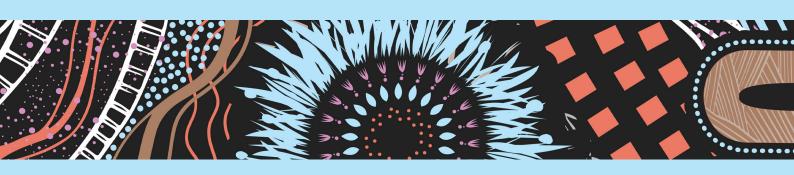


Relationship between systemic anti-Indigenous racism and social and emotional wellbeing and mental health: recent national and international evidence, policy and programs

Tom Calma, Tanja Hirvonen, Abigail Bray





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

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

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

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

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

## **Summary**

### What we know

- Systemic anti-Indigenous racism is culturally and historically unique and is not the same as other forms of systemic racism in Australia.
- Systemic anti-Indigenous racism is a primary driver of the social determinants of First Nations people's mental health and social and emotional wellbeing.
- Exposure to systemic anti-Indigenous racism across time is linked to increased chronic stress; impaired social and emotional wellbeing, health and mental health; and reduced socioeconomic outcomes.
- Strategies to address systemic anti-Indigenous racism are ad hoc and contained in siloes, lack accountability or rigorous evaluation, or are poorly resourced.
- Systemic anti-Indigenous racism is embedded in the very policy landscape designed to overcome racism.
- Systemic anti-Indigenous racism seems to be concentrated in rural and remote areas and correlates with higher levels of mental health challenges and suicide.

### What works

- There is emerging national and international evidence that self-determination and cultural continuity provide psychosocial protection against the adverse impacts of systemic anti-racism.
- A model of culture continuity is expressed through the social and emotional wellbeing framework, which identifies connections to 7 cultural domains of wellbeing.
- Empowering the cultural determinants of the wellbeing of First Nations people offers some protection against the adverse impacts of systemic anti-Indigenous racism.
- First Nations leadership over the design and delivery of strategies combating systemic anti-Indigenous racism works best.
- Longitudinal multi-level and place-based interventions that are Indigenous led and use Indigenous participatory research methods and data governance show some promise.
- Policies and laws that promote inclusion and dismantle systemic injustice are vital.

### What doesn't work

- Addressing anti-Indigenous racism in institutions is often conducted through workplace 'cultural safety training' that may be poorly designed, unevenly monitored or evaluated, rarely sustained and that often remains locked in the corporate memory of institutions.
- Chaotic strategies, action plans and frameworks as well as implementation without ongoing resources, monitoring and evaluation have limited benefit and do not build the necessary evidence base to drive successful policy design and implementation.

Including First Nations people in broad diversity, equity and inclusion strategies alongside culturally
and linguistically diverse people or culturally and racially marginalised groups fails to adequately
address the specific kinds of systemic anti-Indigenous racism that First Nations people endure
across generations and in their own country.

### What we don't know

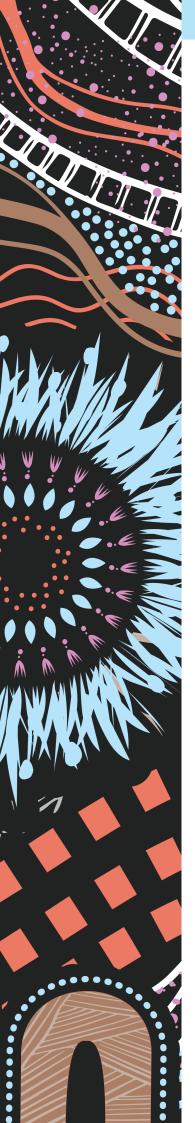
- There is no clear national definition of what systemic anti-Indigenous racism is or indeed of racism in general.
- There is a lack of nationally deployed best practice to measure systemic anti-Indigenous racism.
- While there is an abundance of data on proxy measures of systemic anti-Indigenous racism in Australia, these data have not been sufficiently analysed.
- The evidence base for best practice interventions and policy is compromised by a lack of organised monitoring, evaluation and funding of initiatives, strategies and programs directed at eradicating systemic anti-Indigenous racism in Australia.
- Measures of cultural continuity need to be developed for First Nations people. Strength-based proxy markers of cultural continuity have not yet been fully developed. These might further correlate or map resilience against the complex social and emotional wellbeing impacts of systemic anti-Indigenous racism.

### Opportunities for improvement

There are a number of opportunities for eliminating systemic anti-Indigenous racism in Australia and healing the adverse and complex inter-generational health and wellbeing impacts:

- National clarity and truth-telling about the place-based colonial history and ongoing colonial impacts of systemic anti-Indigenous racism is an important first step; this both underpins and contributes to a Makarrata Commission.
- First Nations governance over the measurement of systemic anti-Indigenous racism including the design of measurements, data gathering, analysis, and the formulation of related evidence-based policy focused on eliminating such racism is also central.
- Given the evidence that the cultural determinants of mental health and wellbeing protect
  individuals, families and communities from the adverse impacts of all kinds of anti-Indigenous
  racism, it would be wise to increase funding for research and programs that strengthen these
  determinants, including harmonious connections to the 7 cultural domains of social and emotional
  wellbeing connection to mind and emotions, physical health, family and kin, community, culture,
  Country and spirituality.
- Rigorous and ongoing evaluation of the institutional impacts of Reconciliation Action Plans (RAPs),
  reform of RAPs to include authentic corporate social responsibility towards all First Nations
  people and communities impacted by organisations (and not just those who work for them),
  and place-based design of RAPs with strong First Nations governance could also contribute to
  eliminating systemic anti-Indigenous racism.

- Reform of cultural safety programs which includes unlocking the corporate memory banks of
  organisations that have conducted cultural safety programs to discover how these programs have
  been evaluated, and how they can be improved across the nation would enhance transparency
  and trust and demonstrate a good-faith commitment to racial equity and justice.
- A coherent First Nations led and designed national anti-racism policy, specially focused on
  eliminating systemic anti-Indigenous racism, that is not only transparent and accountable but also
  implemented and evaluated on a regular basis would potentially achieve a great deal. This would
  also mean that Closing the Gap policy recommendations are implemented in such a way that
  organisations are held accountable.
- As such, Closing the Gap Priority Reform 3 which calls for the elimination of racism within
  government organisations as well as in the health system should be actioned as a matter of
  urgency, given emerging evidence that First Nations people's health and wellbeing has been
  harmed significantly by the eruption of anti-Indigenous racism surrounding the Voice to
  Parliament Referendum in 2023.
- Finally, implementing the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) would as the father of reconciliation, Pat Dodson, argued in his last address to the Australian Parliament safeguard First Nations people, strengthen the health and wellbeing of the nation, and contribute to meaningful reconciliation. As Dodson stated: 'In the wake of the referendum result, Australia appears at a crossroad with respect to how to navigate Indigenous issues. I believe that the enhanced application of UNDRIP and the general acceptance of these rights as a fundamental component of our democracy is where we must start' (Dodson 2023).



1

# Introduction

## 1 Introduction

This paper uses the term 'systemic anti-Indigenous racism' to describe the particular form of discrimination First Nations people endure in Australia. Systemic racism is a form of racial discrimination that is embedded in institutions and social systems through policies, practices and norms, resulting in a lack of access to resources and opportunities (Greenwood 2021; Reskin 2012). This term aligns with broader international policy and research that addresses the unique kinds of racism that indigenous people experience due to ongoing colonisation (Efimoff and Starzyk 2023; Sukhera et al. 2024).

Before Australia was colonised, First Nations people had their own holistic governance systems and ways of living guided by a spiritual reverence for Country and life. Colonisation brought enforced laws and ways of living that disrupted not only these governance systems but also Indigenous families and communities and their connections to Country and land. Children were forcibly removed from their families and communities; men and women were incarcerated; and families and communities were violently exiled from the Country and lands they cared for, and then enslaved and exploited. Men, women and children were massacred and poisoned (Barolsky et al. 2023; Dudgeon et al. 2015). A punitive system of total control over First Nations people began in the late nineteenth century, with various Aboriginal Protection Acts enacted across Australia; these attempted to assimilate First Nations people 'for their own good' but resulted in widespread cultural genocide and the loss of land, family, language and culture (Dudgeon et al 2014; Haebich 1988). Colonisation was imposed through the justice, housing, employment, health and education systems. These systems installed colonial governance over First Nations lives across time and across generations and removed self-determination over life itself.

An important step towards self-determination was attempted in 2023 with the Australian Referendum on including, within the Constitution, an advisory body – an Aboriginal and Torres Strait Islander Voice – to both parliament and the executive government. The 'Voice' referendum honoured a commitment that the Australian Government had made to implement the 2017 Uluru Statement from the Heart. The Uluru Statement was an outcome of extensive collective discussions with First Nations people across Australia; it calls for self-determination and healing reconciliation, for both a First Nations voice to parliament, a Makarrata Commission, and truth-telling about the history of colonisation (Appleby and Davis 2018; Davis and Williams 2021).

Increased and pervasive levels of anti-Indigenous racism accompanied the referendum, dominating the media ecosystem; overall, 61% of Australians voted against the Voice (Saxby et al. 2024). There is substantial evidence that many First Nations people experienced threats to their wellbeing during the lead-up to the referendum and afterwards, indeed 'many aspects of health and wellbeing are significantly worse in the Post-Referendum' (Thurber et al 2024:5). This includes high/very high levels of psychological distress reported by 46% of adults, along with 50% experiencing discrimination in health-care settings, and 73% experiencing anti-Indigenous discrimination in everyday life (Thurber et al 2024:5).

Although First Nations people continue to resist, and to restore their cultures and ways of living, colonial systems have subjected them to substantial levels of racism across generations, resulting in intergenerational trauma, poverty, lack of just access to resources, and systemic and pervasive discrimination. Hence, there is still a substantial socioeconomic and health gap between First Nations people and non-Indigenous Australians (AMA 2024; Productivity Commission 2024a; SCRGSP 2020).

Since colonisation, First Nations people have endured generations of systemic anti-Indigenous racism, which continues to adversely impact all interconnected domains of social and emotional wellbeing across generations – physical, mental and emotional health; and connections to family and kin, community, culture, Country and spirituality.

Social and emotional wellbeing is a First Nations model of holistic health that is supported by the international evidence-based social determinants approach to mental health – one promoted by the World Health Organization and other international health bodies for many decades (often referred to as the social determinants of mental health approach). This understanding of mental health moves beyond an individualistic, biomedical model of mental illness to recognise the substantial evidence that mental health and wellbeing are shaped by broad socioeconomic factors and patterns of inequality and discrimination.

The Closing the Gap strategy has its origins in both Calma's 2005 *Social justice report* (where, as the then Aboriginal and Torres Strait Islander Social Justice Commissioner, Professor Tom Calma urged Australian governments to commit to achieving equality for First Nations people in health and life expectancy within 25 years) and the National Indigenous Health Equality Council, set up in 2008. The strategy is aligned with the World Health Organization's landmark report *Closing the gap in a generation: health equity through action on the social determinants of health* (Commission on the Social Determinants of Health 2008). Like the World Health Organization's strategy, the Closing the Gap strategy, led by the Australian Government, includes targets that seek to reduce the significant disparities in the social determinants of life between First Nations people and non-Indigenous Australians; these efforts include to end suicide and to improve the social determinants of mental health and social and emotional wellbeing. Socioeconomic outcome area 14 of the Closing the Gap strategy is 'Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing', and target 14 is 'Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero'. (For more information, see https://www.closingthegap.gov.au/national-agreement/targets.)

Systemic racism has long been recognised as a *driver* for the social determinants of mental health; it often undermines the conditions of everyday life (the social determinants) that support wellbeing (APA 2022; Paradies et al. 2015). There is substantial national and international evidence that exposure to racism adversely impacts mental health and wellbeing across generations (Roach et al. 2023). Research into the health impacts of racism have also highlighted the particular impacts on indigenous peoples across the world, and on First Nations people in Australia (Ferdinand et al. 2013; Haregu et al. 2022; Kelaher et al. 2014; Priest et al. 2021). This research is increasingly focused on how racism is systemic and not just interpersonal.

Systemic anti-indigenous racism refers to the interconnected institutions, policies and societal norms that discriminate against indigenous people, leading to persistent inequality, marginalisation and harm. Rooted in colonialism, it encompasses the historical and ongoing exclusion, oppression, and erasure of indigenous cultures, identities and rights across multiple domains of society. Systemic anti-indigenous racism:

- · has its foundations in colonisation
- is embedded in and perpetrated by institutions such as education, governance and health care
- devalues or exploits cultural knowledges and practices
- maintains barriers to racial justice and equity.

