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Promoting the mental health and wellbeing of Indigenous children in Australian primary schools

Brenda Dobia & Virginia O'Rourke



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Promoting the mental health and wellbeing of Indigenous children in Australian primary schools

The National Mental Health Policy 2008 acknowledges our Indigenous heritage and the unique contribution of Indigenous people's culture and heritage to our society. Furthermore, it recognises Indigenous people's distinctive rights to status and culture, self-determination and the land. It acknowledges that this recognition and identity is fundamental to the well-being of Indigenous Australians. It recognises that mutual respect, respect and responsibility are required to close the gap on indigenous disadvantage and to improve mental health and well-being (Commonwealth of Australia 2009, p. 7).

The above statement of the Australian Health Ministers' Conference signals the understanding that social and cultural issues exercise a central influence on the mental health and wellbeing of Indigenous Australians.¹ Recognition of culture and heritage, status, rights and self-determination are fundamental requirements for achieving and sustaining positive mental health and wellbeing among Indigenous Australians. These are conditions that all Australians, Indigenous and non-Indigenous, contribute to and can benefit from.

This review has been undertaken to inform the adaptation of the KidsMatter resources for Indigenous students and their families. It draws on current literature and research to consider the issues affecting the mental health and wellbeing of Indigenous Australian children and associated implications for schools. Its purpose is thus twofold: to provide information about mental health issues affecting Indigenous children and their families, and to analyse the issues with particular relevance to the role that schools can play in supporting Indigenous students' mental health and wellbeing.

Social justice concerns are necessarily prominent in the following analysis. Such concerns extend to the conduct of research centring on Indigenous Australians and the actions that stem from it. Dodson (2009) recently noted that "Aboriginal and Torres Strait Islander peoples are probably the most over-

¹ The Indigenous peoples of Australia comprise multiple and diverse cultural groups. Within this document the term Indigenous is used to refer to the first peoples of Australia as there is no one word to encompass such diversity. The term Indigenous Australians is used when referring to both Aboriginal and Torres Strait Islander peoples within Australia.

researched group in Australia ... [yet] No wider is the gap between what we know and what we do". Many Indigenous people have become wary of research that documents health and social problems in Indigenous communities but does not lead to significant practical actions to improve conditions (Penman, 2006a).

While understanding the difficulties facing Indigenous Australians is a necessary step towards addressing them, an over-emphasis on negative statistics can entrench negative attitudes and inertia (Dodson, 2009). With these issues in mind, this review seeks to balance an investigation of the difficulties facing Indigenous children and families with an approach that also highlights strengths that may be built on to achieve better mental health and wellbeing outcomes for Indigenous children and families. It begins with an analysis of the contexts and frameworks through which Indigenous children's mental health may be viewed, with particular emphasis on the impacts of social determinants and cultural assumptions. It goes on to consider the ways that specific risk and protective factors impact on Indigenous children in key settings, including schools, and then outlines some key implications for school-based mental health promotion.

Why a focus on Indigenous mental health?

Indigenous Australians collectively face much higher levels of health risks and challenges than is found amongst the general Australian population. Research findings show that Indigenous Australians die at much younger ages than the general population. There is an increased burden of disease and injury among Indigenous Australians, due particularly to high rates of cardiovascular diseases, mental disorders, chronic respiratory disease, diabetes and cancer. Indigenous Australians are also more likely to experience disability and ill health, which in turn have further negative impacts on quality of life (AIHW, 2008). Of particular concern is that in some respects the gap between Indigenous and non-Indigenous health status appears to be widening (SCRGSP, 2007).

As indicated above, mental health is one of the areas for which poorer outcomes are reported for the Indigenous population as a whole. However, there is only limited research into the extent and nature of the mental health difficulties faced by Indigenous Australians (AIHW, 2009; Haswell-Elkins et al., 2007; Priest et al., 2009). Cultural differences between standard mental health frameworks and the ways that mental health problems are understood and experienced by Indigenous people have contributed to the difficulty of gaining accurate and appropriate measurement of Indigenous mental health problems (AIHW, 2009; Garvey, 2008; Haswell-Elkins et al., 2007; Swan & Raphael, 1995). Recently researchers have begun to explore ways of developing and conducting research protocols that can bridge this gap (AIHW, 2009; Kelly, Dudgeon, Gee & Glaskin, 2010; Westerman, 2003).

A national initiative is underway to develop and test tools for measuring social and emotional wellbeing amongst Indigenous Australians (AIHW, 2009). Using a specifically tailored approach, the 2004-2005 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) found that 71% of those interviewed reported being happy in the last four weeks and that 51% reported feeling calm and peaceful all or most of the time (ABS & AIHW, 2008). However, in addition to these findings for positive wellbeing, the survey also found that 32% of Indigenous women and 21% of men had high or very high levels of psychological distress. This compares with 13% for non-Indigenous adults (SCRGSP, 2007).

The NATSIHS showed that exposure to specific psychological stressors is higher for Indigenous Australians. Forty-two percent of Indigenous respondents reported the death of a family member or close friend in the previous year; 28% indicated serious illness or disability; 20% reported alcohol-related problems; 19% reported a family member being in jail; 17% reported being unable to get a job; and 17% reported overcrowding at home (ABS & AIHW, 2008). In addition, hospitalisation rates for mental and behavioural disorders are twice as high for Indigenous as non-Indigenous Australians, and deaths due to mental and behavioural disorders are higher for Indigenous Australians across all age groups, including those under 25 (SCRGSP, 2007). Suicide death rates

and hospitalisations due to non-fatal self-harm rates were also higher for Indigenous than non-Indigenous people for the period 2001 to 2005 (SCRGSP, 2007).

The findings outlined above relate to the adult population, but also have impacts on children. While there is limited national data specifically on Indigenous children's mental health and wellbeing, a comprehensive study undertaken in Western Australia, the Western Australian Aboriginal Child Health Survey (WAACHS) (Zubrick et al., 2005), found that the families of 70% of Indigenous children had experienced three or more major life stress events in the 12 months prior to the survey, and 22% of children had experienced seven or more such events. These children were significantly more likely to experience mental health problems. This coincides with research showing that Indigenous children's exposure to family stressors increases their vulnerability to a range of risks to their wellbeing (Daly & Smith, 2003; 2005) and is coherent with the broader evidence base relating to risk factors for children's mental health (Raphael, 2000).

Overall, the WAACHS study found that 24% of West Australian Aboriginal children between the ages of 4 and 17 years showed signs of serious emotional or behavioural difficulties. The rate for non-Aboriginal children was 15%. Amongst 4-11 year olds these rates increased to 26% for Aboriginal children and 17% for non-Aboriginal children (Zubrick et al., 2005). These findings from Western Australia may be compared with those of the National Survey of Mental Health and Wellbeing (Sawyer et al., 2000), which indicated that 14% of Australian children in the general population were at risk of serious emotional and behavioural problems. As part of national policy initiatives to improve children's mental health there is a particular need for specific, targeted and culturally sensitive action to address the added mental health burdens for Indigenous children.

The urgent need to address the poor health and wellbeing status of Indigenous Australians has recently prompted initiatives under the Close the Gap agenda. In pursuit of its goals of reducing health and educational inequities, the agenda acknowledges that "mental health and social and emotional well being ... are central to the achievement of better health" (HREOC, 2008, p. 18).

In order to ensure effective action to improve mental health and wellbeing outcomes for Indigenous children it is necessary to understand the factors that contribute to mental health inequities and why the gap persists.

Social Determinants of Mental Health and Indigenous Australians

An important framework for understanding health inequities comes from international research into the effects of social circumstances and contexts on health outcomes. The World Health Organisation's Commission on the Social Determinants of Health emphasises the central influence on health and wellbeing of the social conditions under which people live: "the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries" (WHO, 2008, p.1).

Mental health has been defined by the World Health Organisation as 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO, 2007). Embedded in this definition is an understanding that mental health is affected by a combination of biological, psychological and social factors. Social disadvantage has been established as a key risk factor for mental health problems, with research consistently finding poorer health status for those lower on the socioeconomic ladder (Marmot & Wilkinson, 2006).

Indigenous Australians are affected by social disadvantage in multiple ways. Despite Australia's world class health system and compulsory education systems, education, employment and income remain key indicators of Indigenous disadvantage, contributing to a number of poor health outcomes (SCRGSP, 2007). A range of social and behavioural problems (e.g., high rates of alcohol and substance abuse, family violence, arrest and incarceration) interact with social disadvantage and psychological stress to intensify the relative burden on many Indigenous communities, families and individuals.

Underpinning this spectrum of social disadvantage is a history of political and social discrimination that has continuing debilitating impacts (Aboriginal & Torres Strait Islander Social Justice Commissioner, 2006; Carson et al., 2007; Garvey, 2008; Henderson et al., 2007; Swan & Raphael, 1995). Particular psychological stressors affecting Indigenous Australians include persistent and institutionalised racism, the effects of colonisation and removal of children.

The experience of racism is a significant mental health risk factor, with research showing strong associations between racism and psychological distress, depression, anxiety and substance abuse (Paradies, 2006; Paradies et al., 2008). Racism is expressed through negative stereotypes, prejudice and discrimination that may occur at institutional and interpersonal levels. Institutional racism is systemic. It manifests through social policies and institutional practices that lead to inequities and disadvantage. Interpersonal racism is expressed in discriminatory interactions in everyday settings. Examples include demeaning or abusive comments, excluding others on the basis of race, unfair treatment, and physical attacks (Dunn et al., 2005). Both institutional and interpersonal racism against Indigenous Australians remain pervasive in Australia (Dunn et al., 2005; Pedersen et al., 2006). A further form of racism occurs when racist stereotypes and beliefs about one's own racial group are accepted as true. Such internalised racism results from continued exposure to racist attitudes and actions. Internalised racism can lead to chronic lack of confidence, low self-esteem and feelings of shame.

