive of Indigenous human rights, and fails to build trust and respect with individuals and community.
- A lack of acceptance by all levels of society (government, communities and services) of the historical contexts of Australia on contemporary and intergenerational trauma.
- A lack of commitment from governments to support environments that encourage truth, healing and reconciliation between First Nations people and non-Indigenous Australians.
- Funding arrangements that do not support or validate First Nations people's cultural nuanced understandings and experiences of health and wellbeing.
- The lack of, or inappropriate service provision to, First Nations communities, thus increasing the burden on older First Nations people, whose roles and responsibilities increase to compensate for this gap in service provision.
- Failure to consider risk factors that contribute to inequity among First Nations people, such as being over-represented in out-of-home care and prisons, or under-represented in protective factors, like accessing health and education services.

What we don't know

- The likely under-representation of older First Nations people in current data relating to psychological distress, mental health and social and emotional wellbeing issues (which includes mental health conditions and suicide) due to data quality issues.
- Contemporary and emerging needs of the most vulnerable in the older First Nations population, including Stolen Generations survivors, people living with complex and chronic health conditions and/or disability, and older people experiencing homelessness or incarceration, or requiring end-of-life care.
- The ongoing social and emotional wellbeing and mental health impacts of intergenerational trauma for all First Nations people across the life span, especially in the older population.
- A complete understanding of evidence-based assessment and interventions relating to social and emotional wellbeing, mental health and suicide prevention. This lack of understanding extends to older First Nations people living in institutional care, like prisons and residential aged care facilities.
- The needs of carers and families of older First Nations people.
- The need for more scrutiny and accountability to understand why First Nations perspectives are not implemented, or do not have the desired outcome in service delivery.

What we should do now

- Crucially, government authorities and delegates demonstrating to First Nations people (especially older members in communities) that they have listened to them, and are taking transformative actions to benefit them – includes, but is not limited to, national redress for Stolen Generations survivors, reducing incarceration rates of First Nations people, and reducing the rates of First Nations people living in out-of-home care.
- Systemic and structural changes, including funding models that honour the holistic aspects of social and emotional wellbeing, as well as locally based governance that recognises culturally informed needs and aspirations.
- National anti-racist policies and practices, and trauma-informed processes.
- Transparent processes for accountability, responsibility and action-oriented outcomes on national initiatives, like Closing the Gap.
- More work, including an evaluation of knowledge translation into everyday clinical practice, in non-Indigenous-led organisations/service providers.
- More translational research that has an immediate and positive outcome for older First Nations people.



1

Introduction

1 Introduction

Flourishing communities are those where both individuals and collectives are able to live life well. It is a concept gaining more attention in the literature but it is not one that is new to Aboriginal and Torres Strait Islander (First Nations) communities (Dudgeon et al. under review). Flourishing communities rely on 3 factors; namely, being able to:

1. claim and enact human rights, including Indigenous peoples' human rights
2. access the positive factors associated with the social determinants of health and wellbeing
3. uphold Indigenous relationality principles, such as those associated with culture, community, Country and Ancestors (Bullen et al. 2023; Dudgeon et al. 2023).

With these factors in mind, a flourishing community for older First Nations people may be conceptualised as described in Box 1.1.

Box 1.1: A flourishing community for older First Nations people – a concept

Older First Nations people can live according to their own values, world views and beliefs. This includes being able to ensure cultural survival by maintaining, reconnecting with and/or restoring cultural connections, be that with family, community, Country, culture or spirituality. Access to cultural connections and all aspects of life is centred on self-determination – having the ability to make decisions about one's own life and the lives of one's families and communities.

Older First Nations people participate in and are empowered in all decisions that affect them, such as those relating to land sovereignty, political determinates of health and wellbeing, housing, economics, arts, education, health, law and more. Those in positions of power and authority who can change structures and systems listen to First Nations people, and then take transformative actions that will benefit these people. Transformative actions focus on removing the structural and systemic issues that increase the risk factors associated with the determinants of health and wellbeing, as well as building in restorative justice and reform.

All services, such as health, education and housing, are delivered in a culturally safe manner, that meets the current needs of First Nations people. In the absence of transformative actions, or in the process of instituting these, older First Nations people and their communities advocate for and address the grief, loss and trauma caused by ongoing (and intergenerational) structural and systemic injustices.

In essence, older First Nations people live with respect, and dignity, where their roles and responsibilities are cherished, not just in First Nations communities but also in the broader Australian community.

Flourishing communities and social and emotional wellbeing

Given the conceptualisation of flourishing communities and the factors on which it relies, it is not surprising that it can be used interchangeably with the concept of social and emotional wellbeing. Social and emotional wellbeing is fundamental to the First Nations' holistic concept of health and wellbeing; it highlights the harmonised interrelationships that underpin and are required for overall health and wellbeing (Gee et al. 2014).

SEWB Model

The Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Model (SEWB Model) is one conceptualisation of social and emotional wellbeing (Figure 1.1). At the centre of the model is First Nations people's selfhood, which is interrelated with and a product of each of the surrounding domains (Gee et al. 2014) that form the next layer. These domains illustrate connections to body, mind and emotions, family and kinship, community, culture, Country, and spirituality (including Ancestors) (Gee et al. 2014). The next layer of the model illustrates how a determinants approach to health and wellbeing is incorporated; it does so by specifically highlighting social, cultural, historical and political determinants as factors that influence social and emotional wellbeing (Gee et al. 2014). The outer layer of the model illustrates the diverse expressions and experiences of social and emotional wellbeing.

Figure 1.1: Aboriginal and Torres Strait Islander SEWB Model

Source: Diagram adapted from Gee et al. 2014.

Guiding principles of social and emotional wellbeing

There are 9 guiding principles of social and emotional wellbeing, which were incorporated into the development of the SEWB Model (Gee et al. 2014; Swan and Raphael 1995). These principles recognise, in respect to First Nations people:

- their holistic view of health and wellbeing
- their self-determination
- service provisions valuing culturally valid understandings
- their loss, trauma and grief
- their human rights
- the impacts of racism, stigma, environmental and social adversity
- the centrality of kinship
- their diversity, and therefore place-based and individual expressions of social and emotional wellbeing
- their strengths, creativity and endurance (Swan and Raphael 1995).

Social and emotional wellbeing and mental health

Social and emotional wellbeing and mental health, although distinct concepts, interact in the context of the multidimensional and holistic nature of health and wellbeing (Social Health Reference Group 2004). Distinguishing between mental health and social and emotional wellbeing is important because some cultural expressions of the latter can be misinterpreted as a mental illness.

- Mental health problems result from a range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people (Social Health Reference Group 2004).
- Social and emotional wellbeing problems are a result of and/or caused by grief, loss, trauma, abuse, violence, substance misuse, physical health problems, issues with child development, gender identity issues, child removals, incarceration, family breakdowns, cultural dislocation, racism and social disadvantage (Social Health Reference Group 2004).

A misdiagnosis may result in an inappropriate intervention, exacerbating the issue and affecting the quality of life of not just the individual but also others connected to that person. However, while there are distinguishing features to differentiate between social and emotional wellbeing and mental health problems, the interchangeable use of the terms continues. Garvey (2008) offers an explanation, suggesting that social and emotional wellbeing provides an avenue for First Nations people to express themselves, including an understanding of lived experiences as they relate to mental health. Furthermore, the protective factors and strategies for social and emotional wellbeing are also protective factors for mental health and suicide prevention (Martin et al. 2023).

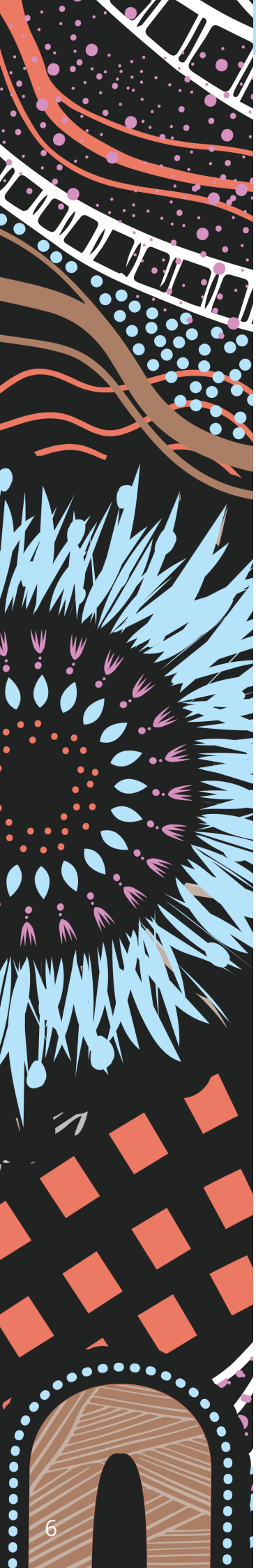
Crucial role of older First Nations people

Older First Nations people have a crucial role in supporting flourishing individuals and communities, including social and emotional wellbeing; their roles and responsibilities in families and communities are integral to intergenerational connections for passing on cultural knowledge, values and practices (Gibson, Dudgeon et al. 2020; Radford et al. 2019). Older First Nations people have striven to maintain these kinship roles, despite the harsh policies and legislation, and disruption from the ongoing impact of the invasion of Australia, which served to alienate First Nations people from family, community, Country and culture (Gibson, Dudgeon et al. 2020).

This report illustrates that, over the last 3 decades, older First Nation people have shared their stories and experiences, even at the likely risk of being retraumatised. As such, the literature of older First Nations people has been on the increase. Despite the recommendations that have resulted from sharing these stories, many of these recommendations have not been implemented and little remains known about mental health and suicide prevention experiences. This includes service delivery models; lived experiences of Stolen Generations survivors as older people; experiences of the complexities of flourishing in later life while living with a chronic health condition, multimorbidity and/or disability; and the experiences of homelessness, incarceration and end-of-life care.

Structure of this report

This report reviews the published literature on the social and emotional wellbeing of older First Nations people, particularly as it relates to mental health and suicide prevention. It firstly provides important background information and then draws on the voices of Elders and older First Nations people to identify key issues. An overview of key policies and frameworks is then provided. This is followed by a discussion of evaluated initiatives which informs the final section on overarching strategies, gaps in the research and recommendations for further actions needed to support older First Nations people to flourish in later life.



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Background

2 Background

First Nations people comprise 3.8% of the population and comprise over 250 nations and 450 language groups (AIHW 2024; Tudor-Smith et al. 2024). While the proportion of older First Nations people is low, their absolute numbers are increasing, as are their needs. It is illustrated below how these needs are a result of ongoing colonial policies, practices and legislation.

In 2021, there were approximately 154,993 First Nations people aged 50 and over (AIHW 2024). In 2031, it is predicted there will be around 209,000 First Nations people in this age group (AIHW 2022b). Furthermore, in 2022, Stolen Generations survivors were all aged 50 and over, comprising 21% of the older First Nations population (AIHW 2021). Stolen Generations survivors are, however, only one group of many that comprise older First Nations people, all of whom have critical and complex needs. To genuinely celebrate the growing numbers of older First Nations people, we need to meet their critical and complex care needs so that they all have the opportunity to flourish in later life.

Older First Nations people – central role for social and emotional wellbeing

The SEWB Model is one avenue to capture the essence of what it means for older First Nations people to flourish in later life; it encapsulates the common principles and practices for First Nations people in relation to social and emotional wellbeing. Importantly, it supports and reflects the lived experiences of First Nations people's social and emotional wellbeing, including the ability of both the individual and communities to flourish in later life (Gee et al. 2014). For example, older First Nations people are central in families, communities and culture (Gibson, Dudgeon et al. 2020; Radford et al. 2019); they also have important roles and responsibilities that support the social and emotional wellbeing of the entire community, which then, in turn, supports *their* social and emotional wellbeing (Gibson, Dudgeon et al. 2020; Radford et al. 2019). They are often called on to support social and emotional wellbeing service providers and/or to provide support in lieu of these providers (Gibson, Crockett et al. 2020).

Older First Nations people – sharers of knowledges

Older First Nations people often share cultural, familial and social knowledges across generations (Gibson, Dudgeon et al. 2020). For example, they are essential in reclaiming, reconstituting and restoring Indigenous knowledges within communities and families, which continues to be disrupted by the colonial invasion (Culture is Life 2014; Dudgeon et al. 2020). Older First Nations people enjoy learning, which is not only a lifelong activity, but also one that aligns with cultural ways of knowing, being and doing (Gibson, Dudgeon et al. 2020; Zeldenryk and Yalmambirra 2005). Many older First Nations people hold Eldership roles (Gibson, Dudgeon et al. 2020). It is important to note, though, that while age can be the only factor that determines Eldership, it can be at other times only one of many determining factors, and sometimes age is not considered at all (Gibson, Crockett et al. 2020; NSW Department of Health 2010). See Table 2.1 at the end of this section for how we have conceptualised Elders and older people for the purpose of this report.

Older First Nations people – their vulnerabilities

Language – benefits and barriers

While multiple research and consultation initiatives are emerging and privileging the voices of older First Nations people, these initiatives are yet to capture the experiences of the most vulnerable members. These vulnerabilities are caused by, and reflect, the political, historical, social and cultural determinants of health and wellbeing. For example, while many First Nations people were forbidden to speak their language (which is key to culture and social and emotional wellbeing), some continue to do so, with English sometimes being the second, third or fifth language spoken (ABS 2021; Gee et al. 2014). While speaking one's own First Nations language is a protective factor for social and emotional wellbeing, the way in which services manage languages other than English is a barrier for accessing culturally safe services (Australian Government 2021).