Some of the ways in which systemic anti-Indigenous racism can be eradicated include self-determination, the return of land, reconciliation, cultural revitalisation, and implementing First Nations-led policy that seeks to end this racism.

Institutions representing health care, education, housing and employment can perpetuate systemic anti-Indigenous racism. In short, systemic racism can result in a lack of equitable access to housing, education, health care and employment, all of which can have adverse intergenerational impacts on mental health and wellbeing (Ahmed et al. 2023; Paradies et al. 2015; Schouler-Ocak and Moran 2023; World Health Organization 2022). Indeed, there is strong emerging evidence linking systemic anti-indigenous racism to discrimination-based disparities and inequities across the education, health, employment, justice and housing systems. These interconnected systems support and reinforce each other and can be understood as the social determinants of First Nations people's social and emotional wellbeing (Gee et al. 2014).

Systemic anti-Indigenous racism can disrupt harmonious connections to the First Nations social and emotional wellbeing domains of physical health; emotional health; and connections to family and kin, community, culture, Country and spirituality (Brodie 2023; Gee et al. 2014; Kairuz et al. 2021; Shepherd et al. 2017; Thurber et al. 2022a). Increased evidence linking systemic anti-Indigenous racism to impaired social and emotional wellbeing, mental health, and suicide and suicide-related behaviours, have driven federal, state and territory strategies and frameworks, as well as primary health care intervention programs (Department of Health 2013; Calma et al. 2017; Truong and Moore 2023).

In recent years, countries such as New Zealand, Canada and the United States of America (hereafter referred to as the United States) have attempted to measure systemic anti-indigenous racism, evaluate the impact on health and wellbeing, and design evidence-based policy to address this public health crisis (Castle et al. 2019; Devakumar et al. 2020; Hing et al. 2024; Needham et al. 2023). While Australia has yet to design and implement similar strategies for its First Nations people, it has sought to address systemic anti-Indigenous racism – both indirectly and directly, at the national and local levels – through a number of strategies.

Although not categorised as measures of systemic anti-Indigenous racism, indicators of First Nations people's disadvantage across various areas of health and wellbeing (such as housing, health, employment, justice and education) have been collated and analysed by various surveys and research projects. Such data may be used to support policy that targets reducing and eliminating disparities between First Nations people and non-Indigenous Australians. However, these disadvantages are often not recognised as contributing to an understanding of systemic anti-Indigenous racism.

Overcoming systemic anti-Indigenous racism is now emerging as a policy priority across Australia, specifically in Priority Reform 3 of the new National Agreement on Closing the Gap (Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian governments 2020) and in the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Department of Health and Aged Care 2021). Currently, the Australian Human Rights Commission is refining a national anti-racism framework (Australian Human Rights Commission 2024).

Anti-racism can be understood as a proactive approach to identifying, challenging and changing systems, behaviours and beliefs that perpetuate racism. It involves both individual and collective efforts to address and dismantle systemic inequalities and biases based on race. Unlike being 'not racist', which may imply passivity, anti-racism requires active participation in promoting racial equity and justice. This involves truth-telling; multi-level advocacy for racial equity and justice; active and ongoing reflection on racial bias; and calling out hate speech, harassment and discrimination.

Significantly, there is a lack of evidence supporting best-practice strategies for overcoming systemic anti-Indigenous racism across Australia (Productivity Commission 2024a; Truong and Moore 2023; Wilkes et al. 2024). There is also a lack of clarity around what constitutes systemic anti-Indigenous racism, and inadequate measurement of racism and systemic racism more broadly (Productivity Commission 2024a). However, it is recognised that overcoming systemic anti-Indigenous racism requires a whole-of-government approach that centres the lived experience of First Nations people (Parter et al. 2023).

The purpose of this paper is to support evidence-based policy in the area of First Nations people's mental health and social and emotional wellbeing by:

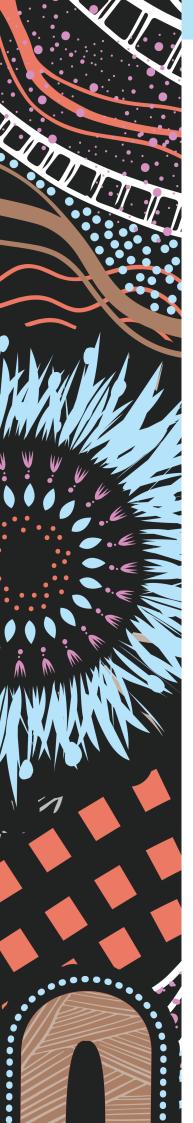
- · reviewing recent research evidence, and
- evaluating national and international policy strategies, frameworks and programs dedicated to tackling First Nations people's exposure to systemic anti-Indigenous racism and strengthening social and emotional wellbeing.

To understand the impact of systemic racism on social and emotional wellbeing requires mapping the impacts on the social determinants of health. While there is evidence that systemic racism has an adverse effect on physical and psychological health – that is, on the social and emotional wellbeing domains of the body and mind and emotions – this evidence focuses on individuals and individual biomedical markers. A social and cultural determinants of health approach recognises that systemic anti-Indigenous racism has a whole-of-life and holistic impact, disrupting connections to Country, spirituality and culture, and to family, kin and community. A relational understanding of the collective multifaceted impact of systemic anti-Indigenous racism on social and emotional wellbeing reflects First Nations people's understanding of holistic wellbeing (Gee et al. 2014; NACCHO 2018, 2022).

There is a consensus across international and national Indigenous-led research that supporting cultural continuity and restoring and strengthening the cultural determinants of health protects against the adverse impacts of systemic anti-Indigenous racism. The cultural determinants of health include self-determination; harmonious and healthy connection to family, community, Country and land; and cultural identity (Verbunt et al. 2021). Retaining and practising customary language(s) is also a key cultural determinant. However, there is a lack of understanding of how systemic anti-Indigenous racism is preventing effective implementation of strategies that strengthen cultural determinants of health (Parter et al. 2024). That is, despite decades of evidence of what works, countless recommendations and reports, system-level barriers remain to implementing First Nations-led solutions that work; systemic anti-Indigenous racism within the policy infrastructure surrounding First Nations people's health and wellbeing appears to be an obstacle to rights-based health equity.

This paper provides an overview of:

- key factors involved in the relationship between systemic anti-Indigenous racism, social and emotional wellbeing and mental health
- the impact of systemic anti-Indigenous racism on mental health and social and emotional wellbeing
- international and national strategies and initiatives that address systemic anti-Indigenous racism.



2

# Background

# 2 Background

### Racism is linked to chronic stress and health disparities

Racism is expressed in a number of overlapping ways:

- *Interpersonal racism* occurs between individuals and can include hate speech, harassment and discrimination based on race-based stereotypes of inferiority and difference.
- Structural racism refers to the systems and structures in a society that perpetuate racial inequality and discrimination, often unintentionally, by embedding racial biases into the fabric of institutions, policies and cultural norms. Unlike interpersonal racism, which occurs between individuals, structural racism operates at a systemic level and affects entire racial or ethnic groups.
- *Institutional racism* refers to the policies, practices and procedures within institutions that result in unequal outcomes or opportunities for individuals based on their race. It occurs when racial discrimination is embedded in the rules or culture of an organisation, whether intentionally or unintentionally.
- Systemic racism refers to the interconnected systems and structures within a society that collectively uphold racial inequality. It encompasses the ways in which institutional policies, societal practices, cultural norms and historical legacies interact to create and sustain disparities between racial groups. Systemic racism operates at a broad level, influencing how power, resources and opportunities are distributed.

Racism can have interconnected behavioural, physiological and psychological impacts. For example, exposure to racism has been linked to substance misuse, poor self-esteem, anxiety, depression, self-harm and biologically altering levels of stress (Selvarajah et al. 2022).

- Racism is a significant determinant of mental health and health disparities between populations (Lazaridou et al. 2023; Nazroo et al. 2020; Roach et al. 2023; Schouler-Ocak and Moran 2023; Williams 2018). However, much is not yet known about systemic racism as a biopsychosocial pathway (Goosby and Cheadle 2024; Kirkbride et al. 2024; Webb et al. 2024).
- An identified evidenced-based mechanism or pathway connecting systemic racism and mental
  health and physical health is chronic stress, or dangerously high levels of cortisol in the body.
  Exposure to multiple or ongoing traumatic events causes stress, which triggers the release of
  cortisol. There is now converging evidence that chronic stress has significant long-term adverse
  biological impacts on physical and mental health and may result in epigenetic changes that are
  passed down through generations. That is, genetic strength and vulnerability can be modified by
  the environment across time (Guidi et al. 2020; Yehuda and Lehrner 2018).
- Exposure to racism is known to have wide-ranging impacts, including psychological distress and adverse changes to stress biomarkers across numerous domains (Currie et al. 2020). Exposure to systemic racism increases chronic stress, which results in a higher allostatic load, or higher wear and tear on the body (Geronimus et al. 2006).

- Higher levels of allostatic load are associated with:
  - myriads of health and mental health challenges
  - lower quality of life across the life span
  - reduced life span (Guidi et al. 2020).

Systemic racism is also associated with increased mental health disorders, including psychotic disorders, and increased exposure to stress in childhood (Kerrigan et al. 2024).

Experiences of systemic racism are also recognised as a barrier to accessing health services, resulting in:

- · higher self-discharge rates from hospital
- avoidable deaths
- higher levels of psychological distress (Kerrigan et al. 2024).

Although systemic racism has been linked to mental health, wellbeing and suicide in international research, there is less research in Australia on the impact of systemic anti-Indigenous racism on First Nations people's mental health, suicide and social and emotional wellbeing (Ketheesan et al. 2020). There is also little research on the impacts of systematic racism on other indigenous populations. However, evidence does support a connection between exposure to racism and impaired mental health and wellbeing, with ultimate physical and psychological consequences. For example, a study of 104 indigenous university students between 2015 and 2017 in western Canada found that experiences of housing discrimination over the past year were linked to 'more pronounced wear and tear on neuroendocrine, cardio-vascular, metabolic, and immune system functioning in young and middle adulthood' (Currie et al. 2020:365).

### First Nations people have higher levels of chronic stress

Colonisation traumatised First Nations people by inflicting numerous human rights abuses across generations of families, and across whole communities. Since colonisation, First Nations people have endured generations of systemic racism which continues to have adverse impacts on all domains of social and emotional wellbeing across generations (Gee et al. 2014).

There is biological evidence that First Nations people have higher levels of chronic stress than non-Indigenous Australians (Ketheesan et al. 2020). Experiencing chronic stress results in a higher allostatic load, which is linked to increased risk from metabolic, cardiovascular and mental health challenges for First Nations people across generations (Sarnyai et al. 2016). Further, consistently high levels of cortisol can alter the mother's body both before conception and while pregnant, thus affecting the unborn baby.

Infants and children exposed to trauma are also at higher risk from the adverse physical and mental health effects of chronic stress (Yehuda and Lehrner 2018). Decades of research into the chronic stress caused by adverse childhood experiences (ACE) has found evidence that multiple experiences of ACE are associated with mental ill-health, substance abuse, interpersonal and self-directed violence (Hughes et al. 2017). Significantly, higher ACE is also strongly associated with suicide attempts (Hughes et al. 2017).

The neurobiological and ACE research into trauma and stress reflects a Western biomedical model; however, the evidence of a strong association between chronic stress and adverse physical and mental health outcomes supports research into the historical and inter-generational trauma caused by colonisation and the ongoing exposure of generations of Indigenous families and communities to systemic racism (Ketheesan et al. 2020).

A life-course approach to understanding the social and emotional wellbeing and mental health impact of systemic racism entails recognising that the adverse effects of chronic stress caused by exposure to systemic racism:

- · begin in the neonatal stage
- are linked to adverse ACE
- have a cascading biological, psychological and social impact on adolescence, young adulthood, middle and older age. 'Increased allostatic load is linked with racial discrimination exposure, providing a mechanism for the biological embedding of racism as a psychosocial stressor' (Cave et al. 2020).

The evidence suggests that vulnerable First Nations people (with multiple challenges, such as poverty, grief, low education level and chronic health challenges) are at increased risk from the harmful effects of racial discrimination (Cave et al. 2019; Cave et al. 2020).

Research on the Stolen Generations who were subjected to forced removal from their families and communities has repeatedly found that this cohort endure socioeconomic, health and mental health inequities that are linked to inter-generational trauma (AIHW 2021; Darwin et al. 2023).

Racial discrimination is also linked to suicide and suicide-related behaviours (ideation and self-harm) among First Nations youth (Dickson et al. 2019). Indeed, Ketheesan and colleagues (2020) advocate measuring biomarkers of elevated stress in First Nations people in order to refine strategies to prevent psychological distress and suicide.