Evidence suggests that Indigenous children are frequently subjected to racially-based bullying. An analysis of calls to Kids Help Line by Indigenous young people indicated that bullying was often racially based (Kids Help Line, 1999). Bullying of Indigenous children also appeared to be more frequent and more severe than incidents of bullying reported by non-Indigenous callers. The WAACHS found that 22% of 12-17 year olds reported experiencing racism in the six months prior to the survey and that 19% of those who had experienced racism were at high risk of clinically significant emotional or behavioural difficulties (Zubrick et al., 2005).

Colonisation resulted in the dispossession of Indigenous peoples from their land, disruption and breakdown of traditional culture, removal of Indigenous children from their families and social disharmony (Carson et al., 2007; Swan & Raphael, 1995). Ongoing psychological impacts have accrued through the effects of trauma, loss of identity and social exclusion (Garvey, 2008). Traumatization and re-traumatization as a result of the range of stressors outlined above has been chronic and collective. As Krieg (2009) notes, “Colonisation was not a moment. It is an ongoing experience” (p. S30). For Indigenous children contemporary Australia has been described as a toxic environment in which the negative outcomes from colonisation are a continuing reality (Bamblett & Lewis, 2007; Hunter & Lewis, 2006).

The recent history of forced removal of children from their families has resulted in psychological repercussions including loss of spiritual and cultural identity, emotional and behavioural problems, substance abuse, family breakdown and parenting difficulties. The impacts have been found to be long-lasting and trans-generational (Atkinson, 2002; HREOC, 1997; Koolmatrie & Williams, 2000). One third of Aboriginal children in WA were found in the WAACHS to be living in a family where either the carer or the carer’s parent had been forcibly removed from their family of origin. Children of a parent or carer who had been removed were more than twice as likely to be at high risk of clinically significant emotional or behavioural difficulties (Zubrick et al., 2005).

Grief, loss and trauma are significant ongoing experiences within Indigenous communities. Grief and loss relating to separations in past generations continue to impact on subsequent generations. In addition, significant grief relating to loss of land and loss of culture may be felt within families and communities. Indigenous children are directly impacted by the very high death rates amongst adults and by suicide of young people. At young ages children may be exposed to the deaths of more than one, and sometimes several, significant carer/s (Swan & Raphael, 1995, p. 195).

In 2007 the World Health Organisation summarised the impacts of social determinants on mental health as follows. “The greater vulnerability of disadvantaged people in each community to mental health disorders

may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health”. The accumulated effects of discriminatory practices, as well as the ongoing impacts of ill health and social disadvantage mean that racism, trauma, grief and loss remain persistent collective stressors for Indigenous Australians. These in turn increase vulnerability to mental health problems.

Cultural limitations in mental health practice

Despite longstanding evidence of significant mental health and wellbeing needs, Indigenous communities often lack adequate and appropriate mental health services (Kelly et al., 2010; Kelly, Gridley & Burke, 2008; Swan & Raphael, 1995). As pointed out by Calma, both the social contexts that give rise to Indigenous mental health issues and the lack of adequate responses and services are issues of human rights (Aboriginal & Torres Strait Islander Social Justice Commissioner, 2006; Calma, 2009a). Calma (2007) advocates a “two-pronged attack” that seeks to improve mental health services and also address social determinants that impact on the mental health of Indigenous peoples.

Significant barriers for Indigenous Australians in accessing mental health services relate both to local availability and to issues of cultural appropriateness (Kelly et al., 2008, 2010; NACCHO, 2004). The Ways Forward report (Swan & Raphael, 1995) recommended a coordinated national Aboriginal and Torres Strait Islander-led approach to mental health and wellbeing including the establishment of Aboriginal community mental health programs. Currently a network of Aboriginal Community Controlled Health Services provides culturally appropriate mental health and wellbeing services to Indigenous people. However, their resources are chronically overstretched (NACCHO, 2004) and access to Indigenous mental health professionals is inadequate to meet the established need (AIPA, 2009).

The cultural limitations associated with mainstream services include a focus on biomedical notions that

view mental illness as residing within the individual, which can lead to significant stigma for the person diagnosed. Related to this are heightened rates of mental health-related hospitalisation for Indigenous people (frequently associated with reticence to seek early treatment) and the failure of past approaches to yield benefits (Australian Health Ministers' Advisory Council, 2008). Cultural misunderstanding can lead to misdiagnosis, misinformation, miscommunication, and poor or inappropriate outcomes, all of which contribute to problems in effective service provision (Vicary & Bishop, 2005).

Further shortcomings of standard mental health models have been noted in the lack of appreciation for core features of Indigenous Australian culture and identity, such as connection to land, kinship ties and the central role of Indigenous spirituality (ATSI Healing Foundation Development Team, 2009; Dudgeon et al., 2000; Vicary & Bishop, 2005; Westerman, 2004; Ypinazar et al., 2007). Improving mental health services for Indigenous Australians therefore requires rethinking the standard frames of reference utilised in mainstream mental health practice (Dudgeon et al., 2000; Hunter, 2002; Ranzijn et al., 2008; Swan & Raphael, 1995; Vicary & Westerman, 2004; Westerman, 2004).

Social and emotional wellbeing – a preferred model for Indigenous Australians

A more culturally appropriate approach to Indigenous mental health is based on the broader notion of social and emotional wellbeing. This concept was outlined in the National Aboriginal Health Strategy (1989), which highlighted that “Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community” (cited in Swan & Raphael, 1995, p. 20). This holistic view is also valued for taking a positive approach that seeks to enhance the conditions supporting individual and community wellbeing rather than diagnosing mental disorders in individuals according to biomedical principles (Garvey, 2008).

Swan & Raphael (1995) extended the social and emotional wellbeing framework to highlight that Aboriginal health or ill health is determined by the inter-relations between spiritual, environmental, ideological, political, social, economic, mental and physical factors. They further emphasised the central importance of self-determination and culturally valid understandings in the provision of health services for Indigenous Australians. This includes recognition that “the process and actions of colonisation constitute the major impairment to Aboriginal cultural well-being and as such, the major cause of Aboriginal loss and grief experiences” (p. 19). Prevention and healing for Indigenous Australians must therefore include addressing loss and grief, human rights, racism, stigma, environmental adversity and social disadvantage. It is also essential to recognise the importance of Indigenous family and kinship systems and the strengths and diversity of Aboriginal and Torres Strait Islander peoples and cultures.

In keeping with this approach the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009* (SHRG, 2004) highlights the necessity of inter-sectoral collaborations across a range of health, education and social and community settings in order to redress the negative effects of past policies and provide effective support for Indigenous social and emotional wellbeing. Similarly, Hunter (2004) described the need for interventions at several levels to achieve significant change in Indigenous mental health. The following diagram (Figure 1) represents Hunter's model as a series of interconnected and interacting spheres. Each coloured sphere shows examples of activities suggested by Hunter for supporting the social and emotional wellbeing of Indigenous Australians. The additional sphere, labelled environment, has been added to reflect the central and profound importance to Indigenous people's wellbeing and spirituality of connection to ancestral land (Milroy, 2007; SHRG, 2004; Swan & Raphael, 1995).

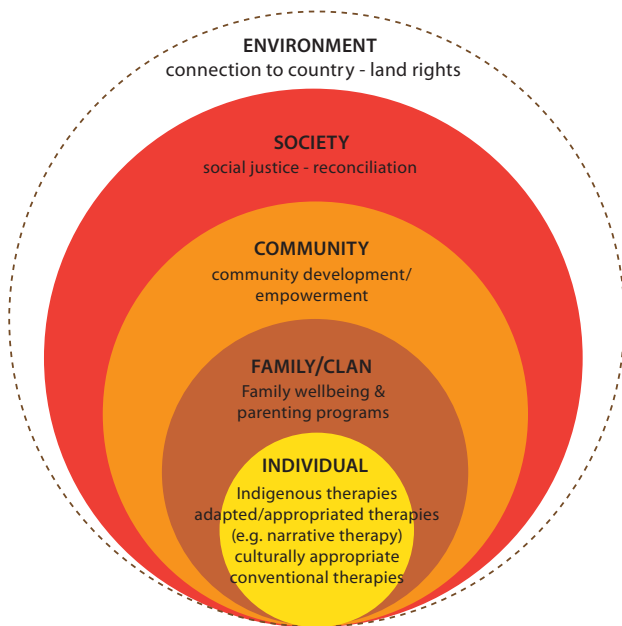


Figure 1: Coordinated activity for Indigenous social and emotional wellbeing – after Hunter (2004)

Figure 1 includes examples of mental health interventions that, when provided in culturally appropriate ways, have been found to be helpful for Indigenous Australian individuals and families. Importantly, the diagram also shows the wider community and social settings that influence Indigenous people’s psychological wellbeing or distress. In this model it can be clearly seen that supporting social and emotional wellbeing extends beyond the identification and treatment of individual mental health problems to addressing the kinds of systemic discrimination that permit unfair practices and social disadvantage (Kelly et al., 2010). An emphasis on social and emotional wellbeing helps to destigmatise mental health problems (Kelly et al., 2008) and promotes empowerment of individuals, families and communities (Haswell-Elkins et al., 2009).