Psychological stress

Older First Nations people are living with 2.5 times more psychological stress than non-Indigenous Australians of the same age (Martin et al. 2023). In 2018, around 30% of older First Nations people experienced high or very high levels of psychological distress, yet the literature reveals that older people do not typically access services and/or do not receive culturally safe services (Martin et al. 2023). Although suicide is a leading cause of mortality for First Nations people, suicide rates in the older First Nations population are comparatively low compared with those for other age groups in their communities, and with those for older non-Indigenous Australians (Martin et al. 2023).

The quality of data relating to mental health and suicide prevention is, however, a significant problem (AIHW 2022a). Data quality is affected by the propensity to identify and/or to ask about identity; for example, Indigenous status is not always collected (AIHW 2022a). Rates of intentional self-harm are often under-represented and this is due, in part, to problems in capturing suicide-related behaviour (AIHW 2022a).

Disability and long-term health conditions

The social and emotional wellbeing of older First Nations people, including experiences of disability and long-term health conditions, is a result of, or negatively exacerbated by, ongoing colonial policies, practices and legislation. For example, among First Nations people, 71% aged 55–64 and 79% aged 65 and over are living with disability/a long-term health condition (AIHW and NIAA 2023). The proportion of older First Nations people living with disability/a long-term health condition is significantly higher than both that for other First Nations age groups and that for non-Indigenous Australians of the same age (AIHW and NIAA 2023). Furthermore, a high proportion of older First Nations people are living with a profound/severe core activity limitation (AIHW and NIAA 2023).

These experiences of health and wellbeing are likely to affect the need for access to services that can meet the critical and complex care needs of these older First Nations people. Experiences of living with disability/a long-term health condition is one explanation offered for why older First Nations people access aged care services at a younger age. In 2020, of the 1,900 older First Nations people living in residential aged care, most were in permanent residential aged care services and a small group of 100 were using respite residential aged care services (AIHW 2022b). In 2019, the most common medical conditions for First Nations people living in residential aged care were depression

or another mood disorder (40%), dementia (34%), arthritis (30%) and type 2 diabetes (25%) (AIHW 2022b). These common medical conditions mean that older First Nations people require complex care, including mental health and suicide prevention in aged care services.

Older First Nations people – influence of historical and political determinants

Older First Nations people's contemporary experiences of social and emotional wellbeing, including mental health and suicide prevention, are significantly influenced by historical and political determinants. The risk factors for these determinants stem from and are embedded in invasion (Smith 2021). As Smith (2021) posits, although invasion starts when one country forcibly takes control of another and starts living there, its impact is far more catastrophic. It has been the traumatic actions and events that have continued long after the violent takeover of lands – such as the unprecedented spread of Western diseases that have caused death in many communities, the mass killings of First Nations people during the frontier wars, and the policies/legislation – that have diminished the life of First Nations people (Smith 2021). It is also the colonisation of everyday life, such as embedding Western values, principles and philosophies in legislation, policies and structures (Smith 2021). It is therefore not surprising that the determinants of health for the First Nations population are directly linked with imposed colonial conditions such as policies, events and societal attitudes.

Impact of colonial conditions and prejudices

Invasion resulted in imposed colonial conditions, which directly affect older First Nations people. For example, although First Nations people grew up in the same nation as non-Indigenous Australians, their life experiences and life events vary significantly. Older First Nations people have often been exposed to exploitation at work, unemployment and/or limited opportunities for high-paying jobs; subsequently, they are not afforded the same work-related luxuries (such as superannuation) in later life, nor do they have as much opportunity to pass wealth onto younger generations (Bin-Sallik and Ranzijn 2001).

Many older First Nations people were segregated and forced to assimilate to Western ways of knowing, being and doing (AIATSIS 2022). For example, before invasion, children's learning environments were complex and integrated with family, community and Country (Zeldenryk and Yalmambirra 2005). These cultural learning systems are a supportive factor for cultural determinants and, importantly, they honour relational ways of being and learning (Zeldenryk and Yalmambirra 2005). However, after invasion, many First Nations children were forcibly removed from families and/or forced into education settings that did not reflect cultural ways (Gibson, Dudgeon et al. 2020; Zeldenryk and Yalmambirra 2005). Furthermore, First Nations children were exposed to learning environments where teachers and peers believed that their intellectual capacity was inferior to that of non-Indigenous Australians, even though there is no evidence for this. False beliefs such as these are a form of racism, and can result in violent everyday practices that cause harm to all involved.

Government officials, including health, education and religious delegates, used Western theories and philosophies to propagate false beliefs that First Nations people were intellectually inferior to non-Indigenous Australians (McConnochie 2008). These false beliefs led to unfair justifications that First Nations people were incapable of everyday activities (like looking after their own children, being successful at school and holding employment) (McConnochie 2008); they were also used to justify legislation whereby First Nations people were either targeted directly, based on their race, and/or affected in disproportionate ways by policies, structures and processes (McConnochie 2008).

These Western ideologies and false beliefs continue to pervade everyday practices, like welfare processes for children in out-of-home care and health interventions that do not value First Nations knowledges (McConnochie 2008; Wright et al. 2024).

As such, invasion is a not a past moment in time, but rather a series of events of violence, trauma, racism, marginalisation and disempowerment, which increases the likelihood of negative impacts on social and emotional wellbeing across the life span.

Forcible removal of children

State and federal legislation that forcibly removed First Nations children from families is one of many examples that were racially biased, and it remains a significant and ongoing risk factor for social and cultural determinants of health and wellbeing. Although First Nations children have been forcibly removed from families since the start of invasion, policies and legislation were implemented in the 20th century to continue that practice, under the false pretence that First Nations families were not fit or capable to be parents (Commonwealth of Australia 1997). Yet, many homes and institutions that First Nations children were forced into were described as cruel, and there were many instances where abuse, in all forms, occurred (Commonwealth of Australia 1997). These harsh environments, which were often led by government officials (including law enforcement officers, church leaders and health-care providers), resulted in many Stolen Generations survivors experiencing anxiety, depression and post-traumatic stress (Commonwealth of Australia 1997). It is not surprising that childhood trauma severity is a predictive factor in depressive symptoms, especially among older First Nations people (Rowland et al. 2021).

Further studies reveal that Stolen Generations survivors and their descendants are more likely to be worse off than other First Nations people in their age group, when compared against a range of social determinants of health. For example, Stolen Generations survivors are more likely to be incarcerated, require government payments as their main income source, experience violence, not own their own home, have poor self-assessed health and be more likely to experience homelessness (AIHW 2021).

First Nations people in out-of-home care and prisons

Colonial practices, policies and legislation relating to out-of-home care and imprisonment are testimony to how First Nations people are disproportionately affected by policies, structures and processes.

For example, in 2021, 19,500 First Nations children were in out-of-home care, a rate of 58 per 1,000, which is 11 times the rate for non-Indigenous children (Lima et al. 2024). These rates of out-of-home care for First Nations children disrupt family life for all involved, including for older First Nations people who advocate for child safety, including reducing the numbers of forced removals. That advocacy process and/or the high numbers of child removals (which includes children living in institutions) may traumatise or re-traumatise older First Nations people.

In relation to prison, First Nations people comprise 33% of all prisoners, which is nearly 10 times above parity (ABS 2023). Of these prisoners, 78% had prior adult imprisonment.

First Nations people experience poorer health outcomes both in prison and in out-of-home care (ABS 2023). Furthermore, the proportions of First Nations people in prison and in out-of-home care continue to rise.

Older First Nations people have advocated, via numerous national consultations, for system changes to reduce the disproportionate impact of practices, policies and legislation to do with First Nations people in out-of-home care and in prisons (discussed further Section 6 and in Appendix A). Yet, recommendations to reduce the over-representation of First Nations people are yet to be implemented.

Culturally responsive services

The Australian Institute of Health and Welfare (AIHW) (2023) reports that First Nations people, including older members, access mental health services at a higher rate than non-Indigenous Australians. While the AIHW (2023) is unable to confirm if the rates of First Nations people accessing mental health is meeting needs, leading scholars, such as Professor Pat Dudgeon, report that service rates indicate issues with accessibility and equity.

Since the early 1990s, First Nations people, including older members, have reported in national consultation processes that services are not culturally responsive. Hence, First Nations people are leading and undertaking initiatives to embed First Nations perspectives of health and wellbeing. For example, the SEWB Model is a tool that health professionals can use to understand the holistic notions of First Nations people's social and emotional wellbeing (Dudgeon et al. in press). Also emerging in the literature is the assessment and validation of tools specifically designed or modified for older First Nations people such as:

- the Good for Spirit, Good for Life quality of life assessment tool (Gilchrist et al. 2023; Smith et al. 2021)
- the Kimberley Indigenous Cognitive Assessment (KICA) for assessing cognition (LoGiudice et al. 2006) and depression (Almeida et al. 2014) and for screening via telehealth (Russell et al. 2021)
- the validation of various other cognitive assessment tools (Radford et al. 2015).

Other tools are being further developed and validated with older First Nations people, such as the Aboriginal Resilience and Recovery Questionnaire (Gee et al. 2023).

While many community-controlled health organisations are embedding First Nations perspectives of health and wellbeing, Western service providers still struggle to do so (Dudgeon et al. in press). It is therefore not surprising that we see reports of First Nations people, including Elders, receiving services that are not culturally safe. For example, Gibson, Crockett et al. (2020) revealed that older First Nations people (and their community members) still receive services that:

- showed a lack of regard for community, especially the most vulnerable members
- practised in ways that discriminate, based on age and race
- demonstrated a lack of cultural appropriateness and responsiveness
- lacked responsibility at all levels in the system to be delivered in a culturally responsive manner.

Important terms and concepts

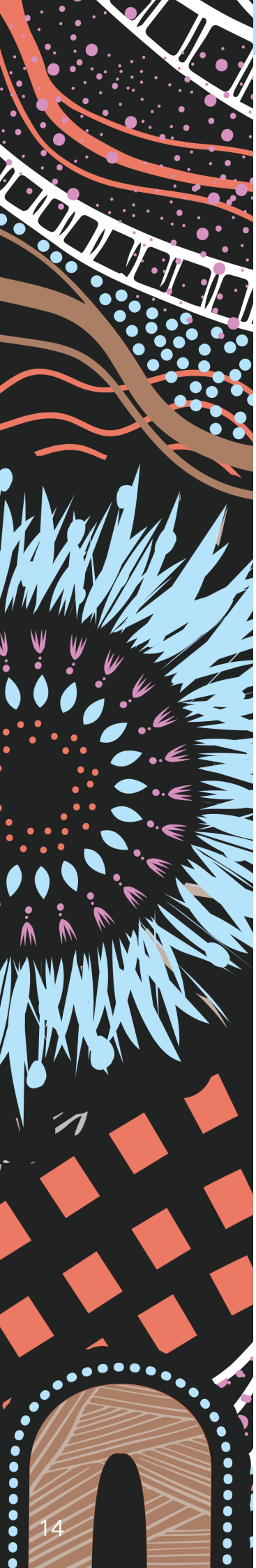
The range of terms and concepts used in the literature are listed in Table 2.1, together with explanations of how they are used in this report.

Table 2.1: Terms and concepts used in the literature and how used in this report

Term or concept	How used in this report
Older First Nations people	Many Australian Government policies conceptualise old age for First Nations people as being 50 and over. In some instances, like the justice system, First Nations people are considered to have reached old age once they are 45. First Nations people are more likely to define ageing in a holistic manner, reflecting a range of factors that extend beyond chronological age. For example, older Aboriginal people living in New South Wales identified being older as being influenced by: • *chronological age*: older age can start in any decade, and for some it starts in their 40s • *physical factors*: physical changes, like having grey hair, not being physically mobile and requiring naps during the day • *social contexts*: social circumstances, like being the oldest person in the family • *psychological and emotional contexts*: feelings and experiences of being old • *cultural contexts*: roles and responsibilities one undertakes in the family and community. These may include being an Elder, caring for Country, or sharing Lore and other knowledges with younger generations. It is important to note that many older people hold Eldership roles, if not just in their own families, in communities too (Gibson, Crockett et al. 2020). In this report, we refer to older First Nations people, understanding that many may also identify as an Elder. However, in the key issues section of this report (Section 4), we use terms that the original source identified.
Elder/s	In many resources used to inform this report, the title of Elder is often used interchangeably with the title of older First Nations person. Although there are distinct differences between an Elder and an older person, there are also some similarities. Eades et al. (2022) posit that Elders are distinguished by the type of respect held for and by that Elder, connections to culture, lived experiences, sharing knowledges across generations, being approachable, not contributing to familial or community conflict and being a lifelong learner. According to Gibson, Crockett et al. (2020), Elders and older people share common roles, like speaking on behalf of families and/or communities, holding both wisdom and authority, passing on sacred cultural/ancestral knowledge to younger generations, and caring for community and/or Country.
First Nations people	There is not one preferred term for First Nations people. Other terms commonly include Aboriginal and Torres Strait Islander people, or the nation that the person connects with, like Gamilaraay or Wiradjuri. We acknowledge the diversity of terms used by First Nations people, and when working with individuals and/or communities, we recommend using terms that make sense to them. In this report, we use the term First Nations people, in line with recommendations of the Australian Institute of Health and Welfare.
Stolen Generations survivors	Stolen Generations survivors, sometimes referred to as members of the Stolen Generations, are First Nations people who were forcibly removed as children from their families and communities, based on race-based policies, set up by state and federal governments during the 20th century (AIATSIS 2022).

