Youth Mental Health Policy Briefing

Aboriginal and Torres Strait Islander young people and mental ill-health

Half the Aboriginal and Torres Strait Islander population is aged 21 years or younger. Almost six out of 10 of these young people live in a major city or inner regional area and two out of 10 live in remote parts of Australia. The different geographic contexts, together with the diversity of Aboriginal cultures and experiences, will inform how mental ill-health is experienced.

Issues

Higher prevalence

Mental ill-health is a significant health issue for young people, with the largest onset of illness occurring between the ages of 12 and 24 years.[1] The prevalence of mental ill-health is higher among Aboriginal and Torres Strait Islander young people compared with non-Aboriginal young people.

Broader context

Mental ill-health is considered part of a bigger, holistic concept of social and emotional wellbeing by Aboriginal and Torres Strait Islander people. The integration of this broader perspective into mental health policies and programs is identified in Commonwealth and state and territory government strategies and frameworks. An increased role for social and emotional wellbeing also has wide support among Aboriginal and Torres Strait Islander people. Adoption of a more holisitc perspective reflects changing perspectives within mental health policy more generally.

Engagement

Engaging young people needs to take into account their different contexts and experiences. Challenges of engagement include reaching young people, the role of family and how practitioners relate to young people.

Evidence

More evidence is needed to understand which mental health interventions and social and emotional wellbeing programs are achieving improved health outcomes for Aboriginal and

Orygen, The National Centre of Excellence in Youth Mental Health recognises the importance of reconciliation and its relationship with Aboriginal and Torres Strait Islander people. Understanding the needs of Aboriginal and Torres Strait Islander young people will guide the organisation in realising its vision for all young people to enjoy optimal mental health as they grow into adulthood.

Torres Strait Islander young people, why they work and how they might be integrated. Evidence gaps include:

- access and acceptability of services;
- effectiveness of services and policy interventions; and
- the role of cultural and social determinants in health.

Workforce accreditation

There is a national register of Aboriginal and Torres Strait Islander health practitioners. At December 2017 there were 647 registrants.[2] Within states and territories, there are a range of approaches to training, resourcing and recognising Aborignal Health Workers (AHWs) who work with Aboriginal and Torres Strait Islander people in primary health and Aboriginal Mental Health Workers (AMHWs) working in mental health services.

What we know

Mental ill-health

Aboriginal and Torres Strait Islander people aged 18–24 years report higher levels of psychological distress than non-Aboriginal people the same age. Up to three in 10 Aboriginal and Torres Strait Islander people in this age group have a high or very high level of distress compared with 13 per cent of non-Aboriginal people.[3] Those 18–24 year olds living in remote/very remote areas report lower levels of distress compared with other Aboriginal and Torres Strait Islander young people.[4]

Aboriginal and Torres Strait Islander young people are also hospitalised more often for a mental health-related condition. More than eight out of 10 Aboriginal and Torres Strait Islander young people aged 12–24 years hospitalised for a mental health-related issue have one of four conditions (psychoactive substance use; neurotic, stress-related disorders; schizophrenia spectrum disorders; and mood disorders).[5]

Mental health is part of a young person's whole-of-life experience. Western perspectives recognise the role of social determinants in forging young people's experiences of life and their mental health. Aboriginal and Torres Strait Islander people include cultural determinants and locate mental health within the broader concept of social and emotional wellbeing.

Social and emotional wellbeing

Wellbeing includes the physical, social, emotional, and cultural health of individuals, their families and communities. Expanding use of the term social and emotional wellbeing has resulted in some variation in meaning.[6] This variation highlights the different perspectives and language of Western health practices and that of Aboriginal and Torres Strait Islander people. The Gayaa Dhuwi (Proud Spirit) Declaration connects social and emotional wellbeing:

> "to strong Indigenous identities, to participation in their cultures, families and communities, and to their relationship to their lands and seas, ancestors, and the spiritual dimension of existence.[7]

Reflecting this definition, programs that show the most promise 'encourage self-determination and community governance, reconnection and community life, and restoration and community resilience'.[8]