# Systemic anti-Indigenous racism is a primary driver of the social determinants of social and emotional wellbeing and mental health

The social determinants of mental health are the conditions in which people are born, grow, live, work and age, which can influence their mental wellbeing (WHO 2014). These determinants shape individual and community mental health and are largely influenced by policies, economic conditions and social factors. They can either contribute to or protect against mental health challenges and social and emotional wellbeing. Increased psychological distress from lack of access to resources, or from social isolation, unsafe housing, food insecurity or increased illness is one of the more obvious consequences.

Some of the key social determinants of mental health that have been identified are:

- adverse childhood experiences
- discrimination and/or social exclusion
- exposure to violence
- · low educational attainment

- involvement in the criminal justice system
- low socioeconomic status
- adverse physical environment (pollution, lack of access to green space, adversities related to climate change)
- basic needs not being met
- · lack of access to health care
- · lack of access to transport
- housing instability
- · food insecurity
- mental health and substance misuse stigma
- exposure to harmful social media (Alegría et al. 2023; APA 2022).

Decades of international evidence across populations indicate that adverse social determinants are a driver of mental health inequities (Bell and Marmot 2022; Compton and Shim 2015; Michaels et al. 2023). Vulnerability to poor mental health over a lifetime is linked to inter-generational disadvantage (Kirbridge et al. 2024). For example, unemployment has been linked to increases in psychological distress and hospital admission for emergencies related to mental health (Vodopivec et al. 2021). A review synthesising and analysing the findings of 26 meta-analyses and systematic reviews on the social determinants of major depressive disorders found that the social determinants of homelessness and incarceration, in particular, are linked to substantially higher rates of major depressive disorder (Alon et al. 2024).

Increasingly, racism is being recognised as an adverse social determinant, which results in impaired mental health and wellbeing. As the American Psychiatric Association's Presidential Task Force on Social Determinants of Mental Health concludes: 'Racism is a primary driver of social determinants of mental health' (APA 2022:11, italics for emphasis intended). A synthesis of 36 systematic reviews on the social determinants of mental health identified exposure to interpersonal racism as a determinant of mental health, as well as many other social determinants relating to socioeconomic status and insecure housing (which are linked to systemic racism) (Huggard et al. 2023).

Colonisation has been recognised as the overarching adverse factor in the social determinants of First Nations people's mental health and social and emotional wellbeing, and its continued effects are found in systemic anti-Indigenous racism (Zubrick et al. 2014). There is significant evidence that systemic anti-Indigenous racism impacts the social determinants of mental health by reducing access to services and resources; this leads to socioeconomic disadvantage which, in turn, leads to increased stress, social isolation, anxiety and depression and impaired social and emotional wellbeing (Paradies et al. 2009; Zubrick et al. 2014).

Systemic anti-Indigenous racism can influence the ways that corporate and government agencies, institutions and policies treat First Nations people, leading to complex forms of marginalisation, discrimination and inequality; these lead, in turn, to socioeconomic disadvantages, which can increase First Nations people's psychosocial vulnerability across generations. Social determinants of First Nations people's mental health and social and emotional wellbeing that are potentially impacted by systemic anti-Indigenous racism include housing, education, employment, health and justice.

As a form of collective covert and overt group aggression (sometimes termed 'mobbing'), systemic anti-Indigenous racism can have cumulative and adverse psycho-social and economic impacts (Leymann 1996).

Various methods have been used to gather quantitative and qualitative data about systemic racism across the world and in Australia. These measures are important for formulating evidence-based policy and for using public funds efficaciously in targeting public health issues associated with the adverse impacts of systemic racism. Growing international consensus on recognising systemic racism as a public health issue – and as a multi-dimensional and complex interrelated determinant of health and mental health – has driven increased calls for the design and implementation of measures of systemic racism that can identify and track its complex pathways (Banaii et al. 2021; Braveman et al. 2022).

## Measures of systemic anti-Indigenous racism

The majority of measurements of systemic racism have emerged in the United States in recent years (Ahmed et al. 2023; Hing et al. 2024). A scoping review of measurement between 2019–2021 used in the United States reviewed 63 articles reporting on measurements and found that two-thirds focused on anti-Black racism as a driver for health disparities for Black Americans (Hing et al. 2024).

Overall, the measurement of systemic racism occurs through proxy measures. (A proxy measure is an indirect measure of socioeconomic and health indicators.) In this context, various domains that are understood to be impacted by systemic racism – such as housing, residential segregation, built

A social indicator or metric is a measurable indicator used to assess various aspects of social wellbeing, behaviour and interactions within a community or society. Social indicators and metrics help to quantify social phenomena, such as inequality, poverty, health outcomes, education, and community cohesion; they provide data to evaluate the effectiveness of policies or interventions aimed at improving social conditions. These data can help policy makers make informed decisions about where to allocate resources or how to respond to social challenges, and enable stakeholders to understand and act on key social issues.

environment, employment, education, criminal justice (fines, arrests, bail, convictions, incarceration terms and so on), income, wealth, credit ratings/refusals, poverty, transportation and social cohesion – are measured (Wien et al. 2023; Zachary 2022).

A scoping review of the measurement of systematic racism as a social determinant of health in high-income counties from 2000–2022 found a substantial absence of measures that captured longitudinal data, or of measurements that examined the health impact of systemic racism over time (Ahmed et al. 2023). This scoping review evaluated 73 different scales of measurement and their various methodologies and found there is no 'gold standard' or best practice study design for measuring systemic racism. Furthermore, there is no best practice for understanding and measuring how systems of racism interact and reinforce each other (Ahmed et al. 2023).

Globally, the majority of existing measures of systemic racism are not specifically focused on the First Nations people of different countries; nor do they seek to explore the context of socioeconomic factors at work in perpetrating systemic anti-indigenous racism. If there is no best practice measure for grasping the relationship between health and wellbeing and systemic racism in general, there is (as yet) no best practice measure for understanding the relationship between health and wellbeing and systemic anti-indigenous racism, whether in Australia or globally.

Reviews of racism data in Australia have tended to focus on self-reported experiences of racism (Ben et al. 2024). One of the most prominent measurements of self-reported experiences of racism is the 'Measure of Indigenous Racism Experience' tool (Paradies and Cunningham 2008, Paradies et al. 2009). The Mayi Kuwayu Study undertaken by Jones and colleagues (2018) developed and validated a culturally safe 8-item instrument to measure lifetime experiences of everyday discrimination; it builds on and complements this Measure of Indigenous Racism Experience.

The multiple measurements of First Nations people's perceived discrimination has produced a range of findings, which are challenging to collate and combine in order to present an overview of anti-Indigenous racism across Australia. This is because the measures vary, and have different sizes and locations (Thurber et al. 2021). For example, while it was found that 75% of Australians indicated an implicit bias against First Nations people across 11,000 implicit association tests (Shirodkar 2019), this measurement differs from other measurements of anti-Indigenous racism.

In a systematic review of all available data on racism collected at the national level until 2022 (including 32 survey-based studies and 6 continuing reporting initiatives), Ben and colleagues (2024) draw attention to a data gap in measuring racism as a determinant of health and socioeconomic outcomes; they conclude that developing an evidence-based understanding of systemic racism can support anti-racism policy in Australia.

In recent years, some tools have been designed to measure systemic anti-Indigenous racism in Australia; for example:

• the 'Institutional racism matrix' score across 13 criteria covering 5 domains – namely, financial accountability, policy implementation, service delivery, recruitment and employment, and governance, which is based on publicly available information gathered from hospital and health-care organisations (Marrie 2017; Bourke et al. 2019).

Various surveys have also captured the measurement of perceived anti-Indigenous racism in the workplace, which can be understood as a symptom or a cause of systemic racism, or indeed a proxy for anti-Indigenous racism.

Evidence of individual racism and institutional racism in Australia includes:

• The Australian Reconciliation Barometer, which found that First Nations people continue to experience an increase in racial discrimination, including systemic racism; however, this was not examined in depth (Reconciliation Australia 2022). The Australian Reconciliation Barometer measured attitudes towards reconciliation across 5 dimensions, including race relations, historical acceptance and institutional integrity. Operating since 2008 and producing reports every 2 years, the survey collates self-reported perceptions and attitudes. In 2022, 532 First Nations people and 1,990 non-Indigenous Australians were surveyed (Reconciliation Australia 2022).

Although this survey does not directly measure systemic anti-Indigenous racism, it does capture 'institutional integrity' or the 'active support of reconciliation by the nation's political, business and community structures'. The majority of respondents thought that more should be done in this area to support reconciliation. The survey did not ask direct questions about racism related to institutional integrity.

- High levels of systemic anti-Indigenous racism have been found in an audit of 16 Queensland hospitals and health services (Marrie 2017; Bourke et al. 2019).
- Nine Local Health Networks in South Australia were found to have 'very high' levels of systemic anti-Indigenous racism in an audit of state government hospital providers (Health Performance Council 2020).
- A national survey of First Nations people's experience in the workforce found that only 1 in 3 had workplace support for anti-Indigenous racism and only 1 in 5 had worked in an organisation that had training and procedures to counter anti-Indigenous discrimination (Diversity Council Australia/Jumbunna Institute 2020).
- A 2023 medical training survey conducted by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency found that 54% of First Nations trainees had 'experienced and/or witnessed bullying, harassment, discrimination and racism' (Medical Board of Australia and AHPRA 2023; see also Bargallie 2019 and Bargallie et al. 2023).
- The Jumbunna Institute for Indigenous Education and Research, in partnership with the National Justice Project, created a 2022 reporting mechanism (a digital app) for racism termed Call It Out. Various reports analysing data sourced from this app have found high experiences of racism experienced by the respondents. For example, the 2023 report noted that, of the 497 valid registrations for the app, 317 people reported multiple incidents of racism, with 18% of reports identified as witnessing or experiencing what was termed institutional racism (Allison et al. 2023).
- Nearly half of the 1,500 Australian Public Service employees tested in an implicit association test preferred 'Caucasian Australian' over 'Aboriginal Australian' (Leon 2023:135).
- The 2022 annual report, *Woort Koorliny Australian Indigenous Employment Index* compiled by the Minderoo Foundation found that 50% of First Nations employees reported being culturally unsafe in the workplace due to direct and indirect racism (Minderoo Foundation, Bankwest Curtin Economics Centre at Curtin University and Murawin 2022).
- A study of First Nations people aged 45 and older found that almost half reported increased distress due to anti-Indigenous racism linked to avoidance of health facilities (Temple et al. 2020).
- Systemic anti-Indigenous racism is often reported as feeling 'culturally unsafe' in hospitals; it is linked to higher self-discharge rates, psychological distress, death, lower rate of kidney transplantation and even amputations without consent (Kerrigan et al. 2024).
- Avoidance of health-care services has been repeatedly linked to experiences of systemic
  anti-Indigenous racism from health-care services (AHMAC 2017; AIHW 2020; Bastos et al. 2018;
  Cunningham 2002; Paradies et al. 2014). There is evidence that systemic anti-Indigenous racism
  within mainstream health services results in First Nations people avoiding these services until they
  are critically ill, self-discharging from hospital too early or not even attending hospital (Nolan-Isles
  et al. 2021).

- First Nations health practitioners have reported anti-Indigenous racism in their workplace (Medical Board of Australia and AHPRA 2023; Vukic et al. 2012).
- A lack of understanding of First Nations people and culture, and pervasive inequities between First Nations people and health practitioners and the health system, were found in a study of rheumatic heart disease practitioners (Haynes et al. 2021).

## Proxy measures of systemic anti-Indigenous racism in Australia

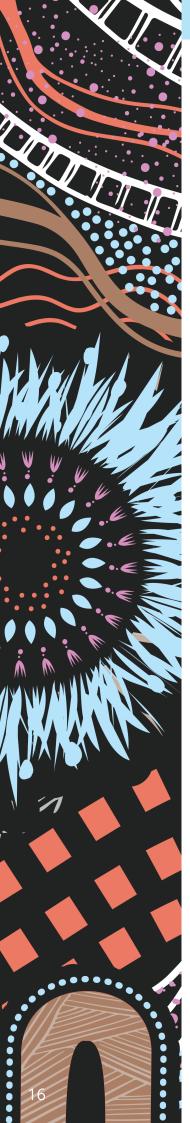
As systemic anti-Indigenous racism operates in complex and often hidden ways, direct measurement can be difficult. One way to understand the extent of this racism is to measure inequality and/or discrimination through various social indicators or metrics. Data from such measures may often show disparities in outcomes, reflecting underlying biases and structural inequalities, and can point to the existence or impact of systemic racism within a society, institution or system.