In summary, a social and emotional wellbeing perspective looks at mental health holistically, emphasising the interrelatedness of physical, mental, cultural and spiritual dimensions of health across key spheres of family, community, land and society. Based on this understanding, meeting the mental health and wellbeing needs of Indigenous Australians involves

- addressing discrimination in all its forms
- acknowledging and supporting the cultural identities and self-determination of Indigenous people
- using a strengths-based approach that builds on the resilience of Indigenous families, individuals and communities
- ensuring that interventions are culturally appropriate and that mental health professionals are culturally competent.

Cultural competence has been defined as “a set of congruent behaviours, knowledge, attitudes and policies that come together in a system, organisation or among professionals that enables effective work in cross-cultural situations” (Cross, Bazron, Dennis & Isaacs, 1989, p. 1). Westerman (2004) has emphasised the need for mental health practitioners to recognize the central role of culture in mental illness and for this understanding to inform any interventions for Indigenous people’s mental health. Cultural competence involves knowledge, values and skills and is the product of sustained interaction and learning with and about Indigenous Australians (Ranzijn, McConnochie & Nolan, 2009).

Risk and protective factors

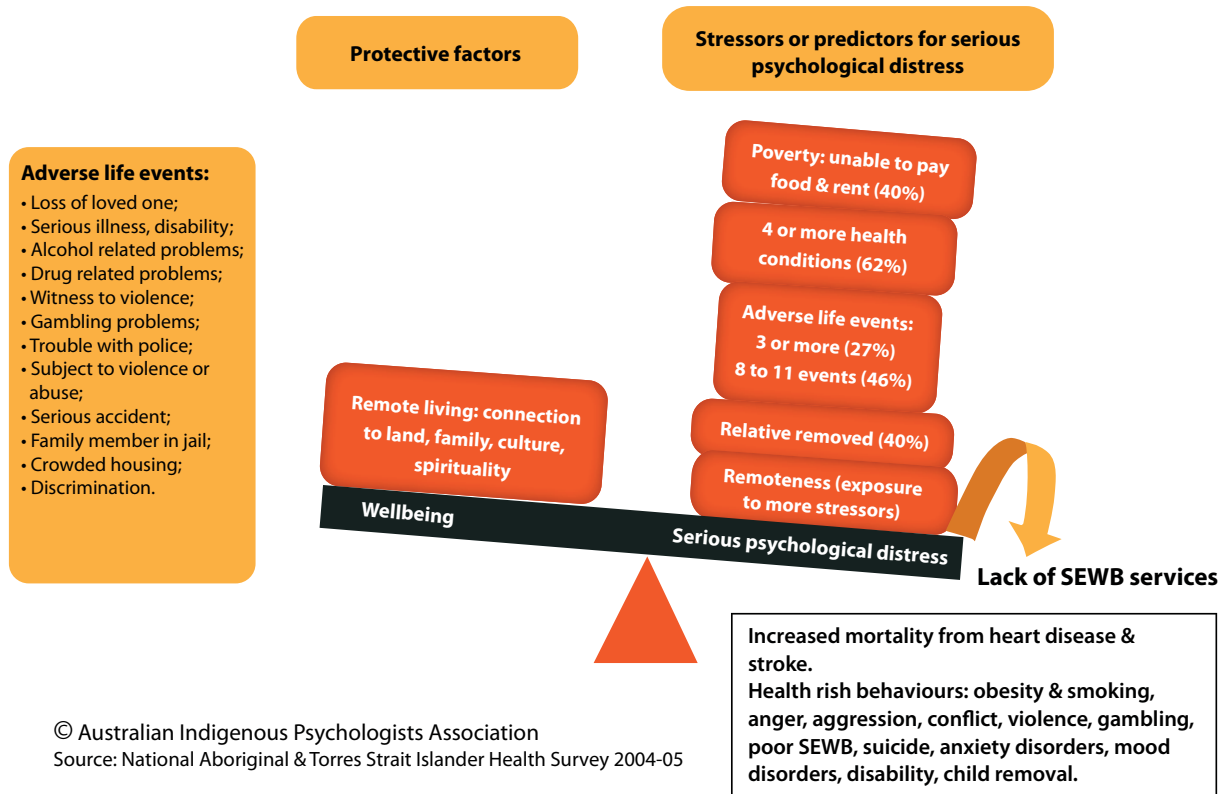
A common theme in both health promotion and social and emotional wellbeing frameworks is an emphasis on enhancing protective factors and addressing risk factors (CDHAC, 2000; Garvey, 2008; Kelly et al., 2010). Risk factors are associated with an increased likelihood that mental health problems and/or psychological distress will develop. Protective factors may be thought of as strengths and supports that enable people to maintain positive mental health and wellbeing in spite of adversity.

A complex array of risk and protective factors may interact to produce differing effects for individuals. It is important to note that experiencing a given risk or protective factor does not reliably predict the presence or absence of mental health difficulties. However, when multiple risk factors are present the likelihood of developing mental health difficulties is significantly increased.

Based on an analysis of data from the NATSIHS Kelly et al. (2010) concluded that risk factors for Indigenous Australians far outweighed protective factors in their effects on psychological distress and wellbeing. The key contributors to risk for Indigenous Australians and the imbalance between risk and protective factors are shown in the diagram below.

- seen as unmodifiable
- less likely to be offset by protective factors
- less likely to be experienced as dissonant or abnormal
- less likely to be recognised as a need for services.

Figure 2: Risk and protective factors for serious psychological distress - Kelly et al. (2010)



The levels of risk and adversity depicted by Kelly et al. are consistent with the analysis of Haswell-Elkins et al (2007, p. S30) who noted that, compared to non-Indigenous Australians, mental health risk factors among Indigenous Australians are:

- present earlier in life, including the antenatal period
- multiple and mutually reinforcing, recurrent and persistent
- widely experienced in community and cohort

This severe imbalance of risk versus protective factors underscores the cumulative burden of distress borne collectively by Indigenous Australians. The basis for this high burden needs to be understood systemically in terms of the effects of an array of social determinants that simultaneously increase risk factors and over-tax what resources the community has for dealing with distress and difficulty. Kelly et al. (2010) highlight the history and ongoing impact of systemic discrimination which has served to entrench disadvantage and exacerbate distress through implementing punitive rather than supportive and culturally appropriate interventions.

Risks for Indigenous children

The effects of high levels of risk and disadvantage on Indigenous children are evident in the findings of the WAACHS. A high risk of clinically significant emotional or behavioural difficulties in Aboriginal children was associated with the following factors:

- poor physical and mental health of carers
- poor physical health of the child (particularly hearing, speech and vision impairment)
- multiple family life stress events
- high residential mobility
- poor quality of parenting [i.e., low warmth, harsh discipline]
- poor family functioning [e.g., poor relationships, little support]

- exposure to racism
- use of tobacco and alcohol
- sole parent care or non-original parent care
- the primary carer having been forcibly separated from their natural family

(Zubrick et al., 2005, p. 553).

Zubrick et al. note a degree of similarity between these findings from the WAACHS and those of national and international surveys into risk factors for children's development. Known risk and protective factors for children's mental health in the general population are commonly categorised according to five key contexts, as shown in the table below, which includes many of the risk and protective factors that have been found to affect children's mental health in the general population. It should be noted, however, that this listing is not exhaustive.

Table 1: Risk and protective factors for children's mental health (KidsMatter, 2007)

Context	Protective factors	Risk factors
Individual Children's abilities and needs	<ul style="list-style-type: none"> • Good social and emotional skills • Positive coping style • Optimism • Easy temperament • School achievement 	<ul style="list-style-type: none"> • Poor social and emotional skills • Impulsivity • Pessimistic thinking style • Difficult temperament • Low IQ • Low self esteem • Disability
Family Circumstances and relationships	<ul style="list-style-type: none"> • Family harmony and stability • Supportive and caring parents and carers • Strong family norms and values • Responsibility (of child) within the family 	<ul style="list-style-type: none"> • Family disharmony, instability or breakup • Harsh or inconsistent discipline style • Low parental involvement • Family substance abuse • Family mental illness • Disability of parent or sibling
School Practices and environment	<ul style="list-style-type: none"> • Positive school climate that enhances belonging and connectedness • School norms against bullying and violence • Opportunities for success and recognition of achievement 	<ul style="list-style-type: none"> • Negative school climate that does not effectively address issues of safety, bullying or harassment • Peer rejection • School failure • Poor attachment to school • Inadequate or harsh discipline policies and practices
Life events/situations Opportunities and stressors	<ul style="list-style-type: none"> • Opportunities available at critical points • Involvement with significant other/s 	<ul style="list-style-type: none"> • Physical, sexual or emotional abuse • Difficult school transition • Death of family member • Emotional trauma
Society Access, inclusion and social cohesion	<ul style="list-style-type: none"> • Participation in community networks • Access to support services • Economic security • Strong cultural identity and pride • Cultural norms against violence 	<ul style="list-style-type: none"> • Discrimination • Isolation • Lack of access to support services • Socioeconomic disadvantage • Neighbourhood violence and crime

(table adapted from CDHAC, 2000, and Spence, 1996)

The findings of the WAACHS and the NATSIHS indicate that Indigenous children are frequently over-exposed to many of the risk factors listed in the table above. The impacts are felt early, with many children born into disadvantage subsequently exposed to further risks in a cumulative pattern. This is of concern not only because it increases children's vulnerability to clinically significant mental health problems, but because it indicates the extent to which Indigenous children and families are affected by high levels of psychological distress. Kelly et al. (2010, p. 13) described this exposure as being both "broader (exposure to more stressful events) and deeper (higher proportions exposed to each event)" than the levels of distress experienced by non-Indigenous Australians. In addition, the research highlights the need to take account of pervasive Indigenous-specific risk factors, such as inter-generational trauma, loss and the legacy of forced removal (De Maio et al., 2005).