Table 2.1 (continued): Terms and concepts used in the literature and how used in this report

Term or concept	How used in this report
Link-Up	Link-Up is a support service for First Nations people who have been separated from their families because of past government policies and practices, including institutionalisation, adoption or foster care. Link-Up aims to help Stolen Generations survivors to trace, where possible, their families and family history so as to be reunited with family, Country, community and/or grave sites (Link-Up [NSW] Aboriginal Corporations n.d.).
Country	Country to First Nations people refers to the geographical land, sea/waterways and sky scapes where groups of First Nations people hold connections through bloodlines, birth and ancestorial ties (Moreton-Robinson 2016).
Racism	Racism is a complex combination of prejudice, ideology, stereotypes, disparities and unequal treatment. For example, institutional racism occurs when structures and procedures result in injustice and inequity. Interpersonal racism occurs when one person or group of people target others based on cultural identities. Internalised racism occurs when individuals adopt false negative beliefs about their own cultural identity, which may see them perpetuate harm onto others by applying that false negative belief (Berman and Paradies 2010; Watego et al. 2021).
Social and emotional wellbeing services	Social and emotional wellbeing services include a coordination between primary health care, mental health-care services and human services across the life span (Social Health Reference Group 2004). The integration of aged care services may assist in supporting the social and emotional wellbeing of older people. Although some services may not be considered, by the above definition, as being a social and emotional wellbeing service, they may nonetheless affect the social and emotional wellbeing of First Nations people. For example, First Nations people identified the following service types that also had an impact on social and emotional wellbeing: medical, mental health, primary health care, aged care, palliative care and rehabilitation (Gibson, Crockett et al. 2020). Furthermore, older First Nations people explained how services that affect their access to social determinants, like housing, welfare and education, also influence social and emotional wellbeing (Gibson, Crockett et al. 2020).
Psychological distress	Psychological distress occurs when criteria for a mental illness are not met, but present as a mixture of emotional distress and anxiety, and depression-related symptoms such as worry and disturbed sleep. Serious psychological distress can be seen as a warning sign that someone is not coping, that mental health is at risk, and that a person is at an increased risk of substance misuse and suicide (Social Health Reference Group 2004).



3

Method

3 Method

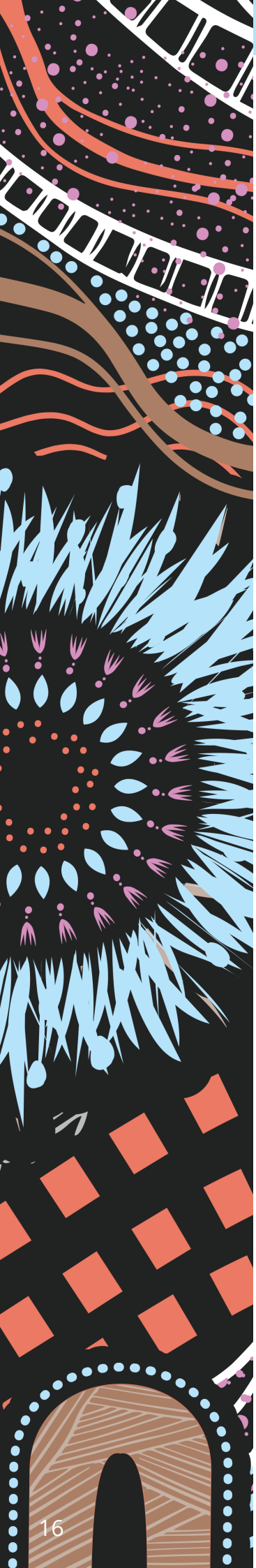
The aim of the literature review that informed this report was to better understand mental health and suicide prevention. With this in mind, we looked at the protective and risk factors relating to older First Nations people's social and emotional wellbeing.

Our review focused on the literature published in multiple scholarly databases, and the grey literature (which includes government reports). Databases searched included PubMed, Scopus and CINAHL. The grey literature search included identifying websites that were owned and/or governed by First Nations people, including Culture is Life, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP), The Lowitja Institute and the Australian Indigenous Health*InfoNet*. The World Wide Web was also used, including Google Scholar and Google. Search terms included and related to 'First Nations people', 'ageing', 'social and emotional wellbeing', 'mental health', 'suicide', 'prevention', 'service provision' and/or 'service evaluation'.

The inclusion criteria included publications from the year 2000, written in English and focused on older First Nations people's social and emotional wellbeing. This meant that we included resources that identified both older First Nations people and Elders. The intent of the inclusion criteria was to locate and discuss targeted literature, programs and evaluations relating to older First Nations people's mental health and suicide prevention. The exclusion criteria included evaluating existing programs and quality appraisal of initiatives that support older First Nations people's broader health and wellbeing (for example, falls programs and aged care).

Indigenous governance and knowledges guided this literature review – 3 of the 4 authors are First Nations women. Indigenous knowledges were privileged by 3 critical mechanisms:

- the Reflexive Thematic Analysis approach, which was deductive in nature as it used the SEWB Model, an Indigenous-led model that privileges the 'culture as health' framework and place-based knowledge development (Braun et al. 2023; Gee et al. 2014). The SEWB Model framed the basis of collating the voices of older First Nations people's holistic perspectives on mental health and suicide prevention
- the use of the Harfield et al. (2020) *Quality Appraisal Tool (QAT) for Aboriginal and Torres Strait Islander Health Research* to review the cultural responsiveness of each program and initiative, as well as the resources used to collate the key issues of this report. We did find it difficult, however, to locate all the relevant information in the resources, as it was not always included or clear. We note that most articles met most criteria of the QAT. Lacking in all articles was clear information for both QAT questions relating to cultural and intellectual property rights
- the use of CBPATSISP criteria to inform our review of the included programs and initiatives.



4

Key issues

4 Key issues

This section summarises the voices of older First Nations people, as captured in the literature, describing key issues related to social and emotional wellbeing and flourishing in later life. Our analysis revealed that while these voices can be recorded under the domains and factors influencing the determinants of health and wellbeing, these domains and determinants are all interconnected, aligning with First Nations' holistic understandings of health, wellbeing and flourishing communities. This interconnectedness is not linear or hierarchical; rather, it is relational, with many links and shared features. Our analysis also revealed an additional theme – namely, one related to the provision of services and programs for social and emotional wellbeing and flourishing in later life.

Social and emotional wellbeing domains

This section describes factors related to the 7 domains of the SEWB Model: connection to body, connection to mind and emotions, connection to family and kinship, connection to community, connection to culture, connection to Country, and connection to spirituality and Ancestors.

Connection to body

The literature revealed that older First Nations people view physical health as a holistic dimension intertwined within the broader context of social and emotional wellbeing (Coombes et al. 2018; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; NSW Department of Health 2010; Radford et al. 2019; Rowland et al. 2021; Smith et al. 2021). Physical activity is embedded in many cultural practices, such as activities related to caring for Country and ceremonial activities like dancing. The ability to manage physical limitations associated with chronic illness, co-morbidities, disability and getting older strongly influenced the protective and risk factors for ageing well and living a good life. The protective factors described include remaining active, mobility safety, maintaining independence and the capacity for employment, while the loss of these factors is highlighted as a risk to living well in later life (Gibson, Dudgeon et al. 2020; McCausland et al. 2023; NSW Department of Health 2010; Waugh and Mackenzie 2011).

While older First Nations people expressed an understanding of the need to be proactive about physical activity for overall health and wellbeing, negative beliefs and attitudes about the decline of physical ability in later life were voiced as a barrier to engaging with the levels of activity associated with maintaining good mental health (Radford et al. 2019; Rowland et al. 2021; Wettasinghe et al. 2020). It is worth noting that 12% of older First Nations people aged 55 and over participate in a sport-related activity at least once per week and in 29 minutes of physical activity per day, on average, and that men are more likely to be physically active than women (ABS 2014; Macniven et al. 2023).

Other issues related to the *Connection to body* domain included access to basic needs such as good nutrition, clothing, housing and adequate finances; access to appropriate services; and the lack of resources to fulfil fundamental physical needs, which had an impact on the desired capacity of Elders and older community members not only to maintain independence but also to choose to remain safely and securely in their own homes (McCausland et al. 2023; Pearson et al. 2024; Smith et al. 2021).

While living independently at home is a positive social and emotional wellbeing factor, some community members described hesitancy to seek out and ask for services that would enable them to do this due to fear of being judged by non-Indigenous Australians (Pearson et al. 2024). Importantly, concerns about these basic needs for safety and security extended beyond self to include family and community (Gibson, Dudgeon et al. 2020; Smith et al. 2021).

Connection to mind and emotions

Factors identified in the literature related to maintaining a healthy *Connection to mind and emotions* were underpinned by the concept of older First Nations people living life on their terms. Autonomy, empowerment and self-determination – combined with a strong sense of identity, dignity, self-worth and purpose – were described as significant protective aspects of flourishing in later life (Busija et al. 2020; Coombes et al. 2018; NSW Department of Health 2010; Smith et al. 2021). The capacity to make autonomous self-determined plans, including for end-of-life care and funeral arrangements, is described as particularly important (Smith et al. 2021). First Nations frameworks and concepts of resilience focus on being able not just to cope in the face of adversity, but also to connect with others, Country and culture in supporting the wellbeing of the whole family and/or community. Resilience relies on the ability to be self-determining, to hold agency and to survive (as opposed to thriving).

Opportunities for social interactions and activities and for maintaining nurturing and trusting friendships are viewed as necessary for social and emotional wellbeing (McCausland et al. 2023; Pearson et al. 2024; Radford et al. 2019; Smith et al. 2021; Waugh and Mackenzie 2011). Social connections provide opportunities for fulfilling roles as teachers and learners through yarning and sharing experiences (including stories of the past) and for having a laugh and confiding troubles (Gibson, Dudgeon et al. 2020; NSW Department of Health 2010; Radford et al. 2019; Smith et al. 2021). Building connections, implementing healing activities, sharing cultural knowledge, supporting activism to address injustice, and gaining new skills through lifelong listening and learning were identified as essential to living fulfilling lives (Gibson, Dudgeon et al. 2020; Radford et al. 2019). The lack of opportunities for ongoing learning is described as detrimental to social and emotional wellbeing (Gibson, Dudgeon et al. 2020).

Other risk factors for social and emotional wellbeing in this domain include cognitive impairment (including dementia); sadness; grief; loss and loneliness; and isolation from family, community, Country and each other (Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Pearson et al. 2024; Wettasinghe et al. 2020). Adding to feelings of grief and loss, experiences of trauma were identified as reasons for older First Nations people choosing not to participate in the roles and responsibilities that contribute to positive social and emotional wellbeing (Gibson, Dudgeon et al. 2020).

Further to the loss of social connections, experiences of trauma related to racism, negative stereotyping and judgements, marginalisation and disempowerment featured prominently in descriptions of diminished social and emotional wellbeing (Busija et al. 2020; Coombes et al. 2018; Cox et al. 2021; McCausland et al. 2023; NSW Department of Health 2010).

It is important to remember that many older First Nations people continue to experience a lifetime of grief, loss and trauma, which is exacerbated by the ongoing historical and social injustices.

Adverse childhood events; a legacy of social, educational, employment and political injustice; and the cumulative ongoing impacts of invasion, colonisation and racism were notable influences on the *Connection to mind and emotions* domain, especially as they relate to flourishing in later life. (These factors are discussed in more detail in the subsection headed 'Determinants of health'.) Importantly, if loss, grief and trauma are not addressed over one's lifetime, they are likely to manifest as unresolved social and emotional wellbeing issues and/or mental health issues in later life.

Connection to family and kinship

The literature revealed that First Nations people frequently emphasised the importance of family and kinship connections for strong social and emotional wellbeing in later life. Grandparenting, which extends beyond the Western definition, featured strongly as a motivating factor for staying strong and well (Gibson, Dudgeon et al. 2020; Radford et al. 2019; Smith et al. 2021). Family connections for grandparents reach beyond bloodlines, extending to kinship ties that determine identity, belonging and responsibilities as older members of their families and communities (Gibson, Dudgeon et al. 2020; NSW Department of Health 2010; Smith et al. 2021). Furthermore, the role of grandparents often included responsibilities as both formal and informal carers.

First Nations Eldership roles and older people placed high importance on intergenerational connections, describing their positioning within family as both teachers and learners, and as both carers and people needing to be cared for (Busija et al. 2020; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; NSW Department of Health 2010; Radford et al. 2019; Smith et al. 2021; Waugh and Mackenzie 2011; Wettasinghe et al. 2020). Carer roles within families have the potential to leave older family members unable to participate in other community activities; however, fulfilling family responsibilities, for some, can negate any sense of burden (Gibson, Dudgeon et al. 2020).