Scoping and systematic reviews of the international literature reveal a substantial lack of longitudinal measurements of systemic anti-indigenous racism; in relation to Australia, however, it is possible to understand the longitudinal measurement of the social determinants of mental health and wellbeing of First Nations people over time across several surveys. Data from the National Aboriginal and Torres Strait Islander Health Survey, Closing the Gap information repository and the Longitudinal Study of Indigenous Children are some examples.

The Australian Bureau of Statistics (ABS) has produced a directory that maps existing data items from its First Nations surveys to the domains of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* (ABS 2023). The ABS states that the 'purpose of the directory is to help those involved in developing and evaluating mental health and wellbeing policies and practices locate relevant and appropriate data to support their decision-making' (ABS 2023).

Since 2009, the Closing the Gap strategy has measured disparities between First Nations people and non-Indigenous Australians in the areas of life expectancy, child mortality, education, employment and health outcomes. These measurements can be understood as longitudinal proxy measures of systemic anti-Indigenous racism across Australia. The *Closing the Gap annual data compilation report* (Productivity Commission 2024a) and the *Review of the National Agreement on Closing the Gap study report*, (Productivity Commission 2024c) contain detailed statistical data on social indicators and metrics related to socioeconomic and health disparities between First Nations people and non-Indigenous Australians.

Appendix A outlines what can be considered proxy measures of systemic anti-Indigenous racism, and includes resources to explore the latest data.



3

# Methods

## 3 Methods

This paper adopts an Indigenous standpoint that prioritises the research and voices of First Nations people and is aligned with the First Nations data sovereignty movement, which recognises that the process of data gathering and dissemination about First Nations people should be decolonised (Walter and Suina 2019). This method is also aligned with recent recommendations from the World Health Organization to all Member States on the importance of recognising lived experience as data that are equivalent to traditional forms of data (WHO 2023). The First Nations Racism Register also notes that 'listening to Aboriginal voices was ... identified as crucial to addressing racism at an individual and community level' (Allison and Cunneen 2022:27).

Research into the relationship between systemic racism, health, social and emotional wellbeing and mental health has grown considerably over the last few decades, both nationally and internationally. To make this research as relevant as possible to Australian policy makers, educators and researchers, evidence linking systemic racism to First Nations social and emotional wellbeing and mental health published between 2019 to 2024 was explored. Significant studies published before 2019 were also considered to provide context.

Grey literature and academic literature were searched through the following databases: Scopus, Google Scholar, Pubmed, Australian Indigenous HealthInfoNet, AIHW, Analysis and Policy Observatory, and Google. Key search terms were: Aboriginal and Torres Strait Islander, Indigenous, First Nations, Australia, systemic racism, allostatic load, toxic stress, cortisol, trauma, health, mental health, suicide, wellbeing, and social and emotional wellbeing. Results will be further filtered by keywords relating to the 7 domains of social and emotional wellbeing, such as physical, biology, cognitive, emotional, psychological, family, kinship, community, culture, Country, continuity, self-determination and spirituality.

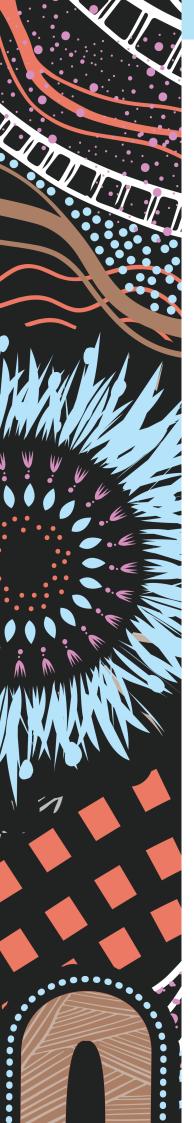
Current domestic social and emotional wellbeing and mental health programs and policies directed at systemic racism and First Nations people were evaluated in alignment with the principles and protocols developed by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (Dudgeon et al. 2016). Further, recent international evidence on implementing policies and programs geared to systemic racism against indigenous peoples was also explored, with a particular focus on Turtle Island (Canada and the United States) and Aotearoa (New Zealand).

### Scope

This paper explores evidence of an association between systemic racism and the 7 interconnected domains of First Nations people's social and emotional wellbeing – namely, the body (biological wellbeing), mind and emotions (cognitive and emotional wellbeing), family and kin, community, culture, Country, and spirituality (Gee et al. 2014). For example, how has systemic racism within health, housing, employment and education systems disrupted the interconnected domains of First Nations people's social and emotional wellbeing?

Taking a strengths-based approach, this paper explores research evidence supporting protective elements for mitigating the impact of systemic racism on the domains and determinants of social and emotional wellbeing and mental health. Evidence gathered over the last 5 years from the evaluation of programs and policy initiatives designed to mitigate adverse effects on social and emotional wellbeing are also explored, along with the mental health impacts of systemic racism. The international literature will also be examined – specifically, evidence gathered from, and supporting, the successful implementation of policies and programs combating systemic racism.

This paper also synthesises a number of recent reports. These include the Productivity Commission's *Closing the Gap annual data compilation report* (2024a), the Australian Human Rights Commission's *Mapping government antiracism programs and policies* (2024), Reconciliation Australia's *The impact of Reconciliation Action Plans in 2023* (2024) and the *Aboriginal and Torres Strait Islander Health Performance Framework summary report* (AIHW 2024).



# **Key issues**

## 4 Key issues

This section provides an overview of the key issues in overcoming systemic anti-Indigenous racism as a driver of the social determinants of mental health, and of social and emotional wellbeing. There are 2 major issues:

- a lack of implementation of evidence-based strategies supporting the cultural determinants of mental health and social and emotional wellbeing
- a lack of Indigenous Data Sovereignty in measuring systemic anti-Indigenous racism.

Overall, these 2 key issues speak to the need for whole-of-government support for First Nations people's self-determination in resolving the health crisis caused by systemic anti-Indigenous racism. First Nations definitions of systemic anti-Indigenous racism are needed as is First Nations leadership in designing measurements of data on systemic racism that are grounded in the lived experience of First Nations people (Bodkin-Andrews et al. 2024). There is also an urgent need to overcome the evidence and implementation gap.

# Strengthening the cultural determinants of First Nations mental health and social and emotional wellbeing empower resilience against systemic anti-Indigenous racism

National and international research on the social determinants of mental health have usefully challenged the limitations of Western biomedical interventions and drawn attention to the importance of a rights-based transformation of the conditions of everyday life as a sustainable prevention practice. For example, safe and stable housing as well as access to medical services, education and employment that is free of racism are all human rights; such conditions also strengthen resilience and wellbeing across generations and enhance social stability and the health of populations. While the social determinants of mental health research and evidence-based policies have transformed how the international community approaches mental health inequity, indigenous people across the world have drawn attention to how the social determinants narrative excludes indigenous cultural knowledges of holistic health, in particular the protective benefits of indigenous self-determination, or cultural continuity, and connection to land or Country (Greenwood 2009). Across the last few decades, the evidence base for supporting policy that implements First Nations understanding of health and wellbeing has coalesced around the cultural determinants of health, the cultural determinants of mental health, and social and emotional wellbeing (Dudgeon et al. 2024).

There is a consensus across the literature (national and international) that measurements of First Nations or indigenous cultural continuity represent resilience against systemic anti-indigenous racism (Auger 2016; Friborg et al. 2017) and that cultural continuity buffers the stress from systemic anti-indigenous racism (Currie et al. 2019; Currie et al. 2020). However, these measurements are limited to small numbers. In Australia, increased evidence has found promising links between First Nations cultures and their greater social and emotional wellbeing on the one hand and improved socioeconomic indexes on the other (Dudgeon et al. 2022; Wright et al. 2023). Pathways connecting First Nations people to their cultures have also been identified and evidence supports

their buffering effect (Dudgeon et al. 2022; Wright et al. 2023). In other words, emerging evidence suggests that strengthening the connections between the domains of social and emotional wellbeing empowers cultural continuity, fosters resilience and protects against the adverse impacts of systemic anti-Indigenous racism.

Emerging international evidence that strengthening culture and the cultural and ethnic identity of minority populations protects against the adverse mental health impacts of systemic racism offers promising ways forward. However, there is less evidence that this resilience is sustained across generations (Jackson et al. 2018; Miller et al. 2016). However, indigenous Canadian cultural continuity has been found to buffer the chronic stress impacts of exposure to racism into adulthood (Currie et al. 2019).

Cultural identity is understood as a connection between one's psychological and emotional self and one's culture. Cultural identity is strengthened through cultural continuity or access to family, community and culture, and through social determinants such as education, housing, justice, employment and health, which affirm and support culture (Buckingham and Hutchinson 2022). Indigenous self-determination over the social determinants is the best way to ensure cultural continuity.

Cultural continuity is associated with flourishing. Chandler and Lalonde's formative work in the field of indigenous suicide prevention in Canada found longitudinal evidence linking a number of indexes of cultural continuity with reduced suicide rates in indigenous communities (Chandler and Lalonde 2018). These indexes or markers of cultural continuity are:

- · communal cultural facilities that enable intergenerational transfer of indigenous knowledge
- economic and political autonomy
- · self-determination over land and health
- 50% of women in government
- control of child and family services, education, and policing (Chandler and Lalonde 2008).

In short, cultural continuity can be understood as implementing the principles of UNDRIP, or self-determination.

Some key findings about the cultural determinants of mental health and social and emotional wellbeing are that self-determination and cultural continuity support a reduction in suicide and improved mental health (Chandler and Lalonde 1998; Dudgeon and Holland 2018; Gibson et al. 2021; Gibson et al. 2022; Guenther et al. 2022; Liddel et al. 2022; Lovett and Brinckley 2021). Cultural continuity protects against the adverse impacts of systemic racism – a reduction of chronic stress and high allostatic load caused by exposure to racism in childhood was found in indigenous people who were connected to their culture (Currie et al. 2019).

Self-determination (or First Nations governance and control of the social determinants of mental health and social and emotional wellbeing – such as education, justice, health, employment and housing – and the policies that shape and reform these determinants) has also long been identified as the best approach to strengthen the cultural determinants of mental health and social and emotional wellbeing. Indigenous governance and control challenges systemic anti-Indigenous racism as a driver for the adverse social determinants linked to suicide and mental health challenges.

Systemic racism is directly detrimental to both cultural continuity and indigenous governance over the cultural determinants of mental health.

Exploring how to implement strategies to support the cultural determinants of health has become the focus of increased strengths-based First Nations-led research over the last few decades. Overall, this research has found that supporting the cultural determinants of health protects against the adverse impacts of systemic racism. This research also incorporates evidence about the protective benefits of cultural continuity, strengthening racial identity, self-determination and, broadly speaking, social and emotional wellbeing. There is evidence that cultural factors – Country and caring for Country, knowledge and beliefs, language, self-determination, family and kinship, and cultural expression – can be protective, and positively influence First Nations people's health and wellbeing (Bourke et al. 2018; Townsend et al. 2009; Schultz et al. 2018; Yashadhana et al. 2024). The Mayi Kuwayu Study of Aboriginal and Torres Strait Islander Wellbeing aims to provide more evidence of how culture is related to First Nations people's health and wellbeing (Australian National University 2020; Thurber et al. 2022b). These promising initiatives can provide useful evidence about the cultural determinants of mental health and social and emotional wellbeing, and refine place-based strategies.

# Indigenous Data Sovereignty and measures of systemic anti-Indigenous racism

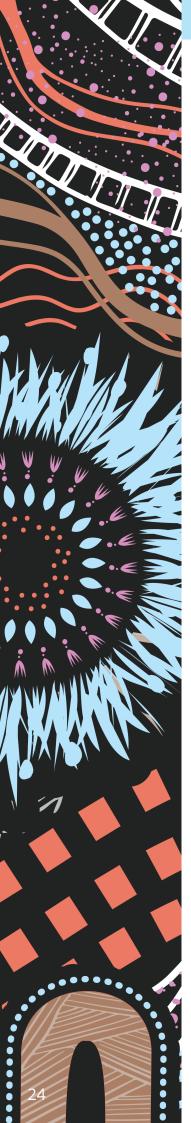
The need to design measurements of systemic anti-Indigenous racism that uphold and implement the principles of Indigenous Data Sovereignty is becoming clear. As the Australian Human Rights Commission concluded in its reports on anti-racist policy and programs across Australia, profound gaps in data on racism are a significant barrier to monitoring, evaluating and designing successful strategies and policies to combat racism – in particular, systemic anti-Indigenous racism (Australian Human Rights Commission 2022, 2024).