Indigenous children today remain subject to removal from their families at higher rates than found in the non-Indigenous population (Paxman, 2006) and are thus exposed directly to the long-lasting effects of dislocation and disruption of family and community. The experience of living in foster care is associated with a significantly heightened risk of mental health difficulties (Sawyer et al., 2007).

The effects of these greater risks are borne out in mental health and wellbeing outcomes for Indigenous children. The WAACHS found that nearly 34% of Aboriginal children were at high risk of clinically significant conduct problems – more than double the comparable rate for non-Aboriginal children. A high risk of clinically significant hyperactivity was found for 15.3% of Aboriginal children compared with 9.7% for non-Aboriginal children. These rates were higher for boys than girls.

High rates of conduct problems are a particular concern given the poor prognosis associated with early conduct problems, typically including anti-social behaviour, crime and incarceration. Indigenous young people comprise 59% of juveniles in custody and detention rates are more than 28 times higher for Indigenous juveniles than for non-Indigenous juveniles (Australian Institute of Criminology, 2009). This over-representation of young

Indigenous people in the juvenile justice system has been directly linked to failures to address cognitive disabilities and mental health issues (Calma, 2008).

While the presence of emotional symptoms and peer problems were not found in the WAACHS to be significantly higher for Indigenous than non-Indigenous children, they were nonetheless high at 23% and 29% respectively. Low self-esteem was also frequently found amongst Indigenous girls, increasing in its prevalence from 20% at age 12 to 40% at age 17 (Zubrick et al., 2005). This is of particular concern due to the association of low self-esteem with depression and suicide. Rates of self harm and substance abuse were reported to be higher amongst Indigenous children in the WAACHS. The Queensland Commission for Children and Young People and Child Guardian (2009) reported the rate of suicide was 13 times higher for Indigenous young people than for non-Indigenous young people.

Despite the findings described here, not enough is known about the mental health of Indigenous children. Gaps in information and knowledge are particularly noticeable for Indigenous children living in urban settings (Priest et al., 2008).

In summarising the effects of risk factors on Indigenous children's social and emotional wellbeing, Zubrick et al. (2005) outlined four key constraints. These were:

- Stress that accumulates and overwhelms (e.g., high numbers of life stress events for carers)
- Chaos (e.g., poor quality of parenting)
- Social exclusion (e.g., exposure to racism, discrimination)
- Social inequality (e.g., constrained access to resources)

The constraints on Indigenous children's mental health and wellbeing were not alleviated by increases in carer income and education, suggesting that the stressors experienced outweigh the benefits that would normally be expected in response to improvements in carer income and education (Zubrick et al., 2005). Zubrick et al. conclude that "Radically new approaches are needed to address the underlying disadvantage which is compromising the normal processes of child

development and the future life prospects of far too many Indigenous children and young people” (p. 27).

Protective factors

There is very little research relating to factors that are protective of Indigenous children’s wellbeing. In the WAACHS only high household occupancy levels and living in extremely isolated locations were associated with significantly lower risks of developing emotional or behavioural difficulties for Indigenous children.

This limited evidence of protective factors may be attributed to high levels of distress and lower life expectancies among Indigenous adults that place an added burden on those community members who shoulder the responsibility of caring for children. “When the general level of risk in a community is already high, there are far fewer opportunities for children – for example in high-risk families – to be buffered by other protective influences within the community” (Milroy, in Zubrick et al., 2005, p. xvi).

Approaches that support and reinvigorate communities are needed to strengthen the range of protective factors for children. Examples of successful strategies of this type, such as the Family Wellbeing program, demonstrate the resilience of communities and the value of Indigenous-initiated empowerment approaches in building wellbeing and reducing risks (McEwan & Tsey, 2009; Tsey, Whiteside, Haswell-Elkins, Bainbridge, Cadet-James & Wilson, 2009).

A strong sense of Indigenous culture is fundamental to the wellbeing and positive identity of Indigenous children, providing psychological benefits through affirming a sense of belonging, connectedness and self-worth and helping to protect against the impact of racism (Kickett-Tucker, 2009). Valuing and having a sense of pride in one’s Indigenous heritage is a central theme in Aboriginal and Torres Strait Islander understandings of mental health (Ypinazar et al., 2007) and definitions of healing.

...healing is strengthening and connecting with your identity. It is about knowing where you belong and who you belong to, and the restoration of, and reconnection with, families, communities, and country. Healing is the renewal of language and culture: dance, story, music, art, identity and land. (ATSI Healing Foundation Development Team, 2009, p. 11)

Supporting the development of a positive sense of culture and identity for Indigenous children requires the engagement of families, communities and of the wider society.

In terms of cultural pride and identity, we need to support cultural community. Who’s going to affirm their identity as they grow up? They’ll get it affirmed in those early years with family. What happens when they get out into broader society? ... If you were a young Indigenous person today and you started reading the newspapers you’d think Aboriginal people were just dreadful (Milroy, 2007, p. 12).

Respect for Indigenous cultures and respect and support for Aboriginal and Torres Strait Islanders’ self-determination and perspectives in addressing problems is viewed as a prerequisite to community as well as individual healing (ATSI Healing Foundation Development Team, 2009). These perspectives include a spiritual worldview based on stories and rituals associated with the Dreaming and a deep understanding of the interconnectedness of community, land and spirit (Grieves, 2009). Grieves emphasises that Indigenous spirituality is fundamental to wellbeing, a view reported by Indigenous community members interviewed by McLennan and Khavarpour (2004). The protective effects of Indigenous ritual and ceremony have also been described (Tse, Lloyd, Petchkovsky & Manaia, 2005).

Key strengths associated with Indigenous cultures are kinship systems and a strong emphasis on family and community (CRRMHQ, 2009). Kinship systems, when not fragmented, support a source of social cohesion (Kelly et al., 2010) and provide an important sense of belonging and attachment for Indigenous people (Milroy, 2007). Shared responsibility among family members caring for children can help to extend the range of attachments available to children and provide a sense that there are many adults, as well

as older siblings and family members, all looking after them. Such arrangements promote caring for others and significant autonomy for children (Milroy, 2007), and can also provide a ready source of support for mothers (Milroy, 2008). These effects may help to account for the WAACHS finding that high household occupancy rates were protective of children's wellbeing.

Connection to country is a central feature of Indigenous Australian cultures and identities, and has profound implications for belonging and wellbeing (Vicary & Bishop, 2005). Petchkovsky, Cord-Udy and Grant (2007) have observed that "for Indigenous people [in Central Australia], land (*Ngura*) is an internal object" and so forms an inseparable part of their identity. When Indigenous people are separated from their ancestral lands "longing for country" may present as a mental health problem akin to depression (Vicary & Westerman, 2004). Conversely, connecting to country is seen as supportive of wellbeing and is an often recommended antidote for feelings of emotional or psychological imbalance (Vicary & Bishop, 2005). The protective effects of connecting to country also appear to be supported by the WAACHS finding that Indigenous children in remote areas are significantly less likely to be at risk of emotional and behavioural difficulties despite the higher prevalence of stressors in these communities (Calma, 2009a; Zubrick et al., 2005).

In addition to these Indigenous-specific protective factors, many known population-based protective factors, such as those listed in table 1 above, are also likely to be helpful for Indigenous children (Zubrick et al., 2005). However, it is vitally important that actions taken to build protective factors are culturally appropriate and that efforts are made to strengthen culturally specific protective factors for Indigenous children.

Milroy (2007) has emphasised that the greatest strength of Indigenous people is their endurance. This represents remarkable resilience in the face of adversity. There is a need for research that can help to define resilience in the Indigenous context and tease out its Indigenous specific features (Kelly et al., 2010; Merritt, 2007).

School-based stressors affecting Indigenous children

Educational disadvantage and non-achievement constitute significant risks for mental health. Currently, despite small gains in educational attainment amongst Indigenous students and outstanding successes for some individuals, the overall rates of educational attainment by Indigenous students as a population group remain lower than those of non-Indigenous students. Contributing factors include chronic health conditions, lack of access to schools, financial constraints and social/cultural and language barriers which all impact on the participation of Indigenous Australians within education (AIHW & ABS, 2005). In addition, weaker educational access and performance in the early school years may have a cumulative effect that compounds the inequity, increasing the educational gap between Indigenous and non-Indigenous students during the school years and beyond (AIHW, 2007).

Education is often viewed as the foundation for closing the gap between Indigenous and non-Indigenous disadvantage: 'Education is the corner stone of social justice, because it is the basis of opportunity ... It is education that can bring about equity – equity of outcomes' (Burney, 2003, p. 1). Higher educational attainment influences employment opportunities and the benefits of this flow onto better standards of living. Education also has a vital role in addressing Indigenous mental health issues in both the short- and long-term.

In order for optimal learning to take place social and emotional wellbeing must be promoted within education settings. "A state of relaxed alertness and a balance of low threat and high challenge are the ideal states for higher order functioning and optimal emotional climate for learning" (Caine & Caine, 1994). Simply put, it is difficult to learn when one is stressed.