The presence of family stress is likely to affect the social and emotional wellbeing of a young person and their family. Aboriginal and Torres Strait Islander young people are more likely to report family stress (64 per cent) than non-Aboriginal young people (47 per cent). There are, however, similarities in the types of stressors reported by young people, and these include the death of a family member or close friend, unemployment, serious illness, and alcohol and other drug-related problems.[3]

A number of different tools have been used to measure social and emotional wellbeing. Based on Australian Bureau of Statistics data[4] many Aboriginal and Torres Strait Islander young people (aged 18–24 years) have a positive view of their lives. Only a minority of young people negatively reported feelings of wellbeing. Approximately one in 10 young Aboriginal and Torres Strait Islander people reported they did not feel in control of their lives or had no social support and seven per cent were found to have negative self-esteem.

The overall picture is incomplete. The quality of research into the health and wellbeing of Aboriginal and Torres Strait Islander young people and the data available is limited.[9] For example, mental illness data is not included in the primary health indicators for Aboriginal and Torres Strait Islander people collected by the Australian Institute of Health and Welfare. Recognising the gaps in research and data collection, The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 identifies a need to build the evidence base under Aboriginal and Torres Strait Islander leadership.[10]

Engaging young people

There are challenges in reaching young people in the first instance and, if successful, relating in a way that will maintain their engagement. The type of community an Aboriginal and Torres Strait Islander young person lives in: remote, traditionally-oriented, urban, or dispersed, will inform how awareness and communication is designed. Communication needs to be appropriate to the context as well as the culture of young people — both as Aboriginal and Torres Strait Islander people and as young people. Opportunities to engage with young people can be found through school-based programs and teachers, family wellbeing programs and cultural events. Engaging disengaged young people is a bigger challenge.

Where a young person is seeing a mental health practitioner it is important the health professional recognises the role of people around them (Elders, community, family), the appropriate people to engage in relation to a young person and the potential for collaboration with AHWs/AMHWs. It is important that all health professionals are culturally competent, not just those who are employed in Aboriginal health services or in communities with a high proportion of Aboriginal and Torres Strait Islander people.

Contributing factors

The overlap between social and emotional wellbeing and mental ill-health is evident in that the clusters of risk factors that can weaken wellbeing, can also increase the risk of developing a mental health condition.[11]

Racism

The effects of racism are pervasive and extend beyond the individual to affect family and community wellbeing. Racism can cause anxiety, depression and suicide risk among young people (16–20 year olds).[12] The link between personal identity and self-esteem and cultural identity as self-protection from racism is being researched. Concern about the effect of racism on family and friends also diminishes social and emotional wellbeing. A majority of Aboriginal and Torres Strait Islander people (more than 70 per cent) worry about family and friends being subject to racial discrimination.[13]

Reported experiences of racism from mental health workers[14] (i.e., judgement, culture of victim blaming, low expectations) highlight the need to tackle the culture of racism in Australia and within the health system. *The National Aboriginal and Torres Strait Islander Health Plan 2013–2023* identifies racism as a health determinant and explicitly identifies systemic racism in the health system as a barrier to access.[15] The impact of racism on a young person's mental health will be exacerbated if they experience racism when seeking or receiving treatment.

Trauma and grief

The impact of present and past personal, family and community experiences of trauma affects the mental health and wellbeing of young people. A pervasive sadness underlies the emotional and behavioural responses of young people. Childhood exposure to trauma predisposes a young person to vulnerability rather than resilience. The continuing effect of past government policies and a persistent high rate of separation from family and community can contribute to the grief experienced by young people.