In the context of the Closing the Gap strategy, an estimated two-thirds of the health gap between First Nations people and non-Indigenous Australians can be explained by social determinants and health risk factors (AIHW 2024). As the 2024 *Aboriginal and Torres Strait Islander Health Performance Framework summary report* notes, around 35% of the gap remains unexplained and could reflect factors connected to lack of access to health services free of racism, racism in general, and disruptions to social and emotional wellbeing domains such as access to Country and culture (AIHW 2024). In an earlier paper, Bourke and colleagues (2018) cite that this unexplained component of the health gap 'may be attributable to institutional racism, interpersonal racism and generational trauma'. All of these possible factors can be understood as proxy markers of systemic anti-Indigenous racism. Moreover, many of the other factors measured by the Closing the Gap project can also be understood as proxy measures of systemic anti-Indigenous racism.

The new *Framework for Governance of Indigenous Data* (Commonwealth of Australia 2024) recognises an alignment between Priority Reform 3 of the National Agreement on Closing the Gap on eliminating systemic racism within government organisations and 'building an inclusive data system' (Commonwealth of Australia 2024:20). The National Agreement in effect measures systemic anti-Indigenous racism by tracking data on the 17 socioeconomic outcomes (also discussed in Tier 2 under 2.09 Socioeconomic indexes).

Some promising international measures are emerging, however, For example, the 'indigenous resentment scale' has found that anti-indigenous racism within government organisations is a 'strong predictor of social avoidance behaviours and significantly predicts opposition to government policies designed to help Indigenous peoples' (Beauvais 2021:306).

Of note, is a related finding by Saxby and colleagues (2024) who identified a correlation between negative attitudes towards First Nations self-determination and First Nations health disparities. In short, using opposition to the Voice as a proxy measure for attitude towards First Nations people, they discovered that '... greater opposition to the Voice was associated with widening Indigenous disparities in health, healthcare use, and health behaviour' (Saxby et al. 2024:1). A study of Queensland youth has also found higher rates of suicide in areas with intensified anti-Indigenous racism: an 18% increase in suicide was linked to higher levels of anti-Indigenous racism (Gibson et al. 2021).



# 5

# **Policy context**

# 5 Policy context

There are an increasing number of international and national initiatives, policies and domestic laws aimed at supporting racial equality – many now known as anti-racism policies. These policies have emerged in the last 3 years but have not yet been implemented or evaluated, which means the evidence base required to refine them is lacking. Broadly speaking, however, across Canada, the United States, New Zealand and, to a lesser extent, Australia, decades of evidence linking systemic racism to health inequities is now shaping the design and implementation of numerous federal and state health policies in several countries.

Overcoming systemic racism requires the reform of institutions, policies, systems and services and the promotion of justice and equality for all. Major international initiatives have been designed to combat systemic racism, such as 1965 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD). The right to live lives free of racial discrimination is also a cornerstone of the 2007 UNDRIP and Article 46 covers all human rights instruments, including ICERD. Although the UNDRIP does not explicitly mention 'systemic racism', the right to equal rights and opportunities is fundamental to this human rights instrument and therefore implicitly addresses the need to act in addressing systemic racism against indigenous peoples.

The following discussion focuses on policy frameworks and strategies designed to eliminate systemic racism against First Nations people. It is worth noting that the culturally specific and historical experiences of systemic racism by First Nations people risk being overshadowed within broad anti-racism policies and frameworks. Acknowledging this risk, Canada has recently recognised the culturally, socially and historically unique experiences of racism endured by First Nations people with government departments, increasingly using the term 'anti-Indigenous racism' (Department of Justice Canada 2023; Government of Canada 2023).

As systemic anti-Indigenous racism impacts all areas of indigenous or First Nations life, it follows that all policies to do with racism in every area would need to be examined. This is beyond the scope of this paper; its focus is predominantly on policy that seeks to eliminate racism that intersects with health policy.

### International policies and frameworks

A significant barrier to eliminating systemic racism against indigenous peoples is a failure to implement the UNDRIP, which requires comprehensive whole-of-government and whole-of-society actions to end discrimination against indigenous people and to empower indigenous cultures, communities and health and justice rights. In recent years, Canada has made significant progress in this regard; however, it is too early to evaluate whether or not the implementation of the UNDRIP has been successful.

### New Zealand - Aotearoa

Major national policies to combat systemic racism – specifically targeting systemic racism directed at First Nations people – include the *Whakamaua: Māori Health Action Plan 2020–2025* (New Zealand Ministry of Health 2020) and the *Ao Mai te Rā* | *The Anti-Racism Kaupapa* (New Zealand Ministry of Health 2024). The *Ao Mai te Rā* | *The Anti-Racism Kaupapa* seeks to build collective responsibility across all levels of society for addressing racism, recognising that it is a key determinant of health.

There is limited evidence of the effectiveness of cultural safety programs and interventions, and some concerns have been raised in systematic reviews about the sustainability of these interventions (Hardy et al. 2023).

### Canada

The indigenous (First Nations, Inuit and Metis) population was estimated at 2021 to be 5% of the population of Canada, or 1.8 million people (Statistics Canada 2022). Canada has several anti-racism strategies designed to protect its indigenous people from systemic racism. The most notable and recent of these are the 2021 *United Nations Declaration of the Rights of Indigenous Peoples Act* (Government of Canada 2021) and the *United Nations Declaration of the Rights of Indigenous Peoples Act Action Plan* (Government of Canada 2023). A broad national anti-racism strategy – *Changing systems, transforming lives: Canada's Anti-Racism Strategy 2024–2028* (Government of Canada 2024) – was released in Canada in 2024. It asserts that systemic racism:

'... consists of patterns of behaviour, policies or practices that are part of the social or administrative structures of an organisation, and which create or perpetuate a position of relative disadvantage for racialised persons. These appear neutral on the surface, such as racialised and colourblind norms and standard ways of operating, but nevertheless, have an exclusionary impact on racialised persons, which lead to racially biased outcomes and experiences.' (Government of Canada 2024)

A number of commitments expressed in this strategy support initiatives to combat systemic racism directed specifically at indigenous or First Nations people. The strategy promises to support and work with the *United Nations Declaration of the Rights of Indigenous Peoples Act Action Plan* (Government of Canada 2023) along with various indigenous organisations and stakeholders to create 'a federal approach specifically tailored to tackling anti-Indigenous racism' (Government of Canada 2024). An action plan has yet to be released and there are obviously no available data on the implementation of any action plans associated with the strategy. However, given that this strategy is supported by the 2023 action plan, which seeks to implement the UNDRIP, it is possible that evidence of positive change might emerge in the coming years.

### United States of America - Turtle Island

The indigenous population of the United States is estimated to be 2.09% of the total population, or around 6.79 million (https://worldpopulationreview.com/state-rankings/native-american-population). The ongoing impact of systemic racism (discriminatory policies, resource marginalisation and failed implementation of intervention programs) endured by generations of Native Americans has been linked to profound inequities in health, employment and education. A 2018 Commission on Civil Rights report found that the Native American population ranks among the very lowest in all 3 inequities across all populations in America (Ortiz 2019).

The Anti-Racism in Public Health Act of 2023 introduces a number of strategies to do with systemic racism, including the establishment of the National Center on Antiracism and Health within the Centers for Disease Control and Prevention (US House of Representatives 2023). Systemic racism has been declared a public health crisis across numerous states in the United States; multiple declarations have announced a range of reforms and action plans, most released by city and town councils, with the majority being in California (American Public Health Association 2024).

There are several national anti-racism policy frameworks in the United States that seek to overcome systemic racism and these have grown in recent years in response to the Black Lives Matter movement (White House 2021, 2023, 2024). Yet, many of these policies that seek to address and eliminate systemic racism are not focused exclusively on Native American peoples; indeed, the voices and concerns of Native Americans appear to be marginalised within the United Nations policy infrastructure addressing systemic racism.

## Australian policies and frameworks to eliminate systemic anti-Indigenous racism

First Nations-led health and social and emotional wellbeing policies, strategics and frameworks dedicated to eliminating systemic racism have emerged within Australia over the last few decades. The *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* is an overarching policy framework intended to guide the nation in meeting the *National Agreement on Closing the Gap* (Department of Health and Aged Care 2021).

Systemic racism was highlighted as a central concern in the extensive consultations conducted by the Department of Health and the Advisory Group on the Implementation Plan for the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*: '... systemic racism and a lack of cultural capability, cultural safety and cultural security remain barriers to health system access: racism makes people sick' (Department of Health 2017:8). Indeed, the importance of addressing systemic racism was a consistent theme in this report: '... racism within health and other systems must be addressed to remove barriers to better outcomes in health, education and employment' (Department of Health 2017:5).

Australia has several laws (both Commonwealth and state and territory legislation) to protect First Nations people from the adverse social and emotional wellbeing impacts of systemic racism. However, a lack of cultural safety – indeed systemic anti-Indigenous racism within the justice system itself – hinders access to justice for First Nations people (Dudgeon et al. 2023).

While the policies listed further below are, in theory, supported by and implement laws designed to ensure protection from systemic racism, a disconnect remains between legal protection and the promise of cultural safety across various domains of systemic racism. Cultural safety measures that seek to eliminate the impact of systemic racism risk being undermined by a lack of culturally safe pathways to access justice and human rights.

The national social and emotional wellbeing strategic framework further expounds on racism, highlighting the importance of acting on and overcoming systemic racism. The vision of the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* includes the statement that 'the Australian health system is free of racism and inequality for all Aboriginal and Torres Strait Islander people'. Noting the negative effect that racism has on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people, and that a substantial proportion of these people experience it in daily life, the plan suggests a number of strategies for combating racism:

• Emerging evidence suggests that well-designed universal and targeted interventions across different settings, organisational development, communications, social marketing and direct participation programs might be required to combat racism. Some ways nominated in the plan include:

- disseminating information on the effects of racism on Aboriginal and/or Torres Strait Islander people
- challenging false beliefs and stereotypes and providing accurate information about
   Aboriginal and Torres Strait Islander people and cultures
- having Aboriginal and Torres Strait Islander people lead program design and development (Commonwealth of Australia 2017:12).

Now, in 2024, some 7 years after this plan's release, the Productivity Commission's *Closing the Gap annual data compilation report* (2024a), the Australian Human Rights Commission's *Mapping government anti-racism programs and policies* (2024), Reconciliation Australia's *The impact of Reconciliation Action Plans in 2023* (Reconciliation Australia 2023), and the *Aboriginal and Torres Strait Islander Health Performance Framework summary report* (AIHW 2024) have seen limited progress in overcoming systemic anti-Indigenous racism, and worsening social and emotional wellbeing across a number of domains of health and wellbeing

#### **Reconciliation Australia**

A formal reconciliation process began in 1991 when the Hawke Australian Government began a 10-year process, led by the Council for Aboriginal Reconciliation. This council was replaced by the contemporary Reconciliation Australia. Key aims of the reconciliation process involve truth-telling, self-determination and ending anti-Indigenous racism. As the former Australian Senator Pat Dodson stated in his 'Call to the Nation' address to the 1994 Australian Reconciliation Convention:

'Reconciliation and the renewal of the nation can be achieved only through a people's movement which obtains the commitment of Australians in all their diversity to make reconciliation a living reality in their communities, workplaces, institutions, organisations and in all expressions of our common citizenship.' (CAR 1997:10)

Starting in 2006, Reconciliation Australia's Reconciliation Action Plan (RAP) has sought to implement and energise this people's movement. The RAP program's foundation is to 'Close the Gap' on Aboriginal and Torres Strait Islander health inequality. A diverse range of organisations have taken up the RAP – corporations, councils, non-government organisations, schools and so on. Two central surveys track the progress of reconciliation – the Australian Reconciliation Barometer, and the Workplace RAP Barometer, which monitors RAP organisational staff.

As a form of corporate social responsibility, RAPs have 4 progressive levels for reconciliation – Reflect, Innovate, Stretch and Elevate. However, there are some discrepancies between the stated objectives of RAPs and the experience of First Nations people in organisations with RAPs:

'Although 88% of employees in organisations with *Stretch and Elevate* level RAPs believed their organisation had a clear public stance against racism, less than half (47%) of Indigenous staff in organisations with these plans believed their workplace was welcoming and respectful of new Indigenous employees (Reconciliation Australia 2022).' (Leersen et al. 2024:462)

Moreover, there is also a disconnect between organisations that have high levels of Elevate and the actions of those organisations towards First Nations culture and wellbeing, with some organisations with RAPs taking actions that harm communities and the cultural heritage of First Nations people (Atkinson et al. 2023; Leersen et al. 2024). In short, the potential for organisations to use RAPS as

reputational shields, concealing corporate activities that enact profit-driven systemic anti-Indigenous racism, has not yet been fully explored or challenged. As a stand-alone corporate social responsibility mechanism, RAPs have the potential to not only be tokenistic but also to distract attention from the need for deeper systemic reform, including 'anti-racism actions within their work practices' (Leersen et al. 2024:467).