Given the high levels of acute and chronic stress and distress faced by Indigenous Australians combined with the highest levels of disadvantage on all socio-economic indicators, the link between academic achievement and emotional wellbeing is even more apparent. Drawing on a detailed analysis of Aboriginal students' education, health and wellbeing conducted as part of the WAACHS

(Zubrick et al., 2006a) the authors concluded that major improvements in the academic performance of Aboriginal children in Western Australia will occur only when “the more deep-seated problems of social and emotional wellbeing and the ongoing consequences of past policies of exclusion from school-based education are addressed” (Zubrick et al., 2006b, p. 27).

As the primary site for the socialisation of children beyond the family, schools contribute enormously to children’s social and emotional development – for better or worse. As Garvey (2008) has observed, the school environment may enhance protective factors or pose risks to Indigenous children. “For example, attending school may generally be regarded as a protective factor, but if the school promotes assimilation or is the source of racism and discrimination, then this is potentially harmful” (p. 9). The following account by McDermott (2008, p. 18) demonstrates the negative impacts on mental health and self-esteem of everyday racism against Indigenous students in the school setting.

I felt like a fish out of water. Even with my light-brown colouring and my father’s Irish features – easier-to-pass features than my brother and sister – I still felt incredibly ‘foreign’. I felt there was something wrong with me. Much of the time, my presence seemed to generate hostility...unexpected – inexplicable – kicks in the shins at school, being targeted by authority, attempts at humiliation at Cubs and Scouts ... and I thought I was the problem, you know. I had no idea of the everyday workings of racism, let alone how it gets to you. It took me a long time to make the connection between growing up within a matrix of hostility – not complete, but comprehensive enough to feel besieged – and my own feelings of anxiety and inadequacy, of never measuring up. I used to have little obsessive and compulsive traits – count to 15 before any major decision, scurry through lines of early arrivals at the school gate with my head down – yet had no means to connect my experience with the simmering racism in my hometown.

In view of the difficulties Indigenous children face at school due to racism, Coffin (2008) argues strongly that consultation with local Indigenous children and their families is essential for the effectiveness of school-based anti-bullying strategies. Moreover she argues that the success of such strategies depends on thorough engagement with Indigenous students’ ways of coping and communicating.

Different assumptions regarding learning and behaviour at school may lead to misunderstanding and miscommunication with Indigenous students and their families, with impacts for learning, school engagement, behaviour management and hence student wellbeing. Table 2 details a range of positive and negative influences on learning and wellbeing that Indigenous students may encounter in school settings.

The social and emotional climate experienced at school plays a significant role in Indigenous students’ sense of engagement and wellbeing, and hence school success. Hattie (2009) stressed that teachers have the greatest influence on student educational outcomes, suggesting that the quality of teacher-student interactions is central to meeting the social and emotional needs of learners. Cultural awareness and competence on the part of teachers and schools is key to working and communicating effectively with Indigenous students and their families.

Kearins (2000) discusses a number of cultural factors with implications for those teaching Indigenous children. These include social behaviour differences, language, specific learning differences and preferred learning styles. Gaining some understanding of these factors and how they apply for the particular community, family and individual student will enhance success in working with Indigenous students.

Differences between home-based socialisation processes and unfamiliar expectations of non-Indigenous school staff and systems may make the social rules of the classroom and school grounds appear confusing or constraining for many Indigenous children, who are more likely to be brought up with expectations of autonomy and choice in relation to adult authority than many of their non-Indigenous counterparts (Sims, O’Connor & Forrest, 2003). The language of the classroom and the ways in which it is employed can also be a significant barrier to effective engagement of Indigenous children.

Table 2: School-based influences on wellbeing and learning for Indigenous learners

Positive influences	Negative influences
<ul style="list-style-type: none"> • Positive school climate • Positive relationships with peers • Positive relationships with educators • Belonging • Connectedness • Feeling safe • Opportunities for success • Recognition of achievement • Engaging lessons • Challenging work • Feeling competent • High expectations • Culturally inclusive pedagogy • Responsibility • Student ownership of learning • Pathways to opportunity • Strengths focus 	<ul style="list-style-type: none"> • Negative school climate • Bullying and violence • Peer rejection • Rejection by educators • Failure • Feelings of failure • Shaming • Ineffective behaviour management • Alienation from school • Inadequate or harsh discipline • Low expectations • Stereotypes of Indigenous learners • Achievement emphasis toward sporting rather than academic achievements • Teaching pedagogy assumes Western centric point of view • Deficit Discourse • Racism • Low student ownership of learning • Inappropriate lesson plans or “busy work” for Indigenous students • Attendance disruptions & barriers • High exclusion rates • Fewer pathways to opportunities due to low expectations

For many students in remote communities their first encounter with Standard Australian English occurs when they start school (Disbray & Wigglesworth, 2008; Simpson, Caffery & McConvell, 2009). Students who speak Aboriginal English may find their way of speaking is considered unacceptable or inferior when only the standard form of English is recognised at school. Malcolm, Kessarlis and Hunter (2003) point out that both the spoken language and the rules governing communication in classrooms frequently recapitulate the experience of cultural dispossession and assumed inferiority for Indigenous students. Harrison (2007) shows how classroom discourse about Indigenous Australians may mirror the public discourse of deficit in ways that reinforce stereotypes and inequality.

Differing communication conventions can lead to misunderstanding in the classroom, with negative impacts on teacher-student relationships. The information in table 3 was compiled by Bernadine Yeatman to help staff at Yarrabah school understand cultural differences in communication. It compares typical communication styles of Indigenous students at Yarrabah with the kinds of expectations non-Indigenous teachers commonly hold about student communication and behaviour at school.

Table 3: Indigenous and non-Indigenous communication styles (Yeatman 2009)

COMMUNICATION	
Indigenous	Non-Indigenous
Aboriginal people connect with everyone in both their immediate and distant surroundings by constantly glancing around to monitor what is being said or done. Adults and children will phase out of things that don't interest them and phase in to things that do interest them.	Children are expected to pay attention to what the teacher or other students are doing. (E.g. If someone is giving a talk, children are expected to look at the speaker and listen to what they are saying.)
Personal information is not usually shared. It may be shared if some personal information is exchanged by the other communicator. Usually only certain people may have access to 'privileged information'.	Personal questions are sometimes asked of the students and answers are expected. Teachers often wonder why children become silent when certain questions are asked.
Direct questions are not commonly used in the community. Information is acquired in a roundabout way.	Direct questions are used quite frequently in the school setting.
Silence is an acceptable part of communication. It is used as a way to have more space, distance or time to consider a question, request.	Children are expected to answer questions right away. Silence is often interpreted as children being lazy, in-attentive, disobedient or rude.
Non-verbals are used to communicate a thought or idea, or to ask questions or give answers.	Answers to questions are to be given verbally.
Avoiding eye contact is seen as being polite and showing respect.	Teachers' comment: "If you're not looking at me, you're not listening."
Joking is an integral part of communication between Aboriginal people. It is used to break uncomfortable interactions, squash potential animosities and to develop friendships.	Teaching is considered 'serious business'. Teachers' comments: "You are here to learn not to have fun." "These kids can't be serious."
Courtesy tags such as 'please' and 'thank you' were not a part of traditional ways of communicating.	Children are often considered impolite for not using 'please' and 'thank you'.
To avoid personal confrontation a person will: say 'yes' to a request but sometimes not do it; say 'yes' to a question even if they don't know the answer.	Teachers expect children to follow through on a request if they say 'yes' to a request. Children are often punished for their non-compliance.
Rules for taking turns when speaking vary – many people will speak at once, with people listening to different threads of the conversation and responding at will. People have a choice as to who they listen to.	People are to take turns when speaking. When someone is speaking, others are expected to listen. It is considered impolite when someone talks while another is speaking.
Respectful listening usually involves looking down and/or turning away from the speaker.	Respectful listening involves looking at the speaker and by using conversational cues that let the speaker know that you are listening (e.g. nodding).

Due to social, cultural and/or individual influences characteristics of Indigenous communication such as those above may not occur in the same way or to the same extent with all Indigenous students. However, as Nakata (2007) points out, Indigenous students' learning in the Western system of education entails, from the earliest, a complex process of negotiating different kinds of knowledge and different ways of doing and being.

One striking social-emotional feature that affects the school behavior of Indigenous students is the prominence of shame and shame-related behaviour (Harrison, 2008). A sense of shame may manifest as shyness and reluctance to speak up or step forward in classroom activities. A preference for collaborative rather than individual classroom activities may be a positive corollary to the sense of individual shame that many Indigenous students demonstrate. However, in addition to what may seem to be a culturally relevant reticence to putting oneself forward or speaking out in public, the sense of shame appears also to be related to a low sense of self-efficacy and to hypervigilance surrounding issues of public approval. This has been directly linked to the history of dispossession and sense of cultural threat that the institution of school itself represents to many Indigenous people (Munns, 2000).

In any classroom, teacher social and emotional competence is an essential requirement for establishing a prosocial learning environment and supporting students' social and emotional development (Jennings & Greenberg, 2009). To negotiate the kinds of communication differences outlined in Table 3 requires significant social-emotional competence and cultural sensitivity on the part of teachers. Conversely, the failure of schools and teachers to recognise and respond flexibly to these issues has been linked to poor behavioural and educational outcomes for Indigenous students. When approaches to behaviour management rely on a proscriptive regulatory framework rather than one that actively seeks to model and support pro-social behaviour through cultivating positive relationships, miscommunication and misperception of student behaviour are increased (Harrison, 2008; NSW AECG & NSW DET, 2004; Partington & Gray, 2003). This can lead to escalation of misbehaviour, lack of engagement with learning and alienation from school. Ineffective

behaviour management policies and practices are particularly harmful for students experiencing emotional and behavioural problems (Zubrick et al, 2006a).