The Healing Foundation has noted the importance of creating a supportive environment that engages young people and a need to combine Aboriginal and Torres Strait Islander and Western trauma treatments.[14] More research and improved evaluation is needed to develop the evidence base for integrating treatments for trauma and grief. A 2013 review of trauma services for young people found that evidence of a link between trauma services and improvements in health and wellbeing was 'typically anecdotal'.[17] The defining role of Western concepts of trauma in trauma-informed care highlights a need for culturally informed service development and delivery.[18]

Culture

The strength of a person's connection with culture can affect their health. While culture can have different meanings for people, recognising and strengthening common aspects has been identified as an important health issue for Aboriginal and Torres Strait Islander people. Recognition of the role of culture as a determinant of health has in turn led to the need to include cultural factors within the evidence base of health impacts.[19]

The National Empowerment Project, an Aboriginal-led initiative, explored social and emotional wellbeing issues and possible responses at a community level. The project identified the 'power of a positive cultural identity' and 'importance of connection to culture' in improving the wellbeing of individuals, families and the community.[20] The importance of culture and a strong cultural identity to a young person's wellbeing[7] needs to be balanced, however, with the possible conflicts they can face 'living in two worlds', which can create anxieties.[21] These challenges can differ for young women and young men.

Social determinants

A number of social determinants also affect the mental health of many Aboriginal and Torres Strait Islander young people. More universal in their relevance to all young people, these determinants include alcohol and other drug use, participation in education and employment, out-of-home care and contact with the justice system.

What is being done

Recognition of the role of culture and steps toward integrating social and emotional wellbeing programs and mental health interventions is slowly developing. Development is uneven. Increased awareness of the importance of cultural competency training for individuals is progressing. There has been some progress in assessing the adaptability of mainstream interventions and recognition of the need to better evaluate wellbeing programs. Systemic change has been slower.

Cultural competency

Cultural competence facilitates collaboration with Aboriginal and Torres Strait Islander people. The pressure of implicit Western values and assumptions can be a barrier to achieving the best outcome for Aboriginal or Torres Strait Islander people.[22] The cultural competency of health professionals will underpin the relationship they have with the individuals, families and communities they work with, as well as their Aboriginal and Torres Strait Islander colleagues. Cultural competency training should also improve the ability of health professionals to locate mental ill-health in a broader context of social and emotional wellbeing. Without structural and practice changes at an organisational level, however, the impact of changes made by individuals is going to be limited. Embedding cultural competency requires a 'sustained focus on knowledge, awareness, behaviour, skills and attitudes at all levels of service'[23] in every aspect of an organisation from oversight to operation.

Cultural training is used to help health professionals reflect on their motivations and existing competencies in order to better understand how they relate with Aboriginal and Torres Strait Islander people. The success of training is dependent upon the level of support and resourcing from management, an individual's own position and competency and the ability of facilitators to provide training in an effective, safe and comfortable environment. Everyone contributes to the training outcome.

The effect of cultural competency training has not been widely evaluated. For the most part reporting on cultural competency in the health sector has been descriptive, and more evaluation is needed.[20] There is evidence that improved cultural competency among primary healthcare workers can lead to improved service delivery.[24] The development of audit tools to measure the effect of cultural competency training would generate evidence for the further development of services and programs to support policy objectives.

Assessment

Culturally appropriate assessment begins with the practitioner and their awareness of their own cultural competency. Competency facilitates self-assessment to help health workers determine whether they are the right person for a particular job, taking into account, for example, their gender, age and relationship with the community.

A brief overview of culturally appropriate assessment and treatment is provided here. For more detail see 'Principles of practice in mental health assessment with Aboriginal Australians' in *Working Together* (2nd ed.).[25]

Preparing the assessment process is the next stage. This can include making community connections, involving an AHW/AMHW and determining the most appropriate diagnostic tools. Culturally appropriate diagnostic tools have been developed to help health workers measure the mental ill-health of Aboriginal and Torres Strait Islander young people.

The assessment of a young person's mental state is subject to interpretation. The ability to recognise one's own cultural lens through which an assessment is interpreted should lessen the influence of cultural bias. Discussion of the conclusions reached in confidence with an AMHW or colleague should further reduce potential cultural bias and the risk of misinterpretations.