Reciprocal family obligations and responsibilities featured consistently as a central concern; being able to honour these contributed to a sense of purpose and self-worth, while not being able to do so led to a deep sense of loss, and anxiety about being a burden. The concerns about burdening family involved physical, emotional and financial dependence (Coombes et al. 2018; Wettasinghe et al. 2020). These worries, combined with feelings of shame about needing support, can lead to stoicism in older First Nations family members, and result in their not seeking support for social and emotional wellbeing needs (Wettasinghe et al. 2020). Depression was specifically discussed by some in the context of keeping quiet due to stigma (Wettasinghe et al. 2020). Other older First Nations people recognise the need to speak up and proactively seek social and emotional support (Radford et al. 2019).

Also revealed in the literature were significant concerns about a breakdown of cultural practices related to traditional reciprocal care within families. This is viewed as a disregard of cultural values and is experienced as disrespect, negatively affecting the social and emotional wellbeing of older First Nations people (Gibson, Dudgeon et al. 2020; Smith et al. 2021; Waugh and Mackenzie 2011; Wettasinghe et al. 2020). Eades et al. (2022) reported that while older First Nations people felt that younger generations could be disrespectful towards Elders, younger First Nations people reported that they respected Elders.

The breakdown of family relationships (including through domestic violence) and a lack of family support also present barriers to engaging with the levels of physical activity associated with maintaining good mental health (Rowland et al. 2021).

Connection to community

Within the literature, older First Nations people communicated the power of meaningful *Connection to community* for social and emotional wellbeing and flourishing in later life. Fulfilling culturally bound responsibilities as older community members is strongly tied to self-worth and purpose, a sense of being respected and valued and a sense of pride and belonging (Coombes et al. 2018; McCausland et al. 2023; Radford et al. 2019; Smith et al. 2021; Waugh and Mackenzie 2011).

The community roles described as strengthening social and emotional wellbeing include:

- being in leadership positions as Traditional Custodians holding, restoring and sharing cultural knowledge and protecting the integrity of cultural heritage (Busija et al. 2020; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019)
- leading activism and advocacy for self-determination, Indigenous human rights and community resources through social and political change (Busija et al. 2020; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019)
- supporting healing during Sorry Business and from intergenerational trauma and injustice (Busija et al. 2020; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019; Smith et al. 2021)
- building collective community capacity to address ongoing racism and discrimination (Busija et al. 2020; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019)
- fostering respectful relationships and knowledge sharing within and across communities (Busija et al. 2020; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019)
- promoting mutual cross-cultural understandings with mainstream society (Busija et al. 2020; Radford et al. 2019).

Gender-based roles (women's and men's business) are also considered to be important obligations, with strongly held values including love, respect, affection and compassion for others underpinning a sense of individual and community wellbeing (McCausland et al. 2023; Radford et al. 2019). Intergenerational community connections based on reciprocated values, especially with young people, contribute to a feeling of living well in later life (Radford et al. 2019; Smith et al. 2021; Wettasinghe et al. 2020).

The health of older First Nations people is described as being inherently linked to and dependent on the health of the whole community, especially in relation to its younger members. Negatively affecting the social and emotional wellbeing of older First Nations people are pervasive concerns for youth, particularly in relation to mental health, substance misuse, self-harm and suicide, and high incarceration rates (Busija et al. 2020; Cox et al. 2021; Culture is Life 2014; NSW Department of Health 2010; Radford et al. 2019). Being able to nurture healing environments by role modelling good decisions, imparting cultural values, strengthening cultural identity and connections, and dealing with racism is a valued aspect of flourishing in later life (Busija et al. 2020; NSW Department of Health 2010; Radford et al. 2019; Wettasinghe et al. 2020).

Connection to culture

The voices of First Nations Elders and older people captured in the literature clearly articulate the central role that *Connection to culture* plays in social and emotional wellbeing and flourishing in later life. According to the analysis by Luke et al. (2024) of the Australian Bureau of Statistics' National Aboriginal and Torres Strait Islander Social Survey (2014–2015), many older First Nations people participate in culture events and activities. Loss of connections to culture is expressed in terms of grief and loss, while making life decisions based on strong cultural values is a source of strength and self-respect (Radford et al. 2019; Yashadhana et al. 2023).

In addition to cultural framings of health and wellbeing and the culturally bound relationships to family and community described earlier in this section, the connections to culture described as central to flourishing in later life include:

- honouring, strengthening and sharing cultural values, practices and beliefs, like dancing and singing (Coombes et al. 2018; Cox et al. 2021; Gibson, Dudgeon et al. 2020; Radford et al. 2019; Smith et al. 2021; Yashadhana et al. 2023)
- fulfilling cultural obligations as Traditional Custodians of Country, including maintaining connections to sacred places and finding new ways to connect with Country (Coombes et al. 2018; Cox et al. 2021; Gibson, Dudgeon et al. 2020; Radford et al. 2019; Smith et al. 2021; Yashadhana et al. 2023)
- participating in cultural activities such as community gatherings and ceremonial business (Coombes et al. 2018; Cox et al. 2021; Gibson, Dudgeon et al. 2020; Radford et al. 2019; Smith et al. 2021; Yashadhana et al. 2023)
- yarning and storytelling as ways of passing on traditional knowledge and sacred stories, sharing history and the wisdom of life experiences, and enabling cultural healing (Cox et al. 2021; Gibson, Dudgeon et al. 2020; Radford et al. 2019; Smith et al. 2021; Yashadhana et al. 2023)
- learning, speaking and teaching traditional languages (Coombes et al. 2018; Cox et al. 2021; Radford et al. 2019; Smith et al. 2021; Yashadhana et al. 2023)
- practising Eldership roles and responsibilities, which occur in families, communities and on Country (Cox et al. 2021; Gibson, Dudgeon et al. 2020; Smith et al. 2021; Yashadhana et al. 2023).

Connection to Country

Connection to Country is intrinsically linked to the social and emotional wellbeing of older First Nations people, with the literature revealing that spending time on Country and participating in activities related to Country supports healing and enhances quality of life. Returning to Country was commonly expressed as increasingly important as people got older (McCausland et al. 2023), particularly for those living in urban landscapes (Yashadhana et al. 2023) and in the context of end-of-life care on Country and being buried on ancestral lands (Smith et al. 2021).

Factors related to *Connection to Country* that are described as sources of strength and healing include:

- the ability to fulfil cultural obligations to look after and learn from Country, and pass on teachings from Country (Coombes et al. 2018; Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Smith et al. 2021)

- the sensory experience of Country, including the sights, sounds, smells and feel of Country (Smith et al. 2021; Yashadhana et al. 2023)
- traditional foods and bush medicines, and the memories of traditional life on Country, which was a source of health and wellbeing (Radford et al. 2019; Waugh and Mackenzie 2011).

Disruption to connections to Country, including physical distance, is experienced as a risk factor for social and emotional wellbeing (Gibson, Dudgeon et al. 2020; McCausland et al. 2023). Older First Nations people expressed anxiety about the destruction of Country, including through the environmental impacts of climate change. These concerns included food and water security and the availability of bush medicines (McCausland et al. 2023).

Connection to spirituality and Ancestors

Strong connection to Ancestors and spiritual wellbeing is a core aspect of flourishing well in later life for First Nations people. In the literature, this domain is described as being related to social and emotional wellbeing in the ways described below:

- Elders find strength for self and community in linking to Ancestors through communication with the spiritual world and providing spiritual connections and healing across generations (Busija et al. 2020; NSW Department of Health 2010).
- Living on or having access to Ancestral lands, and opportunities to be on Country to listen and learn from Ancestors, are protective factors for social and emotional wellbeing (Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019; Yashadhana et al. 2023).
- Fulfilling roles as knowledge holders and sharers in honouring, teaching and learning from Ancestors is important for maintaining social and emotional wellbeing (Busija et al. 2020; McCausland et al. 2023).
- Opportunities for spiritual expression and practising spirituality are important for living a good life (Smith et al. 2021).
- Opportunities to experience traditional ways of life when younger and to reconnect with more traditional ways in later life are a source of spiritual healing (Waugh and Mackenzie 2011; Yashadhana et al. 2023).
- Disrupted connections, for whatever reason, to Ancestors and spirituality can reduce social and emotional wellbeing (Busija et al. 2020; McCausland et al. 2023; Smith et al. 2021).
- A concern associated with connection to spirituality is the risk of spiritual experiences being misinterpreted by services providers as a mental illness (NSW Department of Health 2010).

Determinants of health

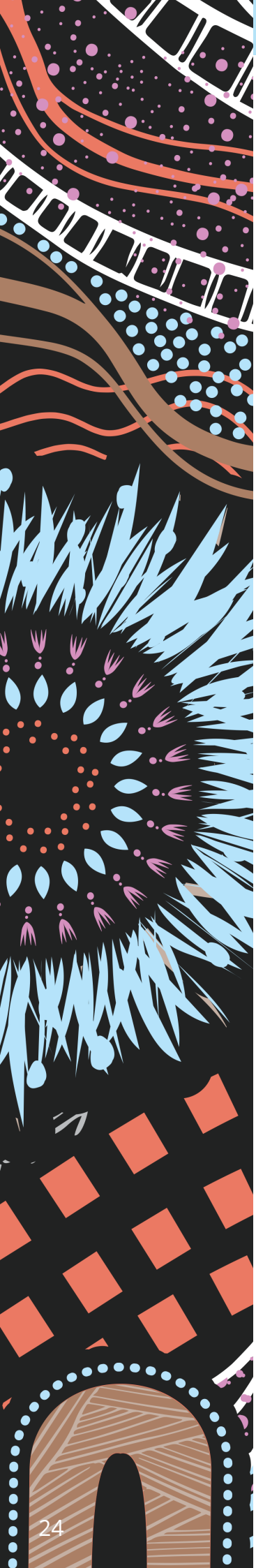
Historical, political, social and cultural determinants of health, which surround the social and emotional wellbeing domains in the SEWB Model (see Figure 1.1), are inextricably linked for older First Nations people. As described earlier, the broader determinants of health stem from and are embedded in colonialism, an ongoing process that negatively affects the capacity of First Nations people to flourish in later life. Described here are the perspectives of older First Nations people, as expressed in the literature, related to historical and sociopolitical factors; these perspectives contribute across the life course in affecting social and emotional wellbeing in later life.

Older First Nations people who experienced separation as children from family, community, culture and Country under the policies and practices of forcible removal (including institutionalised abuse) describe lifelong trauma and permanent negative impacts on health and wellbeing as a result (Coombes et al. 2018; McCausland et al. 2023; Waugh and Mackenzie 2011; Yashadhana et al. 2023). Similar detrimental impacts on social and emotional wellbeing are described by older people who lived through the policies and practices of enforced segregation and assimilation (Busija et al. 2020; Coombes et al. 2018; Waugh and Mackenzie 2011). People often did not speak about these things until later in life; nonetheless, social opportunities and trusting relationships for sharing these stories of childhood experiences and their lifelong impacts are important for addressing the emotional toll of past and ongoing suffering (McCausland et al. 2023; Smith et al. 2021; Yashadhana et al. 2023).

Socioeconomic marginalisation because of poor education and employment opportunities throughout the life course are described by some as leading to low self-esteem, hopelessness and loneliness (Cox et al. 2021), along with financial worries about themselves and their families and concern for others in their communities (Busija et al. 2020). Financial stresses can create barriers to seeking and accessing basic necessities – such as safe transport, secure housing and appropriate services – which are required to flourish in later life (Coombes et al. 2018; Cox et al. 2021; Smith et al. 2021; Wettasinghe et al. 2020).

The devastating effects of colonisation, such as displacement from Country and the fracturing of family and community cohesion, have lifelong impacts on cultural identity and connections to culture. The destruction of traditional languages is commonly experienced by older First Nations people as a risk factor for social and emotional wellbeing. Stolen Generations survivors share experiences of being forbidden, often violently, to speak their language (Smith et al. 2021; Yashadhana et al. 2023). Conversely, being able to speak, protect and teach – or reconnect with – traditional language later in life strengthens social and emotional wellbeing by reinforcing cultural identity and intergenerational connections (Coombes et al. 2018; Culture is Life 2014; NSW Department of Health 2010; Radford et al. 2019; Smith et al. 2021; Waugh and Mackenzie 2011; Yashadhana et al. 2023).

Older First Nations people express distress about historical and contemporary experiences of racism and dehumanisation, often framing this in terms of intergenerational trauma (McCausland et al. 2023; Yashadhana et al. 2023). This is particularly disturbing when such experiences are encountered in services that are designed to help the most vulnerable in our society, such as those in health-care, education and law enforcement contexts (Busija et al. 2020; Gibson, Crockett et al. 2020; McCausland et al. 2023). Working to remove some of these barriers that affect the capacity of communities to heal and flourish can enhance social and emotional wellbeing by providing a sense of purpose, self-worth and strong cultural identity for older First Nations people as community role models and leaders (Gibson, Dudgeon et al. 2020; McCausland et al. 2023; Radford et al. 2019; Smith et al. 2021). Staying politically engaged and active in later life is identified as important by some Elders and older community members not only for their own strength but also for their roles in supporting intergenerational healing (Cox et al. 2021; Gibson, Dudgeon et al. 2020; McCausland et al. 2023).