Attendance at school has been highlighted as a critical necessity for increasing Indigenous students' school achievement. However, the NSW review of Aboriginal Education, *Yanigurra Muya*, emphasised that attendance at school is not so much the issue, but rather it is level of engagement in schooling that needs to be addressed. Based on extensive community consultations and submissions, the review determined that educational disengagement was a result of poor teacher–student relationships, curriculum content being irrelevant or unstimulating, inappropriate teaching styles, low basic literacy and numeracy skills of some Aboriginal students, high suspension rates and lack of parental support or encouragement (NSW AECG & DET, 2004, p. 96).

This discussion of educational settings and their impacts on Indigenous students demonstrates the fundamental need for positive support for social and emotional wellbeing within schools and classrooms, for all students. This can only occur when a sensitive appreciation of others' perspectives and cultural norms is integral to school processes and educational practices. Without ongoing cultural competence development by educators, there is considerable risk that schools and classrooms will not appropriately support the social and emotional needs of Indigenous students, and thus may create a negative impact on the wellbeing and learning outcomes of Indigenous students.

Promoting mental health, enhancing resilience

Emerging from the literature on risk and protective factors, the concept of resilience has been particularly fruitful for informing mental health promotion. Luthar, Cicchetti and Becker (2000) define resilience as “a dynamic process encompassing positive adaptation within the context of significant adversity” (p. 543). This highlights an emphasis on the contexts and resources that enable people to cope effectively and recover from adverse circumstances.

Concepts of resilience that promote learning how to 'bounce back' encourage the development of helpful personal and social skills (e.g., McGrath & Noble, 2003). While this view helps to highlight some aspects of resilience that can be learned, it is important to recognise that resilience is not a fixed trait residing in the individual alone. Gilligan (2004) suggests that resilience is

more usefully considered as a variable quality that derives from a process of repeated interactions between a person and favourable features of the surrounding context in a person's life. The degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience (cited in Ungar, 2008, p. 221).

International work on resilience emphasises the need for "sensitivity to community and cultural factors that contextualize how resilience is defined by different populations and manifested in everyday practices" (Ungar, 2008, p. 219). Merritt (2007) cautions that, for Indigenous Australians, resilience needs to be investigated in ways that are relevant to their experiences and take account of their perspectives on issues of health, culture and survival.

Drawing on their research on resilience promotion in Australian school settings Sun and Stewart (2007) argue that resilience is crucially embedded in the social relationships between individuals, schools, families and communities. This approach is underpinned by a social-ecological model (Bronfenbrenner, 1989) which highlights the effects of multiple interacting influences on children's development. These influences include those that have direct contact with children, such as family, school and community, as well as those that impact on children indirectly through their effects on the larger social environments in which children are raised, for example education, welfare and health policies (Zubrick & Kovess-Masfety, 2004). The extent to which these various settings interact harmoniously or conflict with one another also affects children's development.

Silburn et al (2006, citing Jessor, 2003) employ the following model to demonstrate the interrelationships between key contexts in which children develop. It shows centrally the proximal influences of family, school and community, each of which are in turn affected by larger influences within the social-structural, economic, political, spiritual and cultural environment. Comprehensive models of health promotion aim to positively influence the range of contexts and settings that shape children's development.

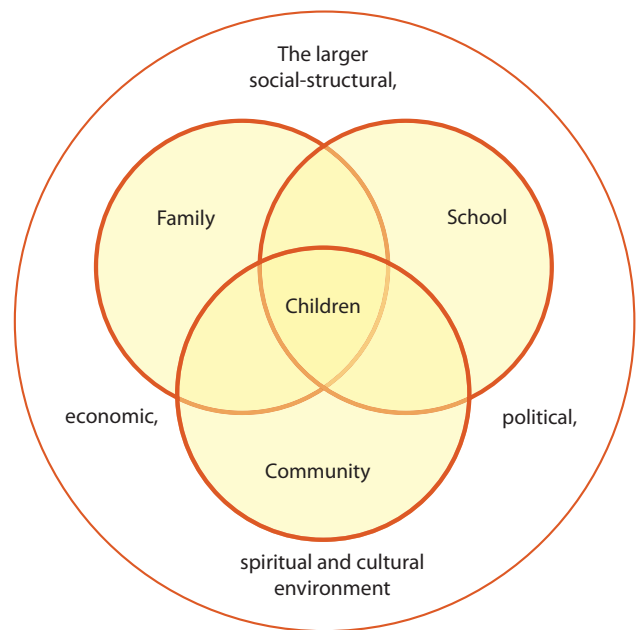


Figure 3: Children within contexts of influence (Jessor, 1993, in Silburn et al., 2006)

Drawing on this social-ecological model, the following sections consider community, family and school as contexts of support for Indigenous children's development and wellbeing.

Community context

The concept of 'community' holds many different shades of meaning. Amongst Indigenous Australians community may "encompass kinship and a sense of belonging, along with shared practices, beliefs, places of significance, languages, history, law, politics, economic and social structures, and many other issues" (Silburn et al, 2006, p. 2). Community can signal a sense of collective identity and responsibility as well as connection to a particular place. Bishop, Colquhoun and Johnson (2006) observed that kinship structure, language groups, skin groups, as well as cultural education and knowledge were central to Aboriginal notions of community. These features of community were described by people from both remote and urban areas and from different language groups.

While culture and community are highly valued in multiple Indigenous Australian contexts, it is important to recognise the considerable diversity both within and between Indigenous communities. Diversity is evident in different customs, language groups, cultural stories and social practices. Geographical diversity is associated with differences in lifestyle and access to opportunities and services. For example, discrete communities in remote areas are more likely to have high concentrations of Indigenous people, to use traditional languages and to experience a chronic lack of access to opportunities and services (Biddle, 2009; Penman, 2008). Urban communities are often more fluid and heterogeneous. They may be less visible to outsiders but Indigenous communities in urban settings maintain cultural connections and strong family networks (Dudgeon et al, 2000).

Indigenous communities remain subject to significant negative stereotyping. As targets of "intervention" the public image of Indigenous communities frequently portrays deficit and dysfunction. Too often interventions are devised and implemented based on a similar deficit model (Pyett, Waples-Crowe & van der Sterren, 2008). This can lead to scapegoating of whole communities and imposition of punitive top-down solutions with little engagement of those who are targeted and affected by the intervention (Nicholson, Behrendt, Vivian, Watson & Harris, 2009).

Daly and Smith (2003) argue that both exclusion and inclusion contribute to dysfunction in Indigenous communities. Exclusion from the economic and social benefits of mainstream society means Indigenous Australians are exposed to greater hardships including poverty, unemployment, welfare dependence and poor health. This increases pressure on the culture of inclusion in Indigenous communities wherein sharing of resources and mutual support are assumed. While this kind of collectivist value system can be a source of resilience and support, the pressure of economic and social exclusion and the fragmentation of communities and families places cultural assets such as Indigenous kinship structures and values under severe strain (Daly & Smith, 2003; 2005; Milroy, 2007).

Given these difficulties, a whole-of-community, strengths-based approach to the provision of services and resources is seen as crucial for improving Indigenous health outcomes. Scougall (2008) outlines how engaging the participation of Indigenous communities is the first step towards strengthening Indigenous families. Developing competence and trust for working effectively with Indigenous communities entails seeking advice and support from Indigenous community organisations and respected local elders and committing to genuine two-way communication and learning. Successful initiatives adopt an empowerment orientation, working with communities to identify their needs and develop culturally and locally appropriate ways to address them (Lodder, 2003).

The Family Wellbeing Program, based on workshops developed in the early 1990s by Indigenous survivors of the stolen generation, trains community members in Indigenous-focused counselling and advocacy skills (Aboriginal Education Unit TAFE SA, 2006). This model has been used in a number of communities in central and northern Australia as a foundation for addressing community identified issues including parenting, family support, social and emotional health and children's social-emotional development (Tsey et al, 2009). Narrative approaches to community healing and empowerment have also been found to be particularly relevant for Indigenous communities (Denborough, Koolmatrie, Mununggirriij, Marika, Dhurrkay & Yunupingu, 2006).

Family context - 'Growing up' children

Indigenous community values and traditions influence the ways that Indigenous families 'grow up' their children (Penman, 2006; SNAICC, 2004). Sharing child rearing responsibilities amongst extended family and kin is viewed as a cultural norm amongst Indigenous groups (SNAICC, 2004). Children frequently stay at different relatives' houses and have a wide circle of carers. Acceptance of children within an extended family system is one of the major strengths of Aboriginal family life. Given these features of Aboriginal and Torres Strait Islander family life, the risks of isolation (such as can occur, for example, in association with sole parenting in mainstream contexts) may be mitigated by the availability and support of an extended family network (Daly & Smith, 2005).

These kinds of kinship and parenting arrangements provide an important context for children's social and emotional development. In her review of research into Aboriginal parenting practices, Penman (2006) concluded that Indigenous parents and caregivers tend to use fewer directives and rely on more subtle forms of guidance, including storytelling and teaching by example. Andrews (2008) identified distinct communication patterns in Yorta Yorta families involving the use of humour, storytelling and teasing. She suggested that socialisation practices in Yorta Yorta families supported children's independence while also emphasising kinship and culture.