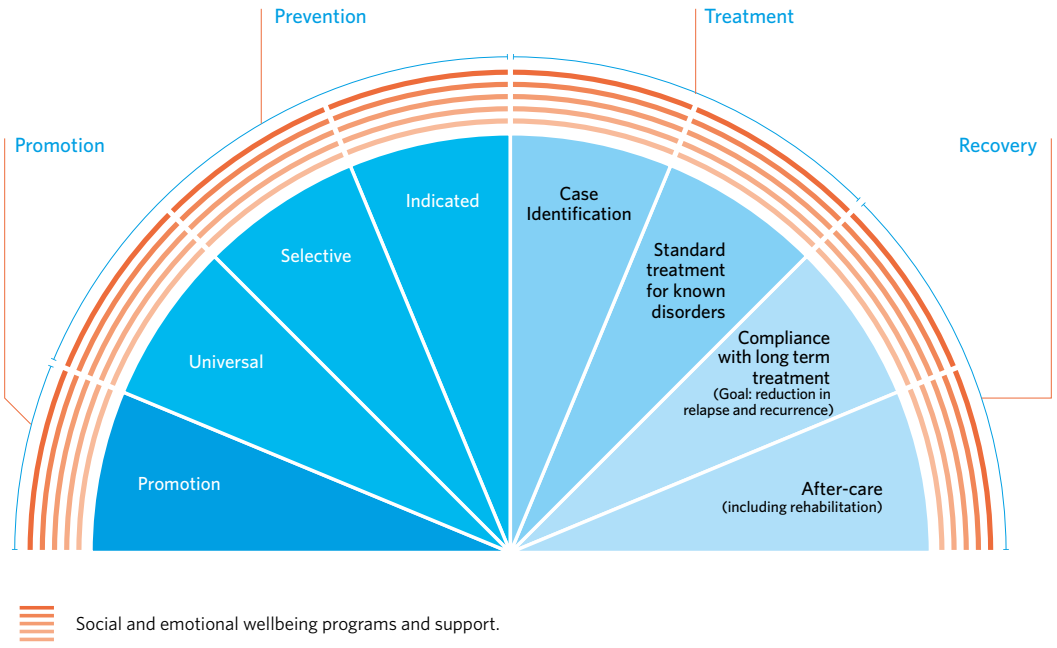
Treatment

Health workers need to determine whether a mental health intervention or a wellbeing approach is required. Determination will include assessing the appropriateness of Western approaches and potential options for a cultural resolution. Family involvement in considering intervention options, where this does not increase risk for the young person, is encouraged, ideally facilitated by an AHW/AMHW. Treatment options will also be informed by the available program and staff resources.

Medication will sometimes be prescribed as part of the treatment for a young person's mental illness. Young people and their families need to be informed why medication is required, about possible side-effects and the importance of adherence.

The integration of social and emotional wellbeing with the mental health continuum of care model needs to be investigated for each stage. The form of integration may vary as the focus on prevention of mild mental ill-health moves to incorporate an increasing role for evidence-based interventions and treatment. The potential and possible risks of including mental health screening in wellbeing and healing programs needs to be investigated.

Figure 1. Integrating social and emotional wellbeing into the continuum of care model



Implementation

Cultural competency training increases awareness and integration of the role of culture in mental health practice at an individual and workforce level. Prioritising competency training recognises the role of culture as a health determinant, a component of treatment and the need to provide a culturally safe environment. Audit tools exist to assist the development and implementation of policies and processes for system-level change.[19] Concerted action is needed from government, health departments and management to implement training.

Designing programs

Mental health programs for young people need to be culturally appropriate. New programs need to be co-designed to ensure cultural components are appropriately incorporated into new and adapted programs. Genuine community engagement and culturally competent staff are key requirements for program adaptation. Programs that have been successfully adapted include the Resourceful Adolescent Program and MindMatters.[7]

Consideration of cultural appropriateness in the design of a program does not ensure success. The development of one psychosocial assessment tool, in accordance with published guidelines and with input from an expert reference group, was found to be too context-specific and too long to be practical.[22]

