Evidence Brief

binarri-binyja yarrawoo

empowered COMMUNITIES

Halls Creek
Social and Emotional Wellbeing

Social and Emotional Wellbeing (SEWB) services are an essential part of providing support to those who need it and it encourages long term positive emotional wellbeing for individuals, families and communities.

This evidence brief will guide and shape discussion about responses in individuals and families SEWB services in Halls Creek. It aims to build a common understanding about new ways of working with individuals and families to ensure their social, cultural, spiritual, psychological and emotional wellbeing.

Warning: this evidence brief addresses topics of suicide and self-harm which may be distressing.

NB: This brief does not evaluate clinical models of care.

> " *"When you go out bush and learn culture you feel proud.*
> *It's like it's healing you.*
> *If people had more of this, it might have a lot to do with how they feel and empower them"*
>
> *- Halls Creek community member, Empowered Communities Consultations, 2015*

Key Messages:

- No-one should fall through the cracks. Effective client transitions across the mental health system are needed, with strong inter-agency work to help <u>every</u> individual [25].

- People helping people also need help- trauma can be easily shared and transferred [4]. Training and support to build 'community care' and support whole of community wellbeing is needed.

- Clinical psychological services in Halls Creek are of critical need - more sustainability and consistency in service availability is crucial. Outreach models from Kununurra and Broome are not adequate.

- Programmatic responses that involve Aboriginal people and Aboriginal organisations in design and delivery are effective, particularly those that leverage opportunities to embed traditional healing and culturally developed activities.

- The deep, intergenerational nature of a number of the factors contributing to mental health and suicide and its impact on communities requires a committed, long term, community level response, that puts people at the centre of the need for change.

Halls Creek: Data Snapshot

People in remote areas reported an **overall high life satisfaction** (52% in non-remote areas and 58% in remote areas)
A high rating of 10 was more common in remote areas (27%) than non-remote areas (14%)
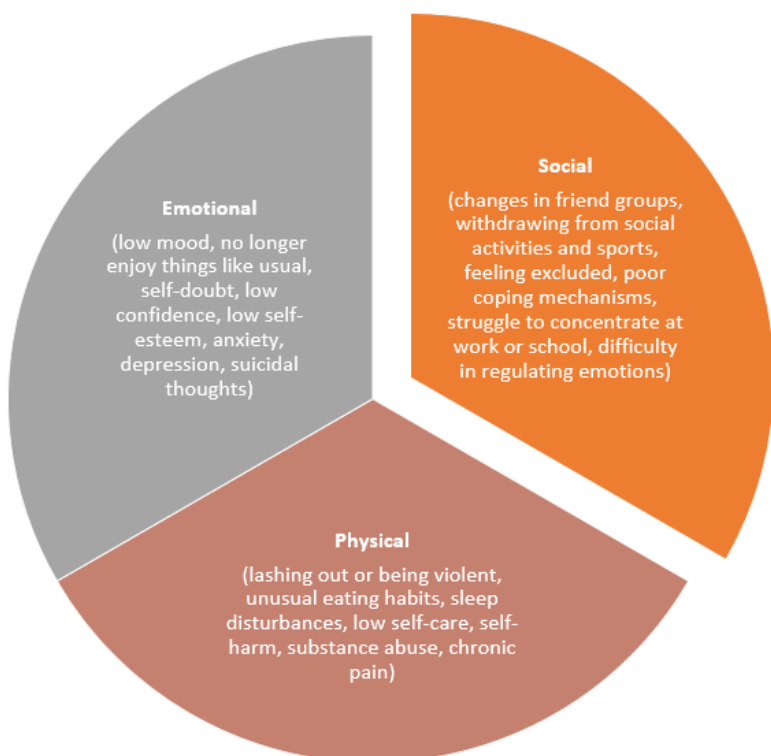
Those who lived in remote areas (89%) were more likely than those in non-remote areas (70%) to recognise **homelands/traditional country** and are 2.5 times more likely to live on homelands.

In Aboriginal people over 50, rates of hospitalisations mental and behavioural disorders due to psychoactive substance use (ganja and other drugs) are three times higher than organic mental health (dementia), mood disorders and other stress related disorders.

In this same category, men are twice as likely to be hospitalised for mental and behavioural disorders due to psychoactive substance use (ganja and other drugs) than women.

Emotional
(low mood, no longer enjoy things like usual, self-doubt, low confidence, low self-esteem, anxiety, depression, suicidal thoughts)

Social
(changes in friend groups, withdrawing from social activities and sports, feeling excluded, poor coping mechanisms, struggle to concentrate at work or school, difficulty in regulating emotions)

Physical
(lashing out or being violent, unusual eating habits, sleep disturbances, low self-care, self-harm, substance abuse, chronic pain)

Some of the signs of low levels of social and emotional wellbeing [19] [4] [10] [7]

Nationally, Indigenous adults are 2.6 times as likely as non-Indigenous adults to experience high/very high psychological distress. For people aged 15 years and over, females (39%) were significantly more likely than males (26%) to report high/very high levels of psychological distress.

Those with high/very high psychological distress levels were more likely to have lower income, lower educational attainment and higher unemployment.

Over a 4 year period, 32 people in the East Kimberley took their own lives

(2011-2015; ages 0-74)

15 of those were in the Halls Creek region

(2011-2015; ages 0-74)

The rate of suicide and self-harm for the East Kimberley (per 100,000 people) is 54.3.

Comparatively, Perth has a rate of 6.3.