5

Perspectives on service and program delivery

5 Perspectives on service and program delivery

Critical enablers

The following features are identified as critical enablers of service and program delivery to support older First Nations people's social and emotional wellbeing:

- place-based approaches grounded in local cultural values, practices and understandings of health and cultural needs (Busija et al. 2020; Gibson, Crockett et al. 2020; McCausland et al. 2023; Smith et al. 2021)
- strength-based approaches that are holistic and uphold Indigenous human rights approaches; encompass trauma-informed care; include co-design principles; align with the SEWB Model; are led and governed by First Nations people; are culturally safe; and meet the needs of older people, families and communities (Gibson, Crockett et al. 2020; McCausland et al. 2023; Pearson et al. 2024; Wettasinghe et al. 2020)
- locally accessible services and programs, and transport provision to overcome transport barriers (Coombes et al. 2018; Gibson, Crockett et al. 2020; McCausland et al. 2023; Wettasinghe et al. 2020)
- family-focused healing approaches, including flexibility to accommodate competing family responsibilities and respite resources for family/carers (McCausland et al. 2023; Wettasinghe et al. 2020)
- a strong First Nations health workforce that understands the cultural obligation to respect and care for older members of the community (Gibson, Crockett et al. 2020; McCausland et al. 2023; Pearson et al. 2024; Wettasinghe et al. 2020)
- a culturally capable non-Indigenous health workforce that is adequately trained to provide specialised aged care and support the health and cultural needs of Elders and older First Nations people.

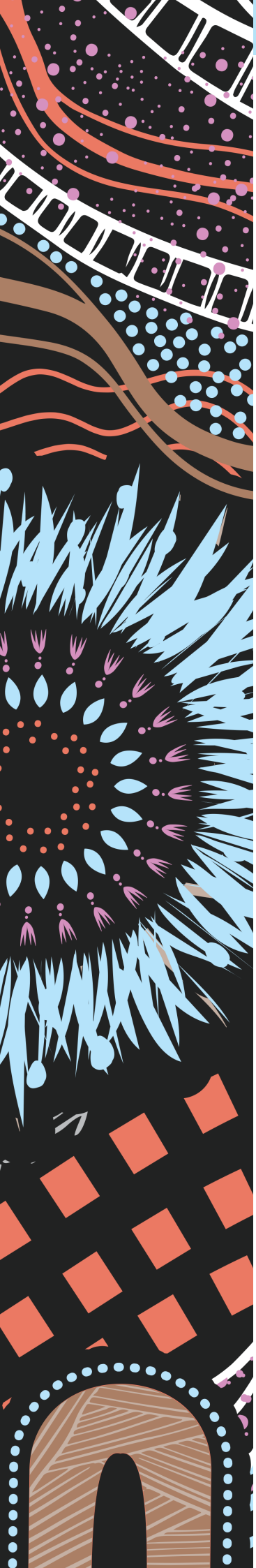
In summary, older First Nations people prefer services and programs that reflect their values, needs and preferences, which are deeply entwined in constructs of flourishing in later life.

Critical barriers

Older First Nations people frequently report negative experiences and low expectations about receiving appropriate and respectful care. The following features are identified as fundamental barriers to service and program delivery in supporting First Nations people's social and emotional wellbeing in later life:

- the lack of First Nations-specific services and/or services that provide fly in – fly out care providers, and a lack of understanding of local community needs (Coombes et al. 2018; McCausland et al. 2023)
- inadequate, or non-existent partnerships between Western service providers and First Nations community services (Busija et al. 2020; Cox et al. 2021; Gibson, Crockett et al. 2020)
- limited First Nations health-care providers employed by Western health services (Busija et al. 2020; McCausland et al. 2023; NSW Department of Health 2010; Wettasinghe et al. 2020)

- lack of access, due to geographical distance and transport constraints, including reliance on others to provide transport (Coombes et al. 2018; McCausland et al. 2023; NSW Department of Health 2010; Wettasinghe et al. 2020).
- a lack of culturally safe practice by non-Indigenous service providers; a lack of confidentiality and privacy, exacerbating a sense of shame (Cox et al. 2021; NSW Department of Health 2010)
- limited support and guidance to navigate processes, particularly in relation to needing to access multiple services across the system (Busija et al. 2020)
- institutional and systemic racism as shown by ignoring the perspectives of older First Nations people and perpetuating ongoing marginalising impacts of colonisation (Gibson, Crockett et al. 2020; McCausland et al. 2023; NSW Department of Health 2010; Wettasinghe et al. 2020)
- past negative experiences with programs (including experiences of racism and ineffective programs that do not meet specific needs) or with the judgemental behaviours of other program participants (McCausland et al. 2023; NSW Department of Health 2010; Wettasinghe et al. 2020)
- a requirement to access services though technological platforms (Wettasinghe et al. 2020).



6

Policy context

6 Policy context

The 1990s yielded significant and landmark documents that informed subsequent advocacy and actions in relation to First Nations social and emotional wellbeing. Detailed policy analysis (including outcomes and subsequent actions) of these and other associated documents is presented in other reports on the Indigenous Mental Health and Suicide Prevention Clearinghouse, including but not limited to:

- *Indigenous self-governance for mental health and suicide prevention* (Groves et al. 2022)
- *Improving Indigenous mental health outcomes with an Indigenous mental health workforce* (Upton et al. 2021)
- *An overview of Indigenous mental health and suicide prevention in Australia* (Martin et al. 2023).

In this report, we highlight several of these landmark documents, noting their relevance to older First Nations people. These documents show that the issues that older First Nations people experience today were experienced 30 years ago. More details of each of the documents mentioned below are provided at Appendix A.

Royal Commission into Aboriginal Deaths in Custody National Report (1991)

This *Royal Commission into Aboriginal Deaths in Custody National Report* (RCIADIC) is of particular importance as it outlines both the systemic and structural causes of high incarceration rates and deaths in custody of First Nations people. For example, it was found that almost 50% of deaths in custody during the RCIADIC reporting period were Stolen Generations survivors.

Although over 300 recommendations were made in this report to improve incarceration rates and deaths in custody, the governments have been accused of ignoring these (Knowles 2 April 2021). Older First Nations people, including Stolen Generations survivors, are more likely to be imprisoned and/or have family members who are imprisoned. These numbers are not just statistics; every life lost, harmed or wasted at the hands of carceral violence (that is, violence inherent in the incarceration system) has immediate and ongoing impacts throughout the whole community, especially for older members – past, present and future.

Burdekin Report (1993)

The *Burdekin Report* – formerly titled 'Human rights and mental illness: report of the National Inquiry into the Human Rights of People with Mental Illness' – highlights various cultural and social expressions, symptoms and causalities of mental health (Human Rights and Equal Opportunity Commission 1993). It provides insights into links between colonisation and oppressive government policies and the widespread loss, grief and trauma caused and entrenched in First Nations communities (Human Rights and Equal Opportunity Commission 1993).

The report illustrates that mental health services were unable to provide culturally responsive care, especially for older First Nations people. The culturally responsive issues reported in 1993 continue to exist today, such as misdiagnosis, language barriers, lack of support in rural and remote areas and poor intervention strategies. Key issues noted for older First Nations people in the report were that members were living in institutions (like aged care facilities) and that they were experiencing depression and anxiety at the prospect of dying off Country and being separated from family. First Nations workers were (and continue to be) instrumental in implementing strategies to lessen the impact of older First Nations people being separated from their cultural connections.

Ways forward: national Aboriginal and Torres Strait Islander mental health policy national consultancy report (1995)

This report captures First Nations people's expressions and experiences of health and wellbeing. It highlights that older First Nations people are a priority group, for reasons that we continue to see 30 years after the report's publication. These reasons include issues like high morbidity and mortality rates, as well as caring roles in families.

The *Ways forward* report highlights the care needs of older First Nations people, which includes making sure the needs of families and communities are met. The recommendations in the report are still relevant today; they include things like First Nation-led mental health services, culturally responsive services, and addressing the risk factors for social determinants of health and wellbeing.

Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (1997)

This was the first time that Stolen Generations survivors shared their experiences in a national inquiry. The report emanating from the inquiry documented how many First Nations children were forcibly located to institutions and/or families where the predominately non-Indigenous caretakers or carers abused them, physically, psychologically, emotionally, sexually and culturally (Commonwealth of Australia 1997). Twenty years later, fewer than 1 in 10 of the recommendations in this report had been implemented in full (Anderson and Tilton 2017). As previously mentioned, all Stolen Generations survivors are now aged over 50, and many are passing before they can heal and see justice in relation to their experiences; this exacerbates the grief, loss and trauma experienced by older First Nations people and their families and communities.

United Nations Declaration on the Rights of Indigenous Peoples (2007)

The United Nations Declaration on the Rights of Indigenous Peoples asserts that particular attention should be given to the elderly in relation to improving economic and social conditions, including in areas of housing, health and social security (United Nations General Assembly 2007). The Australian Government is often criticised for not meeting the rights of Indigenous people in respect of – but not limited to – issues like high incarceration rates.

National Agreement on Closing the Gap (2020)

The Productivity Commission has been highly critical of overall progress made to date against Priority Reforms in Closing the Gap:

> *Although there are pockets of good practice, overall progress against the Priority Reforms has been slow, uncoordinated and piecemeal. Despite over 2,000 initiatives being listed in governments' first implementation plans for Closing the Gap, many of these reflect what governments have been doing for many years* (Productivity Commission 2024:4).

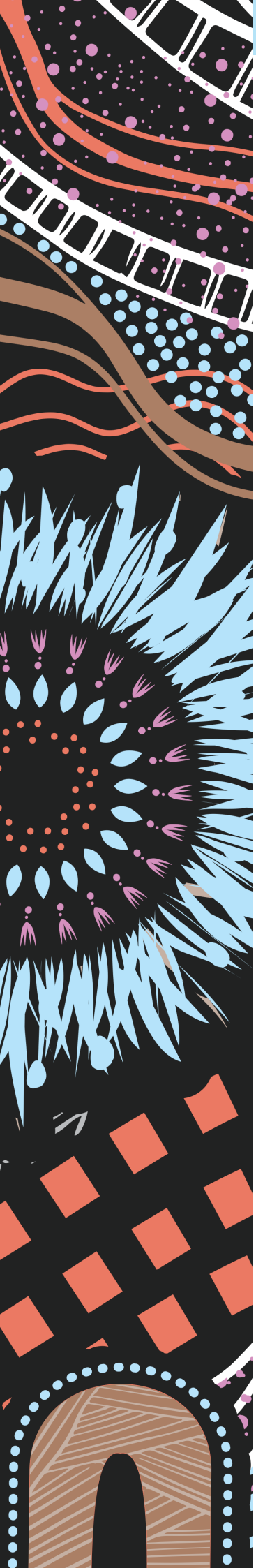
While some targets had shown improvements, such as overall life expectancy, many were still not on track (Productivity Commission 2024). Significant changes were recommended, such as ensuring that self-determination could be enacted by First Nations people; this requires the Australian Government to rethink its implementation of the 4 priority reform areas (Productivity Commission 2024)

Royal Commission into Aged Care Quality and Safety Report: care, dignity, respect (2021)

This Royal Commission report includes findings and recommendations relating to older First Nations people's social and emotional wellbeing, including mental health, and suicide prevention. Key recommendations supported the aforementioned key and landmark documents, such as ensuring Stolen Generations survivors received services that meet their needs, promoting self-determination and empowerment of all First Nations people, funding resources so older First Nations people can maintain connections to Country and providing culturally safe services (Royal Commission into Aged Care Quality and Safety 2021). The recommendations meant to benefit older First Nations people are yet to be seen to be doing so.

Summary

The landmark documents mentioned in this section (and their implementation) reveal that older First Nations people, although identified as a priority population within the broader First Nations population, are not receiving services or national actions that respond specifically to their needs and aspirations. Notably, older First Nations people have shared their stories in supporting the development of these landmark documents, yet most recommendations are yet to be implemented. Furthermore, the ongoing legacy of colonisation, racism and intergenerational trauma persists, even though older First Nations people have advocated through these policy documents and other avenues to support the provision of better mental health service.



7

Programs and initiatives

7 Programs and initiatives

There are limited details in the published literature of programs and initiatives focused specifically on the mental health and social and emotional wellbeing of older First Nations people – and even fewer published evaluations of programs. The program evaluations found in a review of the literature represent small study numbers and short program durations; however, that should not the diminish the value of what older First Nations participants are saying about the benefits of these programs. The participant experiences of the programs summarised in this section have value in informing localised, place-based initiatives to support flourishing in later life. More details of these programs are provided in Appendix B.

Ngarraanga Giinganay ('thinking peacefully')

Ngarraanga Giinganay is a culturally grounded mindfulness-based group program arising from previous work with First Nations communities as part of the Koori Growing Old Well Study (KGOWS) (Radford et al. 2014). The program, informed by Indigenist methodology, was initiated and developed through collaborative partnerships between Gumbaynggirr community members and leaders, an Aboriginal and Torres Strait Islander Reference Group and KGOWS investigators (Lavrencic et al. 2021). An evaluation involved the participants of the pilot study of the program (co-facilitated by a First Nations clinician and Elder) and included quantitative measures (baseline demographics and health metrics) and qualitative questions (semi-structured and open-ended).

The participants described the program as helping in some way with promoting relaxation and concentration, reducing feelings of anxiety, eating better, preventing falls and connecting with Mother Earth (Lavrencic et al. 2021). The authors also reported trends for reducing depression, anxiety and stress symptoms and blood pressure (Lavrencic et al. 2021).