Such family contexts and cultural values tend to favour the development of autonomy, sensitivity to psychological and relational issues, ready use of humour, creativity and playfulness as well as a strong sense of commitment to family (Milroy in Zubrick et al, 2005). Milroy noted that "respect for children's early autonomy has enabled many children to develop good adaptational and survival skills, to take on personal responsibilities and to act independently" (p. xxiv). These broad elements suggest a common approach to parenting, however it is important to recognise that parenting practices vary between and within Indigenous communities in response to specific cultural backgrounds and social circumstances.

Family is a major site for the maintenance of culture through stories, language and cultural practices. Priest, King, Nangala, Nungurrayi Brown & Nangala (2008) have described the central place of Tjukurrpa, involving traditional customs, stories and responsibilities, in the socialisation and parenting practices of Anangu and Yapa people of the Central Desert. The struggle to maintain traditional practices in the face of mainstream non-Indigenous influences was a prominent theme in parenting consultations undertaken in the Torres Strait Islands (CRCAH, 2006). Urban Indigenous parents in Canberra cited the importance for them of reclaiming a cultural approach to socialising children after a history of dislocation (CRCAH, 2008).

Findings from the WAACHS suggest that most Aboriginal families function well (Walker & Shepherd, 2008). However, as we have seen, repeated exposure to a range of social and health stressors can impact negatively on families and restrict the development of effective parenting skills. In addition, where problems such as high mortality, economic hardship, trauma and abuse are common, the kinship system may be unable to cope (Hunter & Milroy, 2006; Milroy, 2007; Penman, 2006).

Robinson (2008) described the problematic consequences for children's social-emotional development of repeated exposure to parental conflict and threats of self-harm. He advocated structured parenting interventions, adapted to the specific context, to directly assist parents to deal more effectively with children's behaviour by encouraging appropriately assertive, nonaggressive parenting (Robinson & Tyler, 2006). Both Robinson & Tyler (2006) and Turner, Richards & Sanders (2007) have reported positive outcomes in adapting and implementing mainstream parenting programs for Indigenous parents. Key elements of both these approaches have been extensive and detailed engagement with Indigenous communities, involving Indigenous health workers in the delivery of the programs and ensuring the cultural appropriateness of content.

The need for parenting support and parenting skills development appears to be widely acknowledged amongst Indigenous communities (CRCAH, 2006;

CRCAH, 2008; SNAICC, 2004). An equally strong preference is for strengths based parenting approaches that incorporate and support cultural values and customs (SNAICC, 2004). This highlights the important role of local initiatives that are empowerment-oriented, flexible in their delivery styles and that engage and work with the community (Scougall, 2008; SNAICC, 2004).

School context

Schools and teachers are central to the socialisation of young people. The reactions of school staff to the psychological, social and cultural needs of students can support or hinder a sense of belonging and nurturance for students and families alike. Family, community and school were nominated as the most important influences in contributing to a positive self-identity, crucial for academic performance (Purdie, Tripcony, Boulton-Lewis, Fanshawe & Gunstone, 2000) and mental health. The development of strong, active connections between schools and community settings has been highlighted as pivotal to Indigenous students' successful involvement in education settings (HREOC, 2000).

The National Social and Emotional Well Being Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being (SHRG, 2004) emphasises that for children aged five to eleven years both home and school settings need to be involved in effective support for social and emotional development. School communities are considered important contexts for enhancing protective factors for Indigenous children's mental health and reducing risks. By building capacity into the education setting and making connections between the school and the community, benefits for Indigenous students are more likely.

By facilitating their students' access to a range of appropriate health and community supports school staff can play a key role in fostering social-emotional development and student wellbeing (Sun & Stewart, 2007). For this to be effective for Indigenous students, schools must get to know their communities and identify and work with local services that can provide culturally appropriate services for Indigenous people. Crucially, schools have a major responsibility for addressing sources of distress related to discrimination.

The position of schools in supporting and promoting social and emotional wellbeing has been advocated by researchers and policy makers in both mental health and education (e.g., SHRG, 2004; Zubrick et al., 2006a). Indigenous education researchers have stressed that the primary means of overcoming social disadvantages faced by Indigenous Australians is through successfully negotiating the education system (Craven & Marsh, 2004; Mellor & Corrigan, 2004; Purdie et al., 2000). The NSW AECG & DET Review of Aboriginal Education (2004) identified that effective schools can make an important contribution to Indigenous education through

- community/school partnerships;
- valuing of Indigenous cultures,
- inclusion of Indigenous perspectives across the curriculum,
- Indigenous community involvement,
- application of the anti-racism policy, and
- celebration of cultural events.

Key implications for school-based mental health

School involvement in promotion, prevention and early intervention for mental health does not mean that schools and teachers are required to meet all the mental health needs of the students in their care. From the extent and complexity of issues and perspectives canvassed above in relation to Indigenous students' mental health and wellbeing, it is apparent that broader efforts involving a range of health and professional services, community based agencies and communities themselves will need to be engaged. However, schools have a pivotal role to play in seeking ways to minimise school-based risk factors and build protective factors for Indigenous students. Key strategies include those that follow.

Early intervention & transition initiatives

International evidence points to the crucial role of early intervention to improve developmental outcomes for children (CCCH, 2006). The implementation of developmental interventions to

improve the school readiness of Indigenous children is a key recommendation of the WAACHS (Zubrick et al., 2006) and is being promoted as part of the Commonwealth government's national education partnerships. While an emphasis on school readiness may seem to imply that all interventions should be aimed at the pre-school phase, the role of schools in supporting readiness and facilitating the transition to school is critical (CCCH, 2008a). Zubrick et al. (2006) made the following observation.

For some Aboriginal children, the transition into school education presents a number of special challenges including English as a second (or even third) language to the one usually spoken in the home. For others, the knowledge and skills they have acquired through 'bush' learning or storytelling within the family may not be recognised or adequately valued in the classroom setting. This is as much a matter of the school's readiness for Aboriginal children as it is a matter of children's readiness for learning at school (p. 507).

The transition to school presents challenges for all children and parents, with implications for children's social and emotional development and mental health, as well as for school achievement (CCCH, 2008b). Schools need to play a proactive role in planning for and supporting this critical transition. The particular transition needs of Indigenous children and families are likely to include health care, positive and welcoming attitudes and a strengths-based approach to the assessment of readiness that values the skills that students bring from home (Dockett, Mason & Perry, 2006).

Terry Mason communicates the concerns of many Indigenous parents in suggesting that the notion of "a one-way journey towards something better" as implied by the term "transition" does not match the aspirations that are held by Indigenous families for their children's engagement with school. Mason prefers to name this the "fire stick period" in which the goal for children is to be able to carry the home-fire of their cultural roots and keep it burning as they move into school and negotiate its new demands with a sense of pride and confidence (Dockett, Mason & Perry, 2006). By validating students' prior experience, language and learning, and working closely with families, school staff can support children's transition to school and help establish a positive foundation for students' ongoing learning.

Partnerships

Effective partnerships between schools, students, parents, carers and communities are essential to provide for student mental health and wellbeing needs. These relationships must be built on genuine dialogue and clear communication. Partnerships in support of Indigenous students can and should occur at multiple levels within the school.

Positive student-teacher relationships help to facilitate learning and to ensure that student social and emotional needs are met in the classroom. When working cross-culturally with Indigenous students it is important to have advice from someone who understands the culture of the student and can identify nuances in communication as well as help to clarify any contextual or cultural factors that may be impacting on individual students. The support of an Indigenous Education Worker is often invaluable in providing advice, facilitating meetings and helping to resolve problems when they arise.

Partnerships with parents can be cultivated both informally and formally. This begins with conversations and relationship building. Again, the role of the school-based Indigenous Education Worker is frequently crucial in helping to overcome anxieties and facilitate effective communication between Indigenous parents and carers and non-Indigenous staff. Indigenous Education Workers are often people who command considerable respect in the local community. In addition to providing classroom support for Indigenous students and facilitating communication with parents, they may also have a role in ensuring that cultural protocols are respected (Dare to Lead & Dusseldorp Skills Forum, 2007; What Works, 2009).

Consulting with parents and community members is essential to ensure that social and educational activities and services are planned and designed to meet their needs. Invitations to participate in formal activities that may be arranged for parents at the school, such as adult learning or parenting education, are unlikely to be well subscribed without significant opportunities for trust-building through personal contact. When parenting support is required, Indigenous families generally appreciate culturally sensitive approaches that build a

sense of strength and confidence and are coherent with valued cultural beliefs and practices (SNAICC, 2004).

In order to ensure Indigenous community members have a voice in educational matters Calma (2009b) advocates the need for an explicit shared understanding about the purpose of school and what constitutes educational success. He emphasises the importance of working with the local community “to shape the provision of education because each community is complex and unique”. It is important to recognise that there is no single Australian Indigenous culture. Connections with local community groups, key individuals or elders need to be made in order to ensure local issues are addressed in ways that suit the particular community (NATSIHC, 2003; HREOC, 2000; SCRGSP, 2007).

By cultivating collaborative partnerships with Indigenous families, schools can provide better support for students’ school success. Enhancing home-school partnerships also helps to build powerful protective factors for children’s mental health. A culturally respectful approach to mental health promotion in schools requires authentic collaboration with respected local Indigenous people, in order to develop culturally appropriate and meaningful messages around mental health and wellbeing.