Integrating interventions

The adoption of social and emotional wellbeing into mental health strategies reflects the increasing awareness of the role culture plays in the wellbeing of Aboriginal and Torres Strait Islander young people. For example, 18–24 year olds who report being proud of their culture or being an Aboriginal or Torres Strait Islander are more likely to record a low/moderate level of distress.[3] A study of health services in the Northern Territory found both support for mental health screening and assessment (especially for young people and perinatal women), and a need for greater recognition within services of the importance of strengthening cultural connections in improving a person's wellbeing.[23] However, the experiences of Aboriginal counsellors has revealed challenges in balancing wellbeing and mental health in therapeutic practice.[24]

For example, while comparable symptoms of depression were identified among Aboriginal and Torres Strait Islander men from central Australia and non-Aboriginal men, the experience was understood as 'a weakness or injury of the spirit'. Similarly, the experience of hearing the voices of relatives and beliefs in the role of sorcery are cultural symptoms for something that Western medicine can ascribe to psychosis. The role of life stressors as contributors to both anxiety and personality disorders are also encompassed in the broader concept of social and emotional wellbeing.[25]

Summary of available evidence

Psychosocial interventions provide an opportunity to combine social and emotional wellbeing programs and incorporate a culturally informed understanding of mental ill-health for Aboriginal and Torres Strait Islander young people. However, evidence of a link between culture and positive psychosocial functioning is mixed.[26] It has been recognised that reaching a balance between strengths-based approaches and treating mental disorders is 'challenging'.[27] Evidence shows that programs reflecting the nine guiding principles underpinning the *National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Wellbeing* are more likely to be effective.[7]

Internationally, there is emerging evidence from North America for programs that support strength-based positive behaviours and the cultural tailoring of programs for Indigenous young people.[28] In New Zealand, effective mental health promotion programs for Māori young people reflect cultural understandings of wellbeing and address both specific and general determinants of health.[29]

Available evidence

There is evidence for the use of Cognitive Behavioural Therapy (CBT) in treating depression, anxiety and psychosis in young people. Parallels have been drawn between the application of CBT and the Inner Spirit of Aboriginal and Torres Strait Islander culture.[34] A small study of the perspectives of Aboriginal practitioners trained in CBT found positive inferences for its usefulness.[35] Anecdotal evidence supports the use of CBT-informed therapy among Aboriginal and Torres Strait Islander people and highlights the need for greater measurement and documenting of practices being used.

> "We call it Bush CBT. We use it a lot in bush work. It is our way of doing CBT work with people in the communities. I don't think you'll read about it anywhere, it probably hasn't been documented anywhere. That would be a really useful thing — to have some resources to do BCBT — it would be a really useful project for someone to properly develop those. – Aboriginal health worker[36]

It has been noted by others that CBT is not culturally responsive but that it can form part of a culturally appropriate approach.[37] Lessons in extending the workforce capacity to apply CBT techniques in different settings may be learned from the Improving Access to Psychological Therapies program in the United Kingdom.

A similarity between traditional and Western practices has been identified in narrative therapy. Narrative therapy aims for behavioural changes through a person's re-writing of their own story of themselves. Re-writing is based on supported self-reflection on the historical basis of the old story. The basis of narrative therapy resembles the oral traditions of Aboriginal and Torres Strait Islander people.[34] An emphasis on communicating through conversations and storytelling fits with the cultural norms of Aboriginal and Torres Strait Islander people. There is evidence showing that narrative therapy can be effective in the treatment of depressive symptoms in young people/adults (aged 18–29 years).[38]

Limitations

When something works, understanding why it works helps improve programs for young people. Currently, the available evidence for the efficacy of mental health interventions for Aboriginal and Torres Strait Islander young people is 'patchy',[39] 'typically anecdotal'[17] and mostly about how, not why, a program works.[23] The evidence base for programs for young people is small, with critical gaps in available knowledge.[39]

More work needs to be done to understand if, how and why different interventions and wellbeing programs currently being used improve the mental health outcomes of Aboriginal and Torres Strait Islander young people. A commitment to evidence-based policy requires a commitment to research and evaluation. Evaluation needs to be incorporated into program implementation from the beginning with resources and support for staff participation and reporting. Evaluation should include: the cultural appropriateness of a program; individual and community engagement; and the effectiveness of outcomes.[8]