## Australian Human Rights Commission: *Mapping government antiracism projects and policies* (2024)

In July 2024, the Australian Human Rights Commission released the significant report *Mapping government antiracism projects and policies*. As well as examining national or federal policy, the commission conducted a desktop review of 60 policy and programs across all states and territories; it noted an uneven lack of investment in anti-racism policy across different jurisdictions, with little accountability to national policy.

Overall, the report found that there are insufficient accountability mechanisms across policy frameworks – including the National Agreement relating to Close the Gap, and Priority 3 which specifically targets systemic racism – constituting a barrier to substantial change. Moreover, the Productivity Commission noted that the National Agreement is just that, an agreement, and there are no consequences for failing to implement it or accountability mechanisms in place to ensure compliance (Productivity Commission 2024c).

Other key findings on the policy infrastructure informing actions designed to overcome systemic racism included:

- a marked avoidance of the term 'racism' across government
- the limited anti-racism strategies not being adequately monitored or evaluated
- racism being presented as problem to be solved by individuals and communities
- systemic racism rarely being acknowledged as an issue by local or federal government.

Further, there is significant chaos in the government approach to anti-racism work, which often focuses on workplace racism. Two further findings are also important:

- Policy approaches lead to negatively racialised communities having to compete with each other for funding.
- There is limited focus in programs and policies on First Nations communities' experiences of racism (Australian Human Rights Commission 2024).

As highlighted earlier in this section in relation to international approaches, there is a risk that First Nations people become siloed and marginalised as a small minority group within a larger racialised minority group – an issue that might potentially increase in importance with the expansion of cultural and linguistically diverse population groups in Australia. It is also concerning that the Australian Human Rights Commission found a comparative paucity of policies covering First Nations people's experiences of racism given that there is now substantial evidence linking perception of racism and adverse mental health and social and emotional wellbeing in specific vulnerable and under-resourced (or underserved, to use the American term) First Nations populations (Australian Human Rights Commission 2024).

The best policy efforts to eliminate systemic anti-Indigenous racism at a national level were found in the First Nations health and community-controlled sector. In particular, the Australian Human Rights Commission report documented that the Indigenous Allied Health Australia report *Cultural responsiveness in action: an IAHA Framework* (2019) had been impactful. The First Nations stakeholders consulted in preparing this paper identified the progress that had been made through the introduction of the *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* by the Australian Health Practitioners Regulation Agency. This strategy seeks to eliminate systemic racism within health settings; since the introduction of supportive legislation in December 2023, it has had some impact in combatting anti-Indigenous racism by health practitioners (AHPRA 2020).

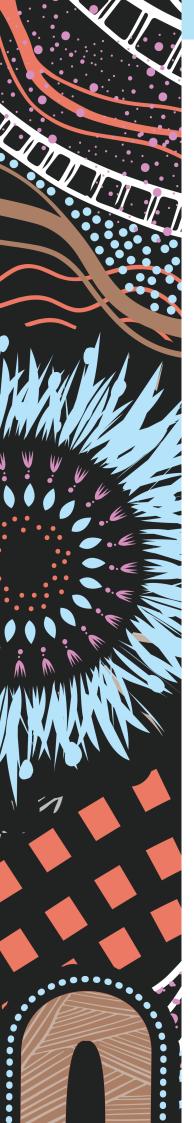
The importance of eradicating systemic racism has been highlighted by a number of state and territory policy frameworks and strategies. However, as the 2024 report by the Australian Human Rights Commission found, these efforts were unevenly distributed and had a number of limitations overall:

- Policies seeking to combat anti-Indigenous systematic racism tended to focus on overcoming or eliminating workplace discrimination by concentrating on a general workplace equity commitment within a larger diversity, equity and inclusion policy.
- Cultural training programs or cultural safety training programs are not often evaluated; evaluations tend to focus on subjective perceptions rather than on longitudinal material, or socioeconomic change; and programs tend to be short lived and to focus on perceptual and interpersonal changes.

The Australian Human Rights Commission's analysis of policy directed at overcoming systemic anti-Indigenous racism suggested that it was not as substantial as it should be. As its report notes:

- First Nations-specific policies and programs were often directly linked to a department's
  obligations under the Closing the Gap National Agreement and subsequent implementation plans,
  or to their RAPs. Though this finding does not undermine the potential impact of First Nations
  programs and policies within state and territory governments, by serving the purpose of fulfilling
  broader departmental priorities, they often fell directly within the terms of reference of those
  overarching documents.
- Often, by being under the remit of Closing the Gap implementation and RAPs, the policies and programs inadvertently inherit the limitations of those program areas. This means that they fall short of operationalising anti-racism and, instead, focus on promoting the general ideas of workplace equity (Australian Human Rights Commission 2024).

Of note, however, is the Queensland Aboriginal and Islander Health Council report *Position paper: institutional racism in the Queensland public health system* (QAIHC 2022). Also, in Victoria, the city of Darebin has been identified as having the only council in Australia with an explicit plan to combat racism, employing a staff member tasked with dealing with this issue (Australian Human Rights Commission 2024). As well, the Sydney Inner West Council has developed an anti-racism strategy for 2024–2026 which seeks to overcome anti-Indigenous racism (Inner West 2025).



## Programs and initiatives

#### 6 Programs and initiatives

This section offers an overview of the major recent national programs and initiatives implemented in Canada, the United States and New Zealand that seek to combat systemic anti-indigenous racism, along with an overview of similar initiatives in Australia. A true comparison between all 4 countries is beyond the scope of this paper; however, research that has sought to do this is drawn on. The purpose of this section is to map the most significant efforts to overcome systemic anti-indigenous racism through programs and, less precisely, initiatives. The primary focus here is on those programs and initiatives that have been evaluated in order to consider evidence.

The results of this overview are limited to those programs and initiatives published in English; consequently, those published in non-English-speaking parts of the world, or that have not been translated into English, are not represented in the findings. Another limitation is that information on the evaluation of efforts to combat systemic racism within the private sector (corporations, and so forth) through various anti-racism training programs and cultural safety initiatives are often not available to the public, or to government researchers (Australian Human Rights Commission 2024). The lack of integrated and coherent national measurements of systemic racism, and the evaluation of programs and initiatives that seek to overcome the social and emotional wellbeing health impacts of systemic racism on First Nations people, is clearly a substantial impediment to human rights progress in this area.

Systemic racism impacts numerous determinants of social and emotional wellbeing – education, housing, health, justice, as well as the media, sports, politics, policy and finance. Program and initiatives seeking to overcome socioeconomic and health inequities linked to discrimination against First Nations people in these areas can be seen as attempts to resolve the impacts of systemic racism, but not systemic racism as a mechanism of oppression.

#### International initiatives

A 2023 systematic review of peer-reviewed evaluations of indigenous cultural safety training programs and workshops for health-care workers in Australia, Canada, New Zealand and/or the United States found that the majority evaluated the subjective perspectives of learners; there is limited evidence about what works best and that such training programs need to be aligned to local and national indigenous priorities (Hardy et al. 2023).

#### Canada

Canada has sought to implement several significant programs and initiatives to combat systemic racism against its First Nations people. For example, the 2008 Truth and Reconciliation Commission's final 2015 report included 94 calls to action aimed at addressing the legacy of residential schools and advancing reconciliation with indigenous peoples. Seven of these recommendations related to health, with 2 of these specifically focusing on the importance of supporting 'cultural competency' training for health-care providers (Allan and Smylie 2015). The 2017 Urban Programming for Indigenous Peoples seeks to improve access to health care and social services and overcome homelessness among First Nations peoples.

The most promising evidence for programs seeking to overcome systemic anti-indigenous racism is from educational interventions. However, it should be noted that participants were mostly 19-year-old females at university and so not representative of the wider community; further, the results do not represent an intervention into systemic anti-indigenous racism but rather individual subjective perceptual changes (Efimoff and Starzyk 2023).

#### **United States**

In the United States, the Indian Health Service seeks to rectify substantial health disparities by providing health-care services such as hospitals, clinics and health services. However, these initiatives do not focus on systemic racism itself. A number of Indian Education Programs are focused on improving educational outcomes for students, including culturally relevant educational initiates, professional development programs and vocational rehabilitation services programs. Moreover, several Tribal Housing programs, as well as the 1996 *Native American Housing Assistance and Self-Determination Act*, focus on improving housing conditions and overcoming homelessness.

#### **New Zealand**

In recent years, several programs designed to identify and overcome systemic anti-indigenous racism have been implemented across New Zealand. Aside from laws that prohibit anti-indigenous racism, the majority of these programs focus on building cultural safety across services, within spaces in which indigenous people interface with institutions that express systemic racism.

#### Australian initiatives

Overall, programs and initiatives designed to tackle systemic anti-Indigenous racism in Australia are part of a larger policy push for diversity, equity and inclusion (DE&I) across various institutional and private sector domains (Government of South Australia 2023; Queensland Mental Health Commission 2020). Programs and initiatives targeted at eliminating systemic racism that affects First Nations people and communities are often absorbed into this wider DE&I push, resulting in a loss of cultural specificity and respect for the unique cross-generational challenges impacting First Nations people (Australian Human Rights Commission 2024). While protecting refugees and asylum seekers from systemic racism is vital, there is a risk that the needs of First Nations people are marginalised within the broader anti-racism and DE&I initiatives and programs.

The Productivity Commission's 2024 Closing the Gap review took notice of Priority Reform 3 (Transforming Government Organisations) which seeks to hold 'all tiers of government to account to identify and eliminate racism'. In effect, Priority Reform 3 is attempting to direct efforts to overcome systemic racism within government institutions across the nation. The findings from the Productivity Commission's review found, in relation to Priority Reform 3, the following 3 related issues are preventing progress:

- inadequate funding for monitoring and evaluation of systemic racism continues
- the public sector does not have a coherent anti-racism implementation plan (although paths forward have been described by Conway in 2023).
- inadequate processes of accountability for addressing racism and discrimination work are echoed across work in First Nations policy more broadly (Productivity Commission 2024c)

The findings of the Productivity Commission's 2024 review (Productivity Commission 2024c) are echoed by the Australian Human Rights Commission's 2024 review of anti-racism efforts across the nation. In its overview to the report, the Australian Human Rights Commission notes a significant finding: 'that a substantial amount of information on the impacts of anti-racism initiatives and programs is held within the corporate memory of organisations and not publicly available or accessible online' (Australian Human Rights Commission 2024:28). Also worth noting is that the widespread use of non-disclosure agreements within the corporate domain is another barrier to accessing evidence on how private organisations are, *or are not*, tackling systemic racism. Without access to these data, it is impossible to evaluate the true impact of numerous programs and initiatives.

In relation to the Australian Human Rights Commission's 2024 report, it is also significant that feedback from First Nations stakeholders gathered for the report identified the importance of embedding the monitoring and evaluation of anti-Indigenous racism work across all levels of government.

A number of frameworks exist across Australia to guide programs to support First Nations health and wellbeing and contribute to eliminating systemic anti-Indigenous racism:

- The West Australian *Aboriginal Health and Wellbeing Framework 2015–2030* (Western Australian Department of Health 2015) is significant yet the results of the *Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015–2030* have not yet been evaluated (https://www.health.wa.gov.au/Improving-WA-Health/About-Aboriginal-Health/WA-Aboriginal-Health-and-Wellbeing-Framework-2015-2030). Neither is there clear evidence that changes to systemic anti-Indigenous racism have been produced by the WA Health Aboriginal Workforce Strategy 2014–2024 (Western Australian Department of Health 2014).
- In New South Wales, the *Strategic Framework for Suicide Prevention in NSW 2022–2027* aligns with the National Agreement on Closing the Gap but as yet there is no evidence that this has been successfully implemented to overcome systemic anti-Indigenous racism.
- The Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework for Victoria 2017–2027
  (Victorian Department of Health and Human Services 2017), released by the Victorian Government,
  seeks to reduce the gap between health outcomes for Indigenous and non-Indigenous Australians;
  however, as yet, there is no evidence of changes to systemic anti-Indigenous racism arising directly
  from this initiative.

#### Cultural safety training programs

For an overview of cultural training programs addressing racism, see *Racism and Indigenous wellbeing, mental health and suicide* (Truong and Moore 2023).

This section discusses research on recent evidence for cultural safety training programs. These trainings have recently been described as being aimed at increasing awareness of how racism operates and 'the individual and institutional/systemic changes required to address, reduce, prevent and eliminate racism' (Mohamed et al. 2024:66) (for more information, see Appendix B).