Men's sheds as therapeutic spaces

Men from a First Nations community in Tasmania have access to a local Men's Shed 2 days a week (Cox et al. 2019). Following a request from community leaders to evaluate the benefits of the initiative, interviews were held with First Nations men who use the facility for social, cultural and community activities. The study was guided throughout by community and participant consultation and an advisory group (comprising an Elder, a community member and the researcher) to ensure authentic and respectful partnerships that empowered the participants (Cox et al. 2019). Before conducting the interviews, the researcher regularly spent time with Shed members over 4 months to build relationships and understand context. The semi-structured interviews started as informal conversations and then developed into discussions about the Men's Shed, men's health and related community concerns (Cox et al. 2019).

The evaluation data indicated that the participants of the Men's Shed program were creating a space for belonging, hope, mentoring and shared experiences of illness. This space represents an informal therapeutic environment with positive, mutually beneficial impacts on social, emotional and physical wellbeing, and provides evidence for local knowledge to inform strategies for local community development (Cox et al. 2019).

Walaay

This initiative provided an opportunity for older First Nations people living in urban settings who are survivors, family members or descendants of the Stolen Generations to physically access cultural landscapes by attending a walaay (a ceremonial camp held in a cultural landscape). A First Nations cultural governance group (comprising local Elders and traditional cultural knowledge holders) and a partnership with an urban-based organisation led by Stolen Generations survivors guided the activities and the research process (Yashadhana et al. 2023). The walaay activities, which focused on reconnecting to culture and Country, were co-led by an Elder and a traditional cultural knowledge holder. Data were collected using an open-ending yarning circle around a fire, which allowed for discussions about culture, Country, urban living and lived experiences to flow organically (Yashadhana et al. 2023). Findings of the study revealed that culturally grounded, sensory-led on Country experiences of connection to culture and Country are critical for intergenerational healing (Yashadhana et al. 2023).

Art as therapy: Aboriginal community-controlled art centres

Two studies sought to identify the benefits of First Nations community-controlled art centres for the health and wellbeing of older First Nations people. The first study (Mackell et al. 2023) used a decolonising participatory action research approach (guided by Indigenous theoretical frameworks) to collect stories through field visits and interviews with people (including local Elders) who were associated with 3 First Nations community-controlled art centres. The second study (Mackell et al. 2022) used online and face-to-face surveys that were developed by a team of First Nations and non-Indigenous researchers, art centre staff and peak body representatives.

The results from both studies showed that art centres play a wide-ranging and vital role, beyond the production of art, in supporting the social, emotional, spiritual and physical wellbeing of Elders and older artists (Mackell et al. 2023; Mackell et al. 2022). The art centres were shown to create a safe place for older First Nations people, which provided purpose and opportunities to generate income, enact governance, connect to culture and Country, and foster intergenerational connection through sharing cultural knowledge (Mackell et al. 2023; Mackell et al. 2022). The art centres also provide opportunities for older community members to receive direct personal care and support with activities of daily living (Mackell et al. 2022).

Aboriginal mental health first aid training

In consultation with a Daroo Elders group in regional New South Wales and led by NSW Health's Local Health District (LHD) Aboriginal Mental Health Clinical Leader, the Aboriginal Mental Health First Aid program (developed by Mental Health First Aid Australia) was adapted to increase the knowledge and confidence of local Elders in supporting community members attending a social and emotional wellbeing space on the local hospital campus (NSW Department of Health 2015). The adapted program was designed and delivered by the Aboriginal Mental Health Clinical Leader to accommodate various levels of health literacy and allow the participants time between sessions to process complex issues and ask questions (NSW Department of Health 2015).

Strategies used to meet specific needs for Elders participating in the training included using clear, jargon-free communication; using visual prompts and non-technical language to describe key concepts; and taking breaks to check in with the participants. Participants received a highly valued certificate on completion of the training (NSW Department of Health 2015). Catering was also provided for the participating Elders, as was an opportunity to tour the mental health facilities to increase their understanding of the range and context of inpatient services (NSW Department of Health 2015).

Eleven Elders completed the program, providing them with an increased sense of autonomy and empowerment and more confidence to provide trauma-informed support to community members, both in acute inpatient and community settings (NSW Department of Health 2015). The training also provided opportunities for the participants to discuss personal stories in a safe environment and, for some, to identify specific issues within their own families (NSW Department of Health 2015).

Aboriginal Older Peoples' Mental Health Project

The New South Wales Older Aboriginal Peoples' Mental Health Project had 3 aims:

- to better understand the lived experiences of older First Nations people living in New South Wales (NSW Department of Health 2010)
- to identify issues for service providers who work with older First Nations people with lived experiences of mental health issues (NSW Department of Health 2010)
- to develop an understanding of older First Nations people's needs and expectations when accessing mental health services (NSW Department of Health 2010).

The project involved consulting with older First Nations people, community members and service providers in relation to older First Nations people's understandings and lived experiences of mental health (NSW Department of Health 2010). These consultations occurred in a rural area, a coastal area and a city area (NSW Department of Health 2010). A Project Reference Group, comprising both First Nations and non-Indigenous representatives, provided input and oversight to the project, which was coordinated by a Senior Project Officer, who was a First Nations person (NSW Department of Health 2010).

The outcome of the project revealed that older First Nations people were experiencing a range of social and emotional wellbeing issues, including mental health issues, which were not being supported by services, including Specialist Mental Health Services for Older People (SMHSOP) (NSW Department of Health 2010). Aboriginal health/mental health workers were identified as being best equipped to provide mental health services and support to older First Nations people; in general, non-Indigenous service providers are not well equipped to provide this (NSW Department of Health 2010).

The project developed principles of practice to support SMHSOP service and policy makers in providing strategies for culturally responsive care. The principles of care centred on developing partnerships with First Nations people (including First Nations clinicians, older First Nations people and community members) and respecting older First Nations people's lived experiences of social and emotional wellbeing (NSW Department of Health 2010). Recommendations included that the SMHSOP adopt the principles of care, which would see the Older People's Mental Health Policy Unit (the Unit) working with an advisory group and key partners to develop strategies and resources to support the implementation of the principles of care (NSW Department of Health 2010).

Five years after the release of the Aboriginal Older People' Mental Health Project Report, the Unit developed a resource pack for the SMHSOP. In so doing, it worked with the Aboriginal Older People's Mental Health Working Group (established in response to the aforementioned project), who supported and endorsed the pack (NSW Department of Health 2015). Many of the pack's resources provided context and/or additional information, based on the expansion of literature available, to guide the implementation of the 8 principles of care (NSW Department of Health 2015).

The report also highlighted examples of key initiatives being implemented in the local health districts, one of which was the Aboriginal mental health first aid training mentioned earlier in this section. Although the recommendations of the Aboriginal Older People's Mental Health Report have not been evaluated, at least in the public sphere, key information relating to their implementation can be found in the evaluation of the SMHSOP Community Model of Care Guideline (Health Policy Analysis 2018). That information includes the following observations:

- Clinicians are aware that First Nations people are under-represented in SMHSOP services.
- When First Nations people access care, they receive improved appropriateness of care.
- The introduction of the new model of care did not substantially increase the number of older First Nations people accessing the service: the number of new clients accessing services in 2016 was 55 and in 2017 it was 66.
- Self-audit reports indicate that 73% of the referral processes of community teams include Aboriginal Health/Mental Health Workers and/or Aboriginal-led services.
- Across 15 LHDS in NSW Health, the following initiatives with Aboriginal people were reported:
  - In 1 LHD, 1 SMHSOP was running clinics with an Aboriginal Medical Service.
  - In 1 LHD, 1 SMHSOP was attending meetings with a group of First Nations carers.
  - In 1 LHD, 1 SMHSOP was holding older people's mental health forums with a First Nations community group.

Most LHDs lacked strategic partnerships between SMHSOP and Aboriginal people.

Work of the Healing Foundation

The Healing Foundation amplifies the voices and lived experiences of Stolen Generations survivors and their families to inform the understandings of governments, policy makers and workforces in supporting intergenerational healing (Healing Foundation 2021). The Foundation has succinctly defined healing and the healing process as follows:

> *Healing enables people to address distress, overcome trauma and restore wellbeing. Ways to support healing include reconnecting with culture, strengthening identity, restoring safe and enduring relationships and supporting communities to understand the impact that their experiences have had on their behaviour and create change. Healing occurs at a community, family and individual level. Healing continues throughout a person's lifetime and across generations* (Healing Foundation n.d:1).

Effective services and programs that respond to the complex needs of Stolen Generations survivors and their families require a commitment to:

- taking urgent action
- adopting holistic approaches
- fostering Stolen Generations-led and centred responses
- promoting self-determination
- being trauma-aware
- adopting healing-informed practice
- implementing evidence-informed programs and services (Healing Foundation 2021).

The Foundation's community-led projects, which are focused on both local priorities and self-determination, are embedded in activities focused on connections to family, community, culture, Country and spirituality (Healing Foundation 2019b). In 2019, the Foundation had supported 175 community projects, which reached 7,000 Stolen Generations survivors and 45,000 community members (Healing Foundation 2019b). The outcomes of these projects included undertaking healing processes for loss, grief and trauma, as well as connecting with culture; these are significant outcomes given the impact of the policies, legislation and practices that continue to impact on Stolen Generations survivors (Healing Foundation 2019b).

The Healing Foundation's Theory of Change was developed to clarify understanding of what elements need to be in place to achieve real social action (Healing Foundation 2019a). The 3 key domains supporting the Theory of Change are:

- quality healing programs and initiatives led by communities and developed to address local impacts of trauma
- healing networks to promote healing at a national and community level
- a supportive policy environment, whereby policy makers understand and implement long-term healing programs that are of benefit to First Nations people (Healing Foundation 2019a).

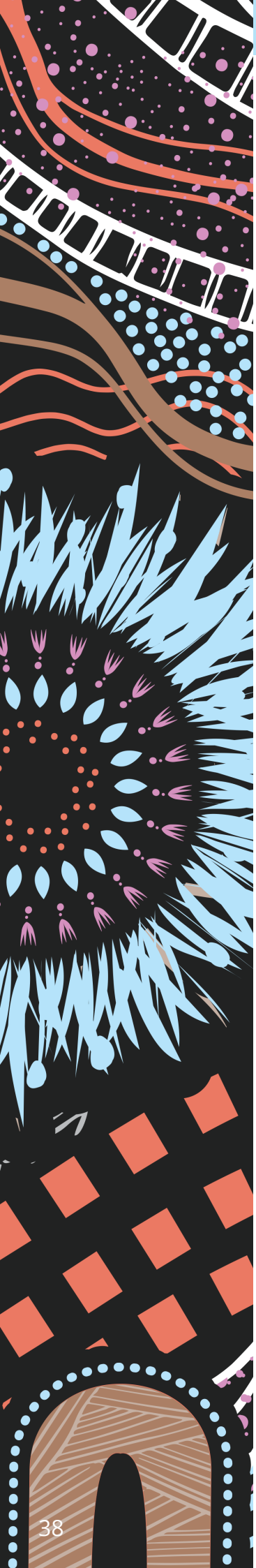
Given the emerging evidence that healing needs to be included in any initiative to do with First Nations people, the Healing Foundation and its work can inform other initiatives for older First Nations people.

Programs out of scope, but worth a mention

Numerous programs and initiatives described in the literature were out of the scope of this report because they were primarily focused on managing chronic illness (for example, heart health) or physical activity outcomes (for example, falls prevention), and participation was not restricted to older First Nations people. However, many of these programs and initiatives use holistic approaches that incorporate aspects of social and emotional wellbeing and mental health. Two such programs worth briefly mentioning are Aunty Jean's Good Health Team and the Ironbark program.

- Aunty Jean's Good Health Team: This Elder-led chronic and complex care program is designed to:
  - build on community strengths to enhance capacity for self-management of complex health issues
  - maintain effective partnerships with health professionals
  - share culturally informed information
  - co-create a supportive fun environment for good health (Illawarra Health 2004).

  The contribution of Elders to the program, both as expert consultants and participants, is described as the core strength of the program (Illawarra Health 2004). A broad spectrum of standardised and specially developed evaluative measures have been used to evidence wide-ranging holistic benefits of the program; all intended outcomes have not only met but also exceeded expectations (Illawarra Health 2004).
- Ironbark Program: This is a community falls prevention program specifically for First Nations people. Co-designed and evaluated with First Nations leadership and community-controlled stakeholder engagement, the program incorporates balance and strength exercises and a yarning circle that focuses on risk factor education. While the intended primary outcome is preventing falls, the program has been shown to benefit social and emotional wellbeing. Program participants reported that the option to attend a First Nations-specific program – where they felt culturally safe and respected as Elders – was important (Lukaszyk et al. 2018). The group discussion aspect was valued as an opportunity for social interaction – to share stories and build friendships (Lukaszyk et al. 2018). Participants also reported having greater confidence to be more active, and being more empowered in managing health concerns (Lukaszyk et al. 2018).



8

Overarching strategies, approaches and best practice

8 Overarching strategies, approaches and best practice

Strength-based approaches – key principles for program and initiative success

Based on the literature reviewed and referenced in this report, and using the strength-based model proposed by Gibson, Crockett et al. (2020), we have developed a conceptual statement that summarises a strength-based approach to use with older First Nations people; namely, that Elders and older First Nations people have conceptualised strength-based approaches to support social and emotional wellbeing for themselves and the broader community. This conceptualisation aligns with the broader literature, including the programs and initiatives included in this paper.