Effective teaching

In order to address the gap in educational outcomes it is necessary to first recognise the extent of educational disadvantage experienced by Indigenous students. However, at the same time it is important to avoid stereotyping Indigenous learners on the basis of unfavourable comparisons between overall scores for Indigenous students as a group and similarly derived scores for non-Indigenous students. Recent increases in the number of students completing year 12 and undertaking post-secondary education show that many Indigenous students can and do succeed academically (SCRGSP, 2009). Schools that make a difference to educational outcomes for Indigenous learners refuse to take a deficit view; instead they communicate high expectations and provide effective support to achieve them (Sarra, 2003, 2008; What Works, 2010).

What Works and *Dare to Lead* are linked national initiatives that focus on resourcing and supporting schools in taking action to improve educational outcomes for Indigenous students. *What Works*’ succinct and explicit framework maps strategies across three interrelated areas: cultural recognition and support; development of requisite skills (literacy and numeracy); and adequate levels of participation. There is a strong emphasis on utilising action planning and learning processes to review current school practices and identify specific issues on which to take action (What Works, 2010).

Within school settings, effective classroom teachers account for the greatest predictor of student academic success (Hattie, 2009). To be effective in teaching Indigenous students, Harrison (2008) advocates taking the time to engage with students, their families and communities, to observe their learning motivations and preferences and to negotiate rather than boss. Godfrey, Partington, Richer & Harslett (2001) found that the strength of student-teacher relationships was directly linked to Indigenous student achievement. Positive teacher and student relationships, which communicate high expectations and support student wellbeing, are also vital for educational success (Munns, 1998; Purdie et al., 2000).

At Cherbourg School academic achievement for Indigenous students was promoted through positive school relationships, high teacher expectations and the provision of challenging work for students. This resulted in a 94% improvement in school attendance rates and halved the number of students performing below the state standard (Sarra, 2008). Based on his work at Cherbourg, and now as Director of the Indigenous Leadership Institute at Queensland University of Technology, Sarra (2003, 2008) advocates teaching Indigenous students how to be “strong, smart and deadly”.

These findings demonstrate the critical importance of teacher expectations and in turn the influence of students’ self-concept and self-efficacy beliefs for learning. Educators need to reject assumptions that locate the causes of low Indigenous educational attainment within the student. Rather, they need

to focus on explicitly conveying expectations to all students that they can succeed at school and in life.

Valuing and including Indigenous perspectives

Independently of academic self-efficacy, a positive sense of cultural identity is vital for supporting mental health and wellbeing and can be a source of resilience against the impacts of racism (Kickett-Tucker, 2009; Zubrick et al., 2005). Unfortunately however, attacks on the cultural and spiritual identity of Indigenous Australians have been a relentless feature of colonisation, and the continuing repercussions remain a central contributor to Indigenous mental health and wellbeing difficulties (Garvey, 2008; Milroy, in Zubrick et al., 2005). When acknowledgement of Indigenous history and culture is absent from the formal school curriculum, Indigenous people's invisibility is reinforced (Mellor & Corrigan, 2004). In turn, by its omission, such absence fails to alleviate the conditions that expose Indigenous students to racially-based bullying.

Including Indigenous cultural studies and perspectives in school curricula helps to redress these effects. In addition, ensuring that Indigenous people and materials are a visible presence at school and providing students with opportunities to express and maintain their Indigenous identities (for example, through learning Aboriginal languages) can help to support a sense of inclusion and engagement at school (Dockett, Mason & Perry, 2006).

The incorporation of Indigenous studies and Indigenous content in the curriculum helps to make schooling more relevant to Indigenous students and can lead to better attendance and educational outcomes. Teaching Indigenous culture and history to non-Indigenous students helps to create a broader knowledge and understanding of Australian history. This can help to address racism that is based on fear and ignorance (SCRGSP, 2007).

Greater awareness and understanding of Indigenous culture has the potential to increase the spiritual wellbeing of Indigenous students (ATSI Healing Foundation Development Team, 2009; Grieves, 2009), with benefits for self-esteem as well as social and emotional development.

In addition, greater recognition of Indigenous culture can help give students the skills and knowledge they need to 'walk in two worlds' (SCRGSP, 2007). Providing acknowledgement and respect for Indigenous cultures encourages a sense of pride for Indigenous students and promotes reconciliation within the school community.

The *Yanigurra Muya, Freeing the Spirit*, report (NSW AECG & DET, 2004) describes the profound sense of belonging to land, to family and to community that is central to Aboriginal identity. When these connections are respected and acknowledged at school, a parallel sense of school belonging and connectedness may be encouraged. Examples of actions that schools might take to support the sense of belonging of Indigenous students include raising Aboriginal and Torres Strait Islander flags, displaying local Aboriginal artwork and symbols, acknowledging country and inviting elders to provide official welcomes to country at important events, consulting respected community members on matters of protocol (including these suggestions), and providing support for co-curricular activities that teach Indigenous students about their cultural heritage.

The participation of Indigenous elders in the development and delivery of Indigenous cultural studies is highly desirable as a mark of respect and genuine interest (SCRGSP, 2007). Teachers who are culturally competent take steps to recognise and interact respectfully with the different cultural values their students bring to the classroom (Gay, 2002). Teacher education in Indigenous studies and cultural competency assists educators to apply best practice methods in their teaching.

Supporting social-emotional development

Besides the development of a positive cultural identity and sense of efficacy at school, the central developmental tasks of childhood involve learning how to regulate emotions and behaviours so as to develop skills for self-organisation and for interacting with others. While, as Milroy has argued, the socialisation of Indigenous children helps many cultivate strengths such as autonomy, cooperation and resilience, the results of the WAACHS and the high rates of behavioural difficulties seen nationally suggest that significant

numbers of Indigenous children encounter difficulties in these areas (Milroy in Zubrick, 2005; Milroy, 2007).

Recent findings on the self-concept of Indigenous young people are consistent with this need. Whereas the self-concept of Indigenous secondary students was found to be higher than that of non-Indigenous students for domains including physical, appearance, art and general self-concept, the scores were significantly lower for the self-concept domains relating to education, peer relations and emotions (Craven, Tucker, Munns, Hinkley, Marsh & Simpson, 2005). This suggests the need for additional skill development in these areas.

With the recent trend toward social and emotional learning (SEL), many Australian schools are now integrating structured SEL programs into their health curricula (Slee, Lawson, Russell, Askell-Williams, Dix, Owens, Skrzypiec & Spears, 2009). However, with the noted recent exception of *Solid Kids, Solid Schools*, a program that focuses on overcoming bullying (Coffin, 2009), few SEL programs have been developed with a view to the particular social and emotional development needs of Indigenous children. As highlighted in this Western Australian example, it is necessary to closely consider the strengths and needs of Indigenous students in order to ensure that such programs are implemented in ways that acknowledge and encourage cultural diversity in social and emotional expression and skills.

As Hoffman (2009) recently noted, “norms regarding emotional expression, emotional experience, and emotional regulation are highly conditioned by culture” (p. 540). This suggests that the most coherent and relevant processes for emotion regulation amongst Indigenous people may differ from the typically verbally loaded approaches advocated in many SEL programs developed for mainstream, often middle class Anglo contexts.

CASEL (2006) advocates that teachers need to be personally and culturally aware in order to appropriately adapt and teach SEL programs for students from culturally diverse backgrounds. SEL teaching practices for Indigenous students should be adapted in line with the learning preferences of Indigenous learners. For

some students and some student groups this may entail an emphasis on concrete, practical tasks, on storytelling, on cooperative activities and avoidance of activities that evoke a strong sense of shame for Indigenous students. Teaching should be carefully monitored for appropriateness and effectiveness. A team-teaching approach that includes Indigenous and non-Indigenous facilitators is ideal for supporting exploration of the concepts of social and emotional learning in a cross-cultural context and relevant adaptation of materials and facilitation methods.

Getting help

As outlined in previous sections, there are many ways that schools and school staff can help to reduce risk factors and build protective factors for Indigenous students' mental health. These strategies remain important and should continue even when an individual student or family is assessed as being in need of professional help for a mental health problem (KidsMatter, 2009). A Social-Emotional Wellbeing framework suggests that the multiple people and settings with whom the child is involved may all be part of the solution (Garvey, 2008). Given the extent of issues and events that affect the mental health of Indigenous children, continuing efforts to address a range of risk and protective factors are likely to be critical components of successful interventions (Milroy, 2008).

Two points are particularly salient when seeking help for Indigenous children's mental health problems. One is the importance of a strengths-based approach. Judgment and labelling should be avoided as they are likely to exacerbate concerns about stigma and inadequacy. Empowerment of individuals and connectedness within community settings are considered crucial components to successful programs and interventions for Indigenous families and communities (Campbell, 2006; Dudgeon, 2008; Schwab, 2001; Tsey, 2007; Whiteside, 2006). This applies equally to parenting interventions and mental health interventions, where some communities have been noted as expressing a preference for universal rather than targeted interventions, with issues seen to belong to the community rather than the individual (Norris, Parker, Beaver & van Konkelenberg, 2007).

Second , wherever possible mental health/SEWB treatment for Indigenous children and families should be provided by qualified Indigenous personnel who are familiar with the specific cultural context of the person and community concerned (Kelly et al., 2008). Schools can help to facilitate the provision of appropriate help by being proactive in locating and linking with Indigenous community controlled health services or other local Indigenous service organisations. Non-Indigenous professionals should ensure that they have the necessary cultural competence to work effectively with Indigenous clients by seeking advice from local Indigenous mental health workers, following ethical protocols and undertaking specific professional development activities designed to enhance their knowledge and skills for working with the particular Indigenous community (APS, 2003).

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