The measurement of cultural safety training programs within various domains related to systemic anti-Indigenous racism such as health care and services (hospitals, for example) has increased across Australia in the last decade. Cultural safety training programs, policies and strategies – both across government services and within corporations – can be understood as activities directed at overcoming systemic racism and, as such, are anti-racist practices. More specifically, cultural safety activities designed to overcome discrimination against First Nations people across workplaces and institutions can be recognised as activities that are focused on overcoming systemic anti-Indigenous racism (Hall et al 2023). Indeed, anti-racism is a core component of many cultural safety training programs (Mohamed et al. 2024).

It is the potential measurement of how racism operates within systems such as institutions that is useful for understanding and combating systemic anti-Indigenous racism. Yet there is a paucity of evaluation, and chaotically organised disparate measures, most of which are not longitudinal, are subjective and open to significant bias. Nor is there any evidence that increased awareness of systemic anti-Indigenous racism translates into institutional or structural action to remove it.

There is a recognised lack of evidence on the impact of cultural safety training in both Australia (Hunter et al. 2021; Lock et al. 2020; Shepherd 2019) and internationally (Hardy et al. 2024). Further, there no clear evidence that cultural safety training is combating systemic anti-Indigenous racism. A systemic review of the international evidence supporting the effectiveness of cultural safety training found there was very limited evidence of sustainable change within organisations (Hardy et al. 2024).

In Australia, there is substantially low engagement with and accountability for cultural safety training across services, with only 2% of 261 health services implementing all of the recommended components of cultural safety training and just 21% reporting any kind of evaluation (Hunter et al. 2021).

Responding to the need for increased evidence in Australia, Kerrigan et al. 2024 devised the training program 'Ask the Specialist Plus', which was delivered at Royal Darwin Hospital in the Northern Territory in 2021 over 15 sessions (listening to a podcast and face-to-face discussions with a specialist); the aim was to improve communication and awareness of discrimination among health-care providers. The evaluation of this pilot program found 'preliminary evidence of [the] beneficial impact of cultural safety training' (Kerrigan et al. 2024).

A promising measure for evaluating systemic anti-Indigenous racism within organisations, The Cultural Safety Initiative Planning and Evaluation Template, was commissioned by the Lowitja Institute; it has been developed over the last couple of years and is due for release late in 2024 (Gollan and Stacey 2021). Tools offered by the Lowitja Institute are:

- Addressing cultural safety throughout evaluation
- Addressing racism within evaluation
- Community-led co-design of evaluation
- Critical reflection on evaluation (https://www.lowitja.org.au/product/tools-for-culturally-safe-evaluation/).

A number of other emerging initiatives are attempting to address systemic anti-Indigenous racism across the nation but, as yet, these are not coordinated or evaluated sufficiently (see Appendix C for more information).

#### Overarching strategies, approaches and best practice

Overcoming systemic anti-Indigenous racism across the social determinants of First Nations mental health and social and emotional wellbeing requires coordinated efforts across sectors such as health care, education, housing and social services to reduce First Nations people's mental health inequities. Measuring systemic anti-Indigenous racism across the social determinants of mental health and social and emotional wellbeing is a necessary first step.

So far, there is no best practice measure for systemic anti-Indigenous racism or policy focused on addressing it as a driver of the social determinants of mental health and social and emotional wellbeing, based on evidence from a best practice measure. There are, however, numerous First Nations-led strategies and approaches (both evidence-based and based on the collective lived experience of First Nations people) which call for self-determination over the social determinants of mental health, and support for the cultural determinants of mental health. Underpinning all First Nations-led strategies, approaches and best practices is an implicit acknowledgment that colonisation is a form of systemic anti-Indigenous racism and that systemic anti-Indigenous racism is a form of colonisation, while this might not be named as such. Combating systemic anti-Indigenous racism requires anti-racism in all health policy and in all policy connected to First Nations people's social determinants of health and social determinants of mental health, and a multi-level whole-of-government approach.

Since at least the issue of the National Aboriginal Health Strategy (1989), First Nations health and wellbeing leaders have been advocating on behalf of their communities for greater self-determination over their lives, stating that 'a lack of collective control acts as a determinant of poor health' (National Aboriginal Health Strategy Working Group 1989:ix).

For decades, First Nations communities and leaders have identified the key strategies that are central to overcoming systemic anti-Indigenous racism and that support the cultural determinants of health and social and emotional wellbeing.

Alignment with the principles expressed by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (Commonwealth of Australia 2017), the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 (Australian Government Department of Health 2021) and the Close the Gap Campaign for Indigenous Health Equality (Australian Human Rights Commission 2020) is the key to best practice in overcoming systemic anti-Indigenous racism.

#### These principles are:

- Indigenous self-determination
   Indigenous Australians need to be included in governance, control and accountability of health-care organisations. It is critical that programs and policies are developed, led by and delivered in partnership with Indigenous Australians to ensure their specific needs are met.
- 2. Strengths-based and rights-based approaches to health
  Organisations and systems should adopt strengths-based and rights-based approaches to health
  that embed the social and cultural determinants of health for Indigenous Australians. Indigenous
  ways of knowing, being and doing that encompass a holistic understanding of health and
  wellbeing should be included in policies, plans and practices.

#### 3. Culturally safe workforce

A highly skilled, culturally safe and supported workforce is needed to meet the needs of Indigenous Australians. This includes increasing Indigenous employment across the entire mental health and social and emotional wellbeing workforce and increasing the cultural capability and responsiveness of the non-Indigenous health workforce. Adopting needs-based and strengths-based approaches can ensure greater sustainability (Lahn et al. 2020). There is a need for greater recognition and employment of traditional healers, of Elders and of others such as non-clinical patient preceptors and advocates (Purple House 2023) as a part of the overall social and emotional wellbeing and mental health areas workforce.

#### 4. Addressing racism and discrimination

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

#### 5. Whole-of life-approach

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

Combating systemic anti-Indigenous racism would require all of these principles to be incorporated into policy related to the social determinants of health and wellbeing.

### Implementing the UNDRIP can support efforts to overcome systemic anti-Indigenous racism

Given the strong evidence base supporting self-determination, cultural continuity and the empowerment of the cultural determinants of mental health and social and emotional wellbeing as being protective of the adverse impacts of systemic anti-indigenous racism, it seems wise to implement the UNDRIP, which supports the cultural determinants of health. This might help Close the Gap. Article 25 of the United Nations Declaration explicitly affirms that:

'Indigenous people have the right to maintain and strengthen their distinctive spiritual and material relationship with the lands, territories, waters and coastal seas and other resources, which they have traditionally owned or otherwise occupied or used, and to uphold their responsibilities to future generations in this regard.' (United Nations General Assembly 2007:19).

Implementing the UNDRIP would strengthen the right to cultural continuity that Article 25 affirms, along with the overall right to self-determination and freedom from discrimination that the UNDRIP was designed to empower. Implementing the UNDRIP would also hold the system accountable for implementing, monitoring and evaluating the Closing the Gap agreements.

Of significance, international health organisations, such as the World Health Organization (WHO), have called on nations to take action in combating systemic anti-indigenous racism to reduce global health inequities (WHO 2022). A key WHO recommendation for national governance and policy frameworks is to:

- · support Indigenous rights to participate in political, economic, social and cultural life
- empower Indigenous governance and their social and cultural institutions
- increase access to primary health care services
- · increase Indigenous workforce in primary health care
- enable access to equitable resources
- prioritise addressing Indigenous health inequities
- incorporate Indigenous perspectives in person-centred care
- promote participatory health research and trial new interventions
- enhance equity in all monitoring and evaluation processes (WHO 2022:vii-x).

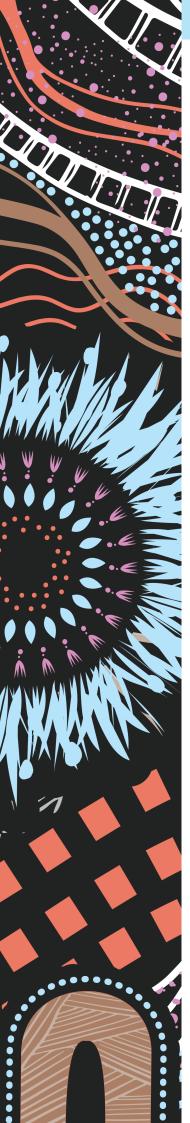
The WHO recommendations are strongly aligned with the UNDRIP and cannot be fully actioned in Australia without the implementation of the UNDRIP.

## Indigenous data governance over the measurement of systemic anti-Indigenous racism

International research on measuring systemic racism has used a variety of proxy measures in attempting to understand how racism is a driver of inequities in the social determinants of mental health. Much of this research and the measurement tools used have been developed over the last decade and there is still much that is not known; there is no best practice measure.

Australia has been measuring the social determinants of First Nations people's health – in particular, and to a lesser degree, mental health – and social and emotional wellbeing for decades. Longitudinal studies such as the *Footprints in time: longitudinal study of Indigenous Children* spans the last 15 years; however, there is some concern that a lack of Indigenous data governance over the measures and the analysis of the findings have weakened an understanding of racism, and potentially systemic racism (Department of Social Services 2023; Bodkin-Andrews et al. 2024).

The *Closing the Gap Data Development Plan 2022–2032* (Commonwealth of Australia 2022) recommends that 'community-sourced data is driven by Aboriginal and Torres Strait Islander people, communities and priorities, supports self-determination for place-based decision-making and ensures Aboriginal and Torres Strait Islander people are data custodians, controlling the narrative and access to data'. (This plan was approved by the Joint Council on Closing the Gap in August 2022. It can be found at www.closingthegap.gov.au/resources).



# Conclusions and recommendations for further research

## 7 Conclusions and recommendations for further research

Recognising the adverse impacts of systemic anti-Indigenous racism on mental health and social and emotional wellbeing has been integral to health policy guided and led by First Nations people for several decades. For example, the *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Wellbeing* (Commonwealth of Australia 2017) is anchored in the 'Nine Guiding Principles of Social and Emotional Wellbeing', of which Guiding Principle 6 acknowledges systemic racism:

The impact of racism and stigma: Racism, stigma, environmental adversity, and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing (Commonwealth of Australia 2017:3).

However, numerous reports since 2017 have found a lack of strategies for directly addressing systemic anti-Indigenous racism across Australia, despite decades of evidence that racism is a driver of the social determinants of mental health and social and emotional wellbeing for First Nations people.

This paper builds on recent national and international research and evidence, policies and programs targeting the eradication of systemic anti-Indigenous racism; it found a consensus that:

- systemic anti-Indigenous racism is a driver of the social determinants of mental health and social and emotional wellbeing, and
- strengthening the cultural determinants of First Nations social and emotional wellbeing and mental health provides a buffer against the ongoing, entrenched adverse impacts of systemic anti-Indigenous racism.

#### Using data to understand systemic anti-Indigenous racism

If racism is recognised as a driver of the social determinants of mental health and social and emotional wellbeing for First Nations people, an analysis of how it operates as a *system* and drives relationships between systems involved in social determinants of mental health – health, education, housing, employment, and justice – might strengthen strategies targeting the elimination of systemic anti-Indigenous racism. First Nations leadership across this process is vital, along with implementing the principles and protocols of Indigenous Data Sovereignty. This might entail the First Nations design of index measures based on indicators of systemic anti-Indigenous racism (Ahmed et al. 2023; Bodkin-Andrew et al. 2024; Treuhaft et al. 2020).

Given the established links between systemic anti-Indigenous racism and First Nations health and wellbeing, there is a clear need to develop measurements that can gather evidence on this complex issue, and that are aligned with and implement Indigenous statistics (Walter and Andersen 2013). This would help to increase the existing evidence base for how systemic anti-Indigenous is driving the substantial social determinants of mental health underpinning the disproportionately worse mental health and social and emotional wellbeing of rural and remote communities.

There is evidence that geographical areas with higher levels of anti-Indigenous racism are linked to poorer First Nations health, mental health and social and emotional wellbeing and increased suicide (Gibson et al. 2021; Gibson et al. 2024; Saxby et al. 2024). This suggests that systemic anti-Indigenous racism is intensified in particular geographic areas in Australia and has adverse impacts on First Nations people.