Programs and trials

There are many social and emotional wellbeing, counselling and mental health programs for Aboriginal and Torres Strait Islander young people. However, few of them have been evaluated. A summary of evaluated programs and trials is provided here, further information for many of them can be found on the resources page of the Australian Indigenous Health*InfoNet* website and in the Closing the Gap Clearinghouse Issues paper no. 12.[8]

Engagement and Prevention	MindMatters is a school-based program promoting positive mental health through improved relationships and resilience. The program has increased student openness to the issue and referrals, and educators reported being better equipped.[40] The National Empowerment Project supported communities to identify issues and develop responses to improve social and emotional wellbeing. The project developed a framework for community-developed responses to improve community wellbeing.[41] The Panyappi Mentoring Program connects 10–18 year olds with Elders with the aim of reducing risky or criminal behaviour. The formal process was successful with trust in Elders, self-belief and personal and cultural identity enhanced.[42] The Yiriman Project is a cultural connection program designed to reduce risky behaviour and self-harm among young people. There is anecdotal evidence of greater appreciation of customs and improved confidence and self-esteem and participation in community leadership.[43] A project combining traditional culture and hip-hop to promote individual and community social and emotional wellbeing achieved some increased awareness about depression and also identified that young people were unaware of services and more likely to turn to their parents or a teacher.[44] Evaluation of the Deadly Vibe magazine found it increased access to culturally appropriate mental health information. More variation in content themes and maintaining good distribution were identified as areas to improve.[45] Preliminary results from a pilot of the Alive and kicking goals! program of peer education for young people (covering suicide prevention, positive lifestyle choices, and hope about the future) identified how the program could be developed.[46] A review found that cultural festivals have general mental health benefits through the act of celebrating and reaffirming cultural identity and providing an audience for health messages.[47] The Karalundi Peer Support and Skills Training Program aimed to reduce or delay the uptake of alcohol and other drug use among school students. There were problems with the evaluation process but some increase in awareness of health issues, enhanced self-confidence among females and reduced use of analgesics was evident.[48]
Workforce	The Aboriginal Youth Mental Health Partnership provided appropriate mental health support and services for young people involved in, or at risk of involvement in, the juvenile justice system. Evaluation found increased staff capacity to respond to young people with serious mental health problems and that services were more accessible and culturally appropriate.[49] A training course for use of the Stay Strong App including social workers and alcohol and other drug workers found training improved knowledge and confidence in using the app with Aboriginal and Torres Strait Islander people.[50] A review of the impact of an initiative to improve alcohol and other drug services in Western Australia found improved non-government organisation capacity to identify and treat comorbid mental ill-health and alcohol and other drug use. Measurements show that between 2008 and 2010 dual diagnosis capability increased from six to 70 per cent.[51] The STRONGfamilies program sees a case worker plan and coordinate services for consenting families using services from two or more agencies. Evaluation found most families benefited and the program facilitated collaboration between agencies.[52] The Working Both Ways program employed AMHWs to work alongside GPs in remote heath centres. In some instances AMHWs increased understanding of background issues and cultural themes. However, the program was negatively affected by variability in managerial support, staff turnover and tensions in what the role should be.[53] Yarning about mental health is a workshop providing culturally appropriate training that increased the confidence of alcohol and other drug counsellors to assess and treat people with a mental illness.[54]