Older First Nations people believe strength-based approaches are grounded in collaborative relationships between service providers and First Nations people. These relationships embrace the values and philosophies of First Nations people's diverse ways of knowing, being and doing, especially as they relate to social and emotional wellbeing. These values and philosophies inform respectful communication strategies; they are also place-based, which means they honour local communities' diverse experiences and knowledges.

Inherently, strength-based approaches are decolonising, anti-racist and centre on human rights. They honour First Nations people's leadership and governance; promote their self-determination, culture and cultural practices and their participation in decision-making; and uphold co-design practices and equality. Strength-based approaches incorporate a critical reflection of whose knowledge, practices and traditions are typically privileged through everyday processes and structures – such as policies, education practices and governing arrangements. Key to any critical reflections are tangible transformative actions that benefit First Nations communities. Trauma-informed and culturally safe service provision are paramount; as such, service providers are aware of contexts, which bear significant weight on determinants of health, be they the social, cultural, historical or political determinants.

Importantly, strength-based approaches, mean that services operate in an integrated manner, moving away from negative discourses to work with individuals and communities in gleaning local and place-based understandings of how to live a life well, which includes palliative and end-of-life care.

Gaps and limitations in data or research

There are significant gaps and limitation in the data and research. The lack of program development, implementation and evaluation of program initiatives focusing on older First Nations people's social and emotional wellbeing is a significant issue. This is especially so given the amount of support that older First Nations people provide to the development, implementation and evaluation of health and mental health service issues.

Potentially, the approach adopted by the Healing Foundation in developing programs for Stolen Generations survivors and descendants could be applied to other vulnerable groups in the older First Nations community, such as people living with severe mental health issues and/or complex situations that result in significant social and emotional wellbeing concerns. The intergenerational, holistic and strength-based approaches used in the Healing Foundation work is not a standard practice for mainstream mental health services, which tend to operate in a disjointed manner. More work, including translational research, is required to support mainstream services to better focus on integrated care within communities and across multiple generations.

The voices of older First Nations people who are the most vulnerable, such as those who are homeless, imprisoned, Stolen Generations survivors and experiencing severe and complex health conditions (like mental health), are generally not 'heard' in the literature. Furthermore, many that are 'heard' reflect the experience of Aboriginal, not Torres Strait Islander, people.

Changes needed to implement strength-based approaches

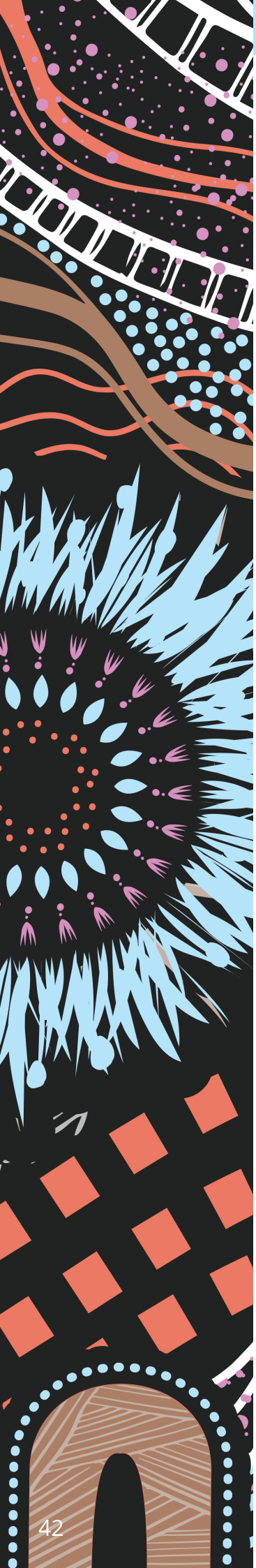
Committed action needs to be taken. Older First Nations people are currently sharing their stories and wisdom, yet the lack of genuine purposeful action by governments and service providers remains. This needs to change.

- Leading First Nations academics tell us that listening to the voices of First Nations people can become a substitute for the work that needs to happen (Moreton-Robinson 2021). Older First Nations people have spoken, and we need to heed these voices to make immediate change and build on future work. A lack of action makes it seem that those in positions of authority and/or providing care, who are well placed to change how, when and where services are delivered, are not listening to and/or are overlooking the wisdom and stories of older First Nations people.
- Funding models are needed that value and incorporate the holistic and relational aspects of social and emotional wellbeing; these aspects are reflected in First Nations-led frameworks, models and processes.
- National redress is needed for Stolen Generations survivors, as per existing recommendations.
- Addressing the high rates of incarceration and out-of-home care for First Nations people is essential, as per existing recommendations.
- National strategies are required to promote trauma-informed and anti-racist practices to help mitigate further trauma and harm being caused in contemporary Australian society.
- Issues relating to accountability and responsibility for national initiatives and other jurisdictional initiatives, like Closing the Gap, need to be addressed, so transformative actions that benefit First Nations people are occurring.
- There are emerging assessment initiatives that indicate a move towards culturally safe assessment and intervention for older First Nations people, but more work – including an evaluation of knowledge translation into everyday clinical practice – is required.

Recommendations for further research

The following is a list of recommendations for further research to better understand and meet the needs of older First Nations people:

- evaluating existing programs, especially place-based community-led initiatives, and/or creating new social and emotional wellbeing programs
- gaining a better understanding of how older First Nations people flourish in the face of a lifetime of ongoing racism, colonialism and marginalisation
- gaining an understanding of how to best meet the needs of older First Nations people who are most vulnerable, such as those living with disability and/or a long-term health condition; those living in an aged care facility; and/or those who either have lived experience as a Stolen Generations survivor or are a family member of someone who has
- gaining further understandings of the perspectives of older Torres Strait Islander people on flourishing in later life
- gaining a better understanding, through more research, of family and community members who provide care for older First Nations people
- conducting translative research to support a mainstream services focus on strength-based approaches in communities and across multiple generations, including all services that have an impact on social and emotional wellbeing, including aged care and palliative care
- developing translational research approaches for non-Indigenous service providers to apply strength-based approaches in service provision
- applying and reporting culturally safe research approaches that value First Nations research methodologies.



9

Conclusions

9 Conclusions

This report highlights the key social and emotional wellbeing issues that critically affect older First Nations people's ability to flourish in later life, including experiences of mental health and suicide. In summary, older First Nations people are living longer, but they are doing so with complex and lifelong health conditions and/or disability. Furthermore, a significant proportion of older First Nations people are Stolen Generations survivors who, along with other members of vulnerable groups, have specific needs and aspirations. Multiple national and research activities have collected the voices of older First Nations people. To date, though, many of the recommendations made for and by older First Nations people are yet to be implemented; therefore, their voices have either not been heard or valued.

Therefore, we recommend systemic, structural and procedural changes, including funding allocation models, monitoring and accountability mechanisms and the embedding of strength-based approaches in care for older First Nations people. Further research, particularly translational research, is required to better understand how older First Nations people can flourish in later life, despite complex and intersecting health, disability and ageing issues. Furthermore, addressing policies, practices and legislation that affect First Nations people disproportionately is a priority to prevent further harm to all members of the community. Doing this effectively will require a deep and authentic understanding of how invasion and colonisation continue to harm and/or negatively affect First Nations people's social and emotional wellbeing.

Acknowledgements

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We pay our respects to Aboriginal and Torres Strait Islander people, past and present, especially for their advocacy and leadership. We acknowledge the roles of older Aboriginal and Torres Strait Islander people and Elders, who play an important role in both advocacy and leadership. We pay respect to the traditional owners of Country, including their continuous connections to land, sea, sky, family and communities.

We thank the Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee and Fadwa Al-Yaman for their advice and guidance during the development of this publication. We also thank other members of the AIHW Mental Health and Suicide Prevention Unit for their support.

Abbreviations

AIHW	Australian Institute of Health and Welfare
Bringing Them Home Report	*Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (1997)
CBPATSIS	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
KGOWS	Koori Growing Old Well Study
KICA	Kimberley Indigenous Cognitive Assessment
LHD	local health district
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
QAT	Quality Appraisal Tool
RCIADIC	Royal Commission into Aboriginal Deaths in Custody Report
SEWB model	Aboriginal and Torres Strait Islander social and emotional wellbeing model
SMHSOP	Special Mental Health Services for Older People

Appendix A: Further details of key landmark policy documents

Section 6 of this report listed a number of important documents that have informed subsequent advocacy, policy and actions in relation to the social and emotional wellbeing of older First Nations people. This appendix provides further detail on these landmark policy documents.

Royal Commission into Aboriginal Deaths in Custody National Report (1991)

The Royal Commission examined First Nations people's deaths in custody between January 1980 and May 1989, of which there were 99 (Royal Commission into Aboriginal Deaths in Custody 1991). The subsequent report, *Royal Commission into Aboriginal Deaths in Custody National Report* (RCIADIC), highlights many key issues that resulted in incarcerations, including (and not limited to) the ongoing impacts of colonisation and the high incidence of First Nations' mental health and/or social and emotional wellbeing issues (Royal Commission into Aboriginal Deaths in Custody 1991). Importantly, it was recognised that the increased proportions of incarceration rates of First Nations people were due to the structural and systemic disadvantage of this group, rather than to an increased rate of criminality within the population group (Royal Commission into Aboriginal Deaths in Custody 1991). This structural and systemic disadvantage is further highlighted by the fact that almost 50% of the deaths in custody during the above-mentioned period were Stolen Generations survivors (Royal Commission into Aboriginal Deaths in Custody 1991).

The RCIADIC made 339 recommendations, mainly concerned with processes for people in custody, consultation with First Nations groups, police education and improved accessibility to information (National Archives of Australia n.d.). The Australian government has been criticised for implementing very few to none of the report's recommendations and, in some instances, government actions have been further criticised for not keeping an ongoing record of deaths in custody (Knowles 2 April 2021).

In the 32 years since the RCIADIC was released (1 July 1991 to 30 June 2023), the National Deaths in Custody Program recorded 541 First Nations deaths in custody (McAlister et al. 2023). This translates to 1 First Nations death in custody every 3 weeks for the last 3 decades. In 2022–23, the highest number of First Nations custody-related deaths occurred in decades: 31 deaths in a 12-month period. These accounted for 28% of all deaths in custody, with 16% of these deaths in First Nations people aged 55 and over (McAlister et al. 2023). Furthermore, the most recent available data reveals that 10% of older First Nations people had been imprisoned in their lifetime, and that Stolen Generations survivors are more likely to be imprisoned than other older First Nations people (AIHW 2021, 2022b). These numbers are not just statistics; every life lost, harmed or wasted at the hands of carceral violence has immediate and ongoing impacts throughout the whole community – past, present and future.

Burdekin Report

The *Burdekin Report* encapsulated key findings from the National Inquiry into the Human Rights of People with Mental Illness, highlighting various cultural and social expressions, symptoms and causalities of mental health (Human Rights and Equal Opportunity Commission 1993). It provided insights into links between colonisation and oppressive government policies and the widespread loss, grief and trauma entrenched in First Nations communities (Human Rights and Equal Opportunity Commission 1993). It illustrated many hurdles faced by mental health services, including the inability to provide culturally responsive care. For example, the limited understanding by mental health services of the previously discussed cultural and social expressions of mental illness – such as services not being delivered on ancestral Country – was destructive for mental health and wellbeing, particularly for older community members (Human Rights and Equal Opportunity Commission 1993). In essence, this report drew attention to service providers not addressing cultural and social expressions of First Nations people.

The *Burdekin Report* highlighted key issues for older First Nations people, reconfirming the limited understanding of cultural expressions of social and emotional wellbeing. Reports indicated that older First Nations people were being removed from family and Country because of misdiagnosis, which was common. Significant factors contributing to service issues were language barriers, a lack of support in rural and remote areas and poor intervention strategies. Furthermore, in rural and remote areas, older people were more likely to be removed off Country and away from family into institutions. Cultural healers explained that the depression and anxiety seen in older First Nations people living in institutions was a result of the prospect of dying off Country and away from family. Older First Nations workers were implementing strategies to reduce the impact of older members being separated from family, community and Country. In many ways, this report led to the development of the *Ways forward* report.

Ways forward: national Aboriginal and Torres Strait Islander mental health policy national consultancy report (1995)

The *Ways forward* report was instrumental in capturing the holistic expressions and experiences of First Nations people's health and wellbeing. It viewed older First Nations people as a priority group for several reasons, including their high morbidity rates, high mortality rates, caring roles undertaken in the family and/or community and their unresolved feelings of ongoing separation and grief (Swan and Raphael 1995). Both Elders and older First Nations people were seen as integral in supporting the delivery of services to First Nations people (Swan and Raphael 1995).

Specific recommendations for older First Nations people included:

- supported housing and accommodation for people living with disability and mental health issues
- respite for people caring for children
- specialist mental health care
- dementia care
- psychosocial care for people living with physical illness and disability
- support for people caring for older people (Swan and Raphael 1995).

Broader recommendations also related to ensuring service providers were equipped to provide care needs, and that there was a preference for First Nations-led service providers (Swan and Raphael 1995). These recommendations remain salient; also salient is the point made that older First Nations people's health and wellbeing are often not the priority, due to the lower numbers of older people and other priorities in the community, such as the needs of the younger generations (Swan and Raphael 1995).