## Enough evidence to support mental health policy for combating anti-Indigenous racism

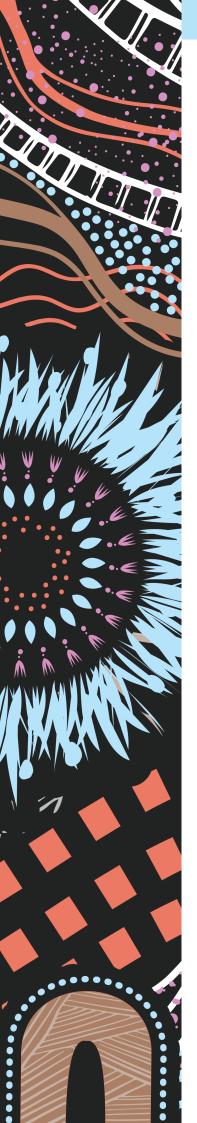
There are decades of substantial national and international evidence that systemic anti-indigenous racism is a driver of the social determinants of mental health and social and emotional wellbeing. There is also evidence that systemic anti-Indigenous racism and interpersonal anti-Indigenous racism is a risk factor for suicide (Gibson et al. 2021; Gibson et al. 2022). More research can help to clarify various aspects of this research and strengthen the evidence base, but the evidence base is already strong enough for policy to be designed and implemented. There appears to be a gap between the scientific evidence on the adverse impacts of systemic anti-Indigenous racism and the design and implementation of policy, strategies and interventions to overcome its mental health impacts. There is also a gap in demonstrated effective interventions to reduce and tackle systemic anti-Indigenous racism itself. This is itself, perhaps, a symptom of systemic anti-Indigenous racism.

#### Lack of accountability in the policy structure

Addressing the interconnected social determinants of health and mental health has long been an international and global priority (WHO 2008; WHO, Calouste Gulbenkian Foundation 2014). The United Nations Platform on Social Determinants of Health is an informal mechanism to provide coordinated support for implementing the Rio Political Declaration on Social Determinants of Health (UNICEF and WHO 2013; World Conference on Social Determinants of Health 2011). That First Nations health and mental health is a human rights issue linked to social determinants has long been communicated to governments (Calma and Dick 2007).

One issue the Productivity Commission highlighted in relation to the Closing the Gap campaign is that the recommendations and agreements are, like the UNDRIP, *not enforceable*; there are no consequences for not complying, implementing or evaluating strategies for Closing the Gap. Again, this suggests that there are elements of systemic anti-Indigenous racism operating within spheres ostensibly dedicated to overcoming the structurally embedded disadvantage that First Nations people still endure in Australia. There is also substantial evidence that supporting the cultural determinants of mental health – by empowering self-determination and cultural continuity, and connections to the 7 wellbeing domains of social and emotional wellbeing – protects against the adverse mental health impacts of systemic anti-Indigenous racism. Yet again, many policy recommendations are either not implemented or implemented without accountability or rigorous evaluation processes. Increased research into the ways in which systemic anti-Indigenous racism impacts or thwarts the implementation of evidence-based policy is required.

Finally, following the adoption of the UNDRIP by the Human Rights Council in 2007, the Australian Government also adopted it, in 2009. However, despite calls from indigenous leaders, advocacy groups and legal experts for stronger action to give practical effect to the principles outlined in the UNDRIP, no subsequent government has proposed or adopted measures to operationalise the declaration through legislative or program reforms. The Aboriginal and Torres Strait Islander Social Justice Commissioner in the 2008 *Social justice report* to Parliament (Calma 2008) devoted Chapter 2 to 'An Aboriginal and Torres Strait Islander human rights protection framework for the 21st century', with specific reference to the UNDRIP in Part 2. In light of the evidence that systemic anti-Indigenous racism continues to undermine the health and human rights of First Nations people in Australia, acting on these comprehensive recommendations for a human rights protection framework guided by the UNDRIP is increasingly necessary.



## Appendixes

## Appendix A: Potential proxy measures of systemic anti-Indigenous racism

The presence of systemic anti-Indigenous racism may be understood by measuring inequality and/or discrimination through social indicators. Under the National Agreement on Closing the Gap (the National Agreement) (see <a href="https://www.closingthegap.gov.au/national-agreement">https://www.closingthegap.gov.au/national-agreement</a>), there are 19 national socioeconomic targets across key areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people, such as life expectancy, child mortality, education, employment and health outcomes. The Productivity Commission monitors progress against these targets. Disparities between First Nations people and non-Indigenous Australians across these targets are tracked over time. These measures may serve as indicators of systemic anti-Indigenous racism in Australia. The Closing the Gap Information Repository (Productivity Commission 2024b) and the Aboriginal and Torres Strait Islander Health Performance Framework (AIHW 2024) provide detailed data on social indicators and metrics related to socioeconomic and health disparities.

#### Income and wealth disparities

Disparities in income and wealth between First Nations people and non-Indigenous Australians can reflect systemic barriers to economic opportunity and access to resources.

Data are available from:

- https://www.indigenoushpf.gov.au/measures/2-08-income (income)
- https://www.indigenoushpf.gov.au/measures/2-09-socioeconomic-indexes (socioeconomic indexes)

#### **Educational achievement gaps**

Differences in educational outcomes, such as graduation rates, test scores and access to quality schools, can be a proxy for systemic anti-Indigenous racism in educational systems.

Data are available from:

- https://www.indigenoushpf.gov.au/measures/2-04-literacy-and-numeracy (literacy and numeracy)
- https://www.indigenoushpf.gov.au/measures/2-05-education-outcomes-for-young-people (education outcomes for young people)
- https://www.indigenoushpf.gov.au/measures/2-06-educational-participation (educational participation and attainment of adults)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area3 (Socio-economic outcome area 3 – Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area4 (Socio-economic outcome area 4 – Aboriginal and Torres Strait Islander children thrive in their early years)

- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area5 (Socio-economic area 5
   Aboriginal and Torres Strait Islander students achieve their full learning potential)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area6 (Socio-economic area 6

   Aboriginal and Torres Strait Islander students reach their full potential through further education pathways).

#### Health disparities

Differences in health outcomes, life expectancy, or access to medical care between First Nations people and non-Indigenous Australians are often used as indicators of systemic anti-Indigenous racism in healthcare systems and living conditions. The Closing the Gap strategy has measured a range of health disparities over time (Productivity Commission 2024a; 2024b; 2024c).

#### Data are available from:

- https://www.indigenoushpf.gov.au/measures#tier1
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area1 (Socio-economic area 1

   Aboriginal and Torres Strait Islander people enjoy long and healthy lives)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area2 (Socio-economic area 2

   Aboriginal and Torres Strait Islander children are born healthy and strong)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area14 (Socio-economic area 14 Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing).

#### **Criminal justice disparities**

Racial disparities in incarceration rates, policing practices, sentencing, and overall treatment in the criminal justice system are common proxy measures of systemic anti-Indigenous racism in legal institutions.

#### Data are available from:

- https://www.indigenoushpf.gov.au/measures/2-11-contact-with-the-criminal-justice-system (tier 2 – determinants of health – 2.11 Contact with the criminal justice system)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area10 (Socio-economic outcome area 10 – Aboriginal and Torres Strait Islander adults are not overrepresented in the criminal justice system)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area11 (Socio-economic outcome area 11 – Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system).

#### Housing segregation

The degree of racial segregation in housing, homeownership rates, or discriminatory lending practices can be used to assess systemic anti-Indigenous racism in the housing and real estate sectors.

Data are available from:

- https://www.indigenoushpf.gov.au/measures/2-01-housing (tier 2 determinants of housing –
   2.01 Housing)
- https://www.indigenoushpf.gov.au/measures/2-02-access-to-functional-housing-with-utilities (tier 2 determinants of housing 2.02 Access to functional housing with utilities)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area9 (socio-economic area 9

   Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need).

#### **Employment discrimination**

Differences in hiring, promotions, unemployment rates, or job types between First Nations people and non-Indigenous Australians may indicate systemic anti-Indigenous racism in the labour market. These proxy measures are often used in combination to build a broader understanding of the impact of systemic racism impact on different aspects of society.

As the Productivity Commission and the Secretariat of National Aboriginal and Islander Child Care observes, stolen wages, forced displacement and discrimination in the justice system have contributed to entrenched disadvantage in employment, and housing, which has increased the vulnerability of families and children (Productivity Commission 2024a:28; SNAICC et al. 2023).

Data are available from:

- https://www.indigenoushpf.gov.au/measures/2-07-employment (tier 2 determinants of health 2.07 Employment)
- https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area8 (Socio-economic area 8 – Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities).

The pattern of inequality noted in the above data presented in the above weblinks places First Nations individuals, families and communities at increased risk from mental health vulnerabilities and impaired social and emotional wellbeing across generations. Understood as a whole, this illustrates the scale of systemic anti-Indigenous racism as a driver of the social determinants of First Nations mental health and wellbeing.

## Appendix B: Literature review and discussion paper on cultural safety

A 2024 literature review and discussion paper on cultural safety in Australia made a number of recommendations that address the lack of measurements and data.

Recommendation 7: The development of tools to plan, measure and track the impact of organisational cultural safety initiatives on the cultural safety of Aboriginal and Torres Strait Islander staff and clients is continued, expanded, and made available for widespread use across health and human services organisations.

Recommendation 8: Health and human services organisations commit to collation of their cultural safety impact at an individual and systemic level for accountable reporting; this includes reporting to the people with responsibility for overall governance of their organisation and transparent reporting to the public.

Recommendation 9: National and comparable data sets on cultural safety are developed for supporting the accountability and evaluation of cultural safety commitments under national strategies and agreements, including the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, *National Aboriginal and Torres Strait Islander Workforce Strategic Framework 2021–2031* and the *2020 National Close the Gap Agreement*.

Recommendation 10: Data sets are designed to measure the performance of systems, not Aboriginal and Torres Strait Islander people, and include data on Aboriginal and Torres Strait Islander people's experience of cultural safety in health and human services systems (Mohamed et al. 2024:66–68).

These recommendations could be enhanced by foregrounding the measurement of systemic anti-Indigenous racism within organisations by auditing governance practices and by implementing policies relating to First Nations people, recruitment, training and employment, and various organisational reports and funding across time.

#### **Appendix C: Other initiatives**

Other initiatives and programs seeking to counter and overcome systemic racism impacting First Nations people include work done by the Australian Local Government Association and the Australian Sports Commission.

- The Australian Local Government Association (ALGA) is the peak national body representing 537 councils across Australia. The efforts of the ALGA to combat racism have tended to focus on supporting cultural diversity and integration within councils, with a particular focus on supporting asylum seekers and refugee communities (for example, the ALGA created the initiative Welcoming Cities, which involved the participation of 84 councils). The ALGA states in its 2023 Closing the Gap Annual Report that '... addressing institutional racism and promoting cultural safety are essential elements for Closing the Gap (ALGA 2023:12). This report notes that, while many councils have initiatives for countering anti-Indigenous racism and promoting cultural safety, these initiatives are dispersed across the nation and lack a coordinated approach; as such, the ALGA recommends that there be a national initiative shared across all councils. It also recommends that each local government has access to the same training tools and that these are then co-designed with local First Nations communities. Again, the lack of funding for councils is mentioned as a significant barrier to the design and successful implementation and evaluation of any such potential initiative.
- The Australian Sports Commission has responded to widespread racism within the sporting sphere with a number of proactive initiatives, such as the National Sports Plan, and the Australian Sports Commission Reconciliation Action Plan. These include Indigenous-led and -designed resources and tools to ensure sporting codes and sports clubs are culturally safe (for example, Show the Racism the Red Card and the Australian Human Rights Commission Spectator Racism Guidelines).
- The 2024 report of the Australian Human Rights Commission into programs countering racism found that the NSW Department of Education's Anti-Racism Contact Officer program was the only example of a school anti-racism intervention strategy; however, the progress of this strategy is not known and it is not clear if this program is designed to deal with individual or systemic anti-Indigenous racism.
- The Attorney-General Department's National Justice Reinvestment Program (2022–2023) seeks to reduce systemic anti-Indigenous racism; however, there is no evidence that incarceration rates have diminished or that human rights issues related to systemic anti-Indigenous racism raised by the Royal Commission into Aboriginal Deaths in Custody (Johnston 1991a, 1991b) have been overcome.
- IndigenousX is an independent media platform owned by First Nations people; it disseminates content created by First Nations people and is initiated and run by Luke Pearson. As well as ongoing advocacy for First Nations self-determination, IndigenousX consistently challenges systemic racism; in 2021, in response to anti-Indigenous racism within Australian football it released a short information flyer to do with systemic racism called '10 things you should know about systemic racism' (Pearson and O'Loughlin 2021).

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#### **Abbreviations**

ABS Australian Bureau of Statistics

ACE Adverse Childhood Experience

AIHW Australian Institute of Health and Welfare

ALGA Australian Local Government Association

DE&I Diversity, Equity and Inclusion

ICERD International Convention on the Elimination of All Forms of Racial Discrimination

RAP Reconciliation Action Plans

UNDRIP United Nations Declaration of the Rights of Indigenous Peoples

WHO World Health Organization

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This paper explores how systemic anti-Indigenous racism shapes the social and emotional wellbeing and mental health of First Nations peoples. Drawing on recent national and international evidence, it highlights harmful impacts, identifies effective policy and program responses, and outlines opportunities to improve outcomes through culturally safe, strengths-based approaches.