Screening	The Indigenous Risk Impact Screen (IRIS) has been validated as a culturally appropriate dual diagnosis tool and intervention for Aboriginal and Torres Strait Islander people (aged 18+).[55] The Strong Souls tool has been validated for the screening of depression and anxiety symptoms and alcohol/other drug use with Aboriginal and Torres Strait Islander young people. [56] The Westerman Aboriginal Symptoms Checklist-Youth (WASC-Y) was developed for 13–17 year olds and assesses depression, anxiety, alcohol/other drug use and suicide-related behaviour.[57]
Intervention	Drumbeat is a CBT-based alcohol and other drug program using music to engage young people. Evaluations have found the program increased engagement in pro-social activity and improved social skills and self-worth.[58] The Family Wellbeing Program originated in South Australia in 1998 and has been implemented across the country. The program is based on story sharing about health and social issues with people of all ages. The longevity of the program is indicative of its effectiveness but a need for further evidence has been identified.[59] Application of motivational care planning for comorbid illnesses resulted in improved mental health and reduced alcohol and other drug use.[60] The Our Men Our Healing program aimed to reconnect men (aged 16 years and over) with their cultural role in their family and communities. Evaluation showed varying levels of positive re-connections across a number of domains. Enhanced self-esteem and confidence were the key measure of success.[61] The Resourceful Adolescent Program (RAP-A) has been adapted for Aboriginal and Torres Strait Islander secondary students. Using CBT and interpersonal theory the program promotes self-awareness and emotional regulation and resulted in reduced stress, increased positive effects in the short term and some improvement in help seeking.[62] Red Dust Healing is a group program targeting the intergenerational effects of trauma on mental and physical health and wellbeing. Participants responded positively and there is some evidence of an ongoing benefit for people's wellbeing.[63] The We Al-li program is a community based healing program using cultural practices and therapeutic strategy that has a positive effect on participants' wellbeing.[8]

Opportunities

Existing social and emotional wellbeing and mental health policies, services and research for young people could be improved. Improvements should be considered in consultation with a policy advisory board that includes Aboriginal and Torres Strait Islander representatives — including young people. Opportunities to improve the integration of wellbeing programs and mental health interventions and treatments need to recognise the importance of cultural factors in working with Aboriginal and Torres Strait Islander people.

Policy

Opportunity	Mechanism
Young people need to be engaged as partners in the identification of mental health issues and development of strategies and policies.	Council of Australian Governments and Aboriginal communities.
Health organisations should be required to conduct annual audits of the cultural competency of systems and processes. Regular auditing and reporting is required throughout the health system to ensure culturally safe environments and practices and to address inherent racism.	Department of Health
A commitment to research and evaluation in partnership with Aboriginal and Torres Strait Islander researchers is required to form an evidence base on social and emotional wellbeing of young people. This evidence base is required to inform mental health policy development.	Council of Australian Governments
A coordinated program to appraise the potential adaptation of evaluated mental health and wellbeing programs is required. Programs that have been shown to be successful for Aboriginal and Torres Strait Islander adults or young people should be assessed.	Department of Health in collaboration with a health organisation with specialist experience*
The potential for incorporating mental health screening into wellbeing programs should be investigated to determine: acceptance, potential benefits, workforce requirements and cultural and personal safety.	Health research organisation with specialist experience.

Workforce

Opportunity	Mechanism
Cultural competency training is required for all disciplines working with Aboriginal and Torres Strait Islander young people in public, private and non-government mental health services. Professional bodies and the Australian Health Practitioner Regulation Agency need to require continuing professional education in this area as a requirement of their membership and registration eligibility frameworks.	Australian Health Practitioner Regulation Agency, professional bodies
Training and employment initiatives to increase the AHW/AMHW workforce should be implemented where they do not exist and expanded where they do. Targets should be set and reported annually.	State and territory governments and the National Aboriginal Community Controlled Health Organisation.

Data and evidence

Opportunity	Mechanism
The Australian Institute of Health and Welfare should include mental health in the Indigenous primary health care national key performance indicators (nKPI) data collection.	Australian Institute of Health and Welfare
A coordinated evaluation program is required to measure mental health and social and emotional wellbeing interventions being used in Aboriginal and Torres Strait Islander settings to establish a baseline for performance and a universal evidence framework. Initially a research synthesis of existing evidence should be compiled to inform the development of a standard evaluation tool for measuring and evaluating future programs.	Mental health research organisation

* For example; the Menzies School of Health Research and the Lowitja Institute.

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In this period some of the policy opportunities identified in the paper have been included in The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023.

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