Although it took substantial time to implement its recommendations, the *Ways forward* report has informed a range of key policy initiatives and First Nations-led initiatives (Zubrick et al. 2014). Policies it has influenced, include, but are not limited to:

- Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (Mental Health Action Plan) 1996–2000
- Aboriginal and Torres Strait Islander Social and Emotional Wellbeing framework (Gee et al. 2014)
- National Strategic Framework for Aboriginal and Torres Strait Islander Health and the Gap Initiative (Zubrick et al. 2014).

While most national reports like the *Ways Forward* report recognise the place of older First Nations people in supporting service provision for other family members, they also acknowledge that these older people have their own support needs. However, implementing programs and initiatives that address the support needs of older First Nations people is lacking in the literature, as this report illustrates.

Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children From their families (1997)

This national inquiry investigated the forced removal of First Nations children from their families. The inquiry was significant, as it was the first time that Stolen Generations survivors shared their stories, via an inquiry, about their experiences. Many First Nations children were forcibly located to institutions and/or families where the predominately non-Indigenous caretakers or carers abused them, physically, psychologically, emotionally, sexually and culturally (Commonwealth of Australia 1997). As previously mentioned, all Stolen Generations survivors are now aged over 50, and experience higher risk factors associated with the determinants of health; this increases the likelihood of their poor health and wellbeing.

The recommendations of the *Bringing Them Home* report centred on the following key principles:

- self-determination
- non-discrimination – especially as it relates to accessing services
- cultural renewal
- a coherent policy base that meets needs and addresses healing
- adequate funding (Anderson and Tilton 2017; Commonwealth of Australia 1997).

The immediate response of the Australian Government to the *Bringing Them Home* report was to reject the key principles and recommendations it outlined (Anderson and Tilton 2017). However, funding was provided to include social and emotional wellbeing centres, Link-Up services, family support, and cultural/language maintenance programs (Anderson and Tilton 2017). A formal evaluation of the responses to the recommendations in the *Bringing Them Home* report revealed that there was insufficient documentation, poor coordination, and insufficiently targeted approaches to meet needs (Anderson and Tilton 2017).

Following Prime Minister Rudd's national apology in 2008, and in the absence of any government reporting mechanism, 2 non-government agency evaluations revealed that fewer than 1 in 10 of the recommendations had by then been implemented in full (Anderson and Tilton 2017). On the 20th anniversary of the report, the Healing Foundation released an Action Plan for Healing. It outlines the history of and the government responses to the *Bringing Them Home* report, but also explains why action is needed now (Anderson and Tilton 2017).

The Healing Foundation's Action Plan calls for governments to honour the above-mentioned report's principles, focusing on the following 3 actions:

1. ensuring a comprehensive response for Stolen Generations survivors that meets needs
2. addressing the ongoing and widespread intergenerational trauma
3. creating environments of change that respond to the rights and needs of Stolen Generations survivors and their descendants (Anderson and Tilton 2017).

United Nations Declaration on the Rights of Indigenous Peoples (2007)

The United Nations Declaration on the Rights of Indigenous Peoples affirms the minimum standards for the survival, dignity, security and wellbeing of Indigenous peoples worldwide (United Nations General Assembly 2007). Human rights can be categorised into 4 fundamental and foundational principles:

- self-determination
- participation in decision-making
- respect for and protection of culture
- equality and non-discrimination (Australian Human Rights Commission 2010; United Nations General Assembly 2007).

Furthermore, the Declaration asserts that particular attention should be given to the elderly in relation to improving their economic and social conditions, including for areas of housing, health and social security (United Nations General Assembly 2007).

Despite the Australian Human Rights Commission developing a Community Guide for the Declaration (Australian Human Rights Commission 2010), First Nations people continue to live with the consequences of the actions of previous and current federal and state governments. Their rights are violated (Australian Human Rights Commission 2010). For example, in most Australian jurisdictions, the age of criminal responsibility is 10, much lower than the internationally accepted

age of 14 – this ruling disproportionately affects First Nations children, who are 20 times more likely than non-Indigenous children to be incarcerated (Baidawi et al. 2023). Such violations of rights have a negative impact on older First Nations people, both now and for future generations. For example, the higher rates of incarceration mean that older First Nations people's ability to practise their cultural obligations, like passing on knowledges, is negatively affected. The higher rates of incarceration also affect the life course of a greater number of individuals, an impact that will last into their later life and be passed onto future generations.

National Agreement on Closing the Gap (2020)

The objective of the National Agreement on Closing the Gap is to enable First Nations people and governments to work together to overcome the inequality experienced by First Nations people and achieve life outcomes equal to those of all Australians (Australian Government 2020). The Central Pillars of the agreement are 4 priority reform areas:

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 (Australian Government 2020).

The Agreement includes 17 targets, which are all relevant to older First Nations people.

The Productivity Commission has been highly sceptical of any genuine actions being undertaken to date, stating in its 2024 *Review of the National Agreement on Closing the Gap* that:

> *Although there are pockets of good practice, overall progress against the Priority Reforms has been slow, uncoordinated and piecemeal. Despite over 2,000 initiatives being listed in the government's first implementation plans for Closing the Gap, many of these reflect what governments have been doing for many years* (Productivity Commission 2024:4).

It was noted that, while some targets had shown improvements, such as overall life expectancy, many had not (Productivity Commission 2024). That point of difference included ensuring that self-determination could be enacted by First Nations people, which requires the Australian Government to rethink its implementation of the 4 priority reform areas (Productivity Commission 2024).

Royal Commission into Aged Care Quality and Safety Report: care, dignity, respect (2021)

The aim of this report, released by the Royal Commission, was to investigate the aged care system as it functions today and to envisage a new system for tomorrow (Royal Commission into Aged Care Quality and Safety 2021). This report is relevant to older First Nations people due to its findings and recommendations relating to social and emotional wellbeing, including mental health and suicide prevention. Some key recommendations were to ensure Stolen Generations survivors received services that met their needs, to promote self-determination and empowerment of all First Nations people, to provide funding so older First Nations people can maintain connections to Country and to provide culturally safe services (Royal Commission into Aged Care Quality and Safety 2021).

The Australian Government released a response to the recommendations made in the report, accepting each of those related to First Nations people (Australian Government 2021). In 2024, an Interim First Nations Aged Care Commissioner was employed, with a range of functions, including a mandate to consult with First Nations people about:

- changes necessary to bring improvements for all First Nations people across all tiers of the aged care system
- design and functions of a permanent Commissioner
- advocacy for culturally safe aged care for First Nations people across Australia (Department of Health and Aged Care 2024).

The Government has committed to assisting Aboriginal community-controlled organisations to expand into aged care nationally. Assistance will be across the aged care system, from navigation and assessment to delivery of in-home and residential aged care via targeted procurements, infrastructure grants and specialised training (AIHW 2024).

Appendix B: Programs

Table B: Description of programs, associated evaluations and outcomes

Program	Program details		Evaluation	Evaluation details		Findings
Ngarraanga Giinganay ('thinking peacefully') 8-session group-based culturally grounded mindfulness-based program comprised of 'teachings' (information about mindfulness and psychoeducation), mindfulness activities/exercises, stories/poems, and general discussion	Location(s)	An Aboriginal community on Gumbaynggirr Country (mid-north coast region of NSW)	Lavrencic et al. 2021 **Type of evaluation:** pilot study, quantitative measures and qualitative questions	Location(s)	An Aboriginal community on Gumbaynggirr Country (mid-north coast region of NSW)	Pilot results demonstrated feasibility, acceptability and preliminary effectiveness. The program enhanced understandings of mindfulness and participants highlighted benefits such as helping anxiety, relaxation, focusing on the moment and connection to Country/land. Trends were seen for reducing depression, anxiety and stress symptoms and blood pressure.
	Participants	*n* = 7, 62–81 years, female		Participants	*n* = 7, 62–81 years, female	
	Duration	1.5–2 hr group sessions, 2 sessions per week across 4 weeks		Duration	Pilot study baseline and follow-up assessments included quantitative measures (participant characteristics) and qualitative questions (semi-structured and open-ended)	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Culturally-grounded modified Mindfulness-Based Stress Reduction program aimed to increase mindfulness, reduce stress and enhance coping in everyday life		Focus	Outcomes were qualitative (understandings of mindfulness, program acceptability, benefits to health/wellbeing)	

(continued)

Table B (continued): Description of programs, associated evaluations and outcomes

Program	Program details		Evaluation	Evaluation details		Findings
Older Aboriginal men creating a therapeutic Men's Shed Aboriginal men come together in a dedicated space to undertake various social, cultural and community activities	Location	A discrete Aboriginal community in rural Tasmania	Cox et al. 2019 **Type of evaluation:** semi-structured individual interviews	Location	A discrete Aboriginal community in rural Tasmania	The salient finding was that, by participating in Shed activities together, the Aboriginal men were creating an informal therapeutic environment that, in turn, had a positive and mutually beneficial influence on their social, emotional and physical wellbeing. Data sub-themes are represented as 4 therapeutic domains of belonging, hope, mentoring and shared illness experiences.
	Participants	Aboriginal men		Participants	*n* = 10, Aboriginal men, mean age = 62.6	
	Duration	Ongoing since 2012, 2 days/week		Duration	45-minute individual interviews with participants of the Men's Shed program	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Social and emotional wellbeing, cultural wellbeing, skills development		Focus	The benefits of Men's Shed participation	
Walaay (ceremonial camps that occur in cultural landscapes) Older First Nations people living in urban settings who are Stolen Generations survivors, family members, or descendants attended culturally grounded, sensory-led on Country experiences of connection to culture and Country	Location	Yuwaalaraay sacred site in regional NSW	Yashadhana et al. (2023) Type of evaluation: yarning circle	Location(s)	Yuwaalaraay sacred site in regional NSW	Experiences of the cultural camp generated a sense of reconnection, cultural pride, wellbeing and place attachment. The sensory experience of Country emphasised a sense of belonging and healing.
	Participants	Aboriginal communities in north-western NSW		Participants	*n* = 8 (3 women, 5 men); aged between 51–80; urban Aboriginal survivors of the Stolen Generations and their descendants	
	Duration	Unspecified		Duration	During Walaay	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Reconnecting to Country; intergenerational healing; reclaiming languages; and traditional ceremonial, medicinal and food knowledge		Focus	Benefits of reconnecting to Country	

(continued)

Table B (continued): Description of programs, associated evaluations and outcomes

Program	Program details		Evaluation	Evaluation details		Findings
Aboriginal Community Controlled Art Centres Social enterprises that promote artistic practice and development, produce art for the market and exhibitions, and embed and reproduce culture and community priorities	Location(s)	National	Mackell, Squires, Fraser et al. (2022); Mackell, Squires, Cecil et al. (2023) Qualitative interviews and online surveys	Location(s)	Aboriginal Community Controlled Art Centres nationally	Aboriginal Community Controlled Art Centres provide a wide-ranging and vital role, beyond the production of art, in supporting the social, emotional, spiritual and physical wellbeing of Elders and older artists.
	Participants	Details not provided		Participants	People associated with Aboriginal community-controlled art centres, including community Elders and members, art centre staff	
	Duration	Not provided		Duration	Not provided	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus			Focus	Why do older people engage with art centres? In what ways do art centres support older artists? What existing collaborations currently exist between art centres and local aged care providers? What challenges do art centres face in supporting older artists? What do art centres need/want to maintain or enhance the support they provide to older people?	

(continued)

Table B (continued): Description of programs, associated evaluations and outcomes

Program	Program details		Evaluation	Evaluation details		Findings
Aboriginal Mental Health First Aid for Elders Participation by Elders in an Aboriginal-led adaption of the Aboriginal Mental First Aid training (developed by Mental Health First Aid Australia)	Location(s)	Regional NSW	NSW Department of Health	Location(s)	Regional NSW	The Elders who participated in the training gained increased understanding and confidence in provided mental health support to self and others.
	Participants	Female and male Elders *n* = 11, aged over 50		Participants	Female and male Elders *n* = 11, aged over 50	
	Duration	2–3 hr sessions/per week for 5 weeks		Duration	2–3 hr sessions/per week for 5 weeks	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Empowering local Elders to provide mental health support for community members		Focus	Empowering local Elders to provide mental health support for community members	
NSW Health Older Aboriginal Mental Health Project Community consultation with older Aboriginal people, community members and service providers in relation to older Aboriginal people's understandings and lived experiences of mental health	Location(s)	Redfern, Central Coast and Walgett		Location(s)		n/a
	Participants	Older Aboriginal people, Aboriginal community members and service providers		Participants		
	Duration	Not reported		Duration		
	First Nations specific	Yes		First Nations specific	No	
	Focus	Provide information to SMHSOP service providers and NSW Older People's Mental Health Policy Unit to better understand the needs of older Aboriginal people living with mental health issues, and to inform strategies to better meet the needs of older Aboriginal people		Focus		

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This paper explores what it means to flourish in later life for First Nations people, with a focus on social and emotional wellbeing, mental health and suicide prevention. It highlights the value of strengths-based, culturally informed approaches and outlines opportunities to improve service delivery, policy, and outcomes for older First Nations people.

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Stronger evidence,
better decisions,
improved health and welfare