In the Kimberley, females are 1.5 times, and males 1.4 times, more likely to be admitted to hospital for a mental health related conditions than people in Perth

Sources: [21] [22] [23] [24]*For more info on please contact Binarri binyja yarrawoo Aboriginal Corporation*

Defining 'Social and Emotional Wellbeing'

In broad terms, social and emotional wellbeing is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. It is a holistic concept which results from a network of relationships between individuals, family, kin and community. It also recognizes the importance of connection to land, culture, spirituality and ancestry, and how these interact and affect the individual.

Social and emotional wellbeing may change across the life course: what is important to a child's social and emotional wellbeing may be quite different to what is important to an Elder. However, across the life course a positive sense of social and emotional wellbeing is essential for Aboriginal and Torres Strait Islander people to lead successful and fulfilling lives.

The circle diagram shows an Aboriginal lens of the Social and Emotional Wellbeing of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality.

The idea of "self" is inseparable from, and embedded within, family and community.

Things like political, historical and social influencing factors ("determinants") can heavily impact one's wellbeing.

(Image: Gee, Dudgeon, Schultz, Hart and Kelly, 2013 [4])

The table below outlines more western/clinical approaches to responding to social and emotional wellbeing, through to more serious mental health concerns. (Adapted from: The Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmed and Services, 2015 [1])

Generally well- good social emotional wellbeing	At risk groups (people we may worry after)	Struggling with mental health (may have a diagnosis)	Moderate mental illness (need some longer term help)	Severe mental health issues (need specialised help and care)
What do we need to achieve?				
Information and self-help resources	Information and self-help resources	Information on diagnosis management and provide a range of options for care and treatment (mental health care plan)	Regular check-ins with mental health professionals on diagnosis management and provide consistency in care and treatment (mental health care plan)	Improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation
Promotion of maintaining good SEWB	Promotion of reaching out and asking for help (as taught in training), looking after each other	Active referrals through services and inter-agency supports	Active support through services and inter-agency service provision	Provide wrap-around coordinated care for people with complex needs
ASIST and mental health first aid training to everyone to increase community care	Increase early intervention through access to drop-in services, referrals from current services accessed and available face-to-face mental health professionals	Psychological services for those who require them	Access to face-to-face primary care and clinical psychological services for those who require them	Face-to-face clinical care using a combination of GP care, Psychiatrists, Mental Health Nurses and Allied health
Strong connection to country and culture	Increase connection to country and culture	Involve traditional healing and strengthen connection to country and culture	Involve traditional healing and strengthen connection to country and culture, as well as evidenced based intervention	Involve traditional healing approaches in care plans and maintain access to care country or near homelands

Local voices: What's needed

A review of local reports and consultation notes (KALACC, 2010 [17]; Enzyme, 2015 [16], RSRU, 2017 [18]; KALACC 2019 [20]) evidence the call by Aboriginal people for more **culturally focused mental health care** and responses. In local reports 'mental health' are often raised as being interrelated to other issues, such as youth suicide, interactions with the justice system, disengagement from school and work, domestic violence, and inter-generational trauma.

Local Aboriginal Organisations have invested resources into exploring this issue and have researched implementable solutions to support people to have strong social and emotional wellbeing. These include the Halls Creek Healing Taskforce, Yura Yungi's SEWB program, Kimberley Stolen Generations and Jungarni Jutiya's Crisis Response program, and many more.

There is a call for Aboriginal community involvement in the design and implementation of social and emotional wellbeing activities in Halls Creek:

✓ Services must be Aboriginal led and operated. Responses to trauma and provision of SEWB services should be centered around **traditional healing**, which involve Aboriginal people in design, delivery and evaluation of the programs.

✓ **Collaboration and coordination** across Government and in partnership with Aboriginal controlled agencies

✓ Mental health initiatives should be implemented through cultural practices and programs, and can be supported by **locally operated**, culturally based SEWB suicide prevention programs, e.g. on-country programs and mentoring

✓ Recognize and **provide options** for working on grief and inter-generational trauma, which impacts on everyone.

✓ Youth specific programs should involve youth designing **flexible programs** that can be accessed where the young person feels physically and emotionally safe to access support. e.g. drop in centers/ safe spaces; regular girls/boys groups; youth leadership group or reference group; music programs; activities and sports.

What we don't know yet: *Accurate local suicide and self-harm data*

Accurate and up-to-date statistics on social emotional wellbeing, self-harm and suicide are hard to pin down.

In can take many years for statistics to be updated, due coroners' assessments (sometimes up to 5 years), state and commonwealth data sharing agreements, and then the national statics to be analyzed and released. The most up to date data we have at the moment is 2015 [26] [27].

We need more local and timely data [1] to assist decision makers respond to (and prevent) self-harm and suicidality, and better support the grief that remains for loved ones.

What we don't know yet: *Effectively addressing historical and intergenerational trauma*

The historical impact of colonization in Australia resulted in a loss of Indigenous culture and languages, affecting Indigenous people's emotional and social wellbeing.

Strategies to address loss and grief must take full account of these factors. These experiences are of particular significance with respect to mental health [7] [24]. Any service development must address these issues in terms of prevention and healing [5].

What this looks like in making sure the programs provided are working ("program effectiveness") is what is unknown. Measuring any changes to inter-generational wellbeing will take decades, and generations to be understood.

Literature Review: What Works

It is generally accepted that it is important to use a tailored approach to mental health and suicidality responses, recognizing that one way of working will not suit everyone. However, based on research and local evidence, there are some common themes that should guide good policy and service system improvements in Halls Creek.

Care for the next generation from the early years

Encouraging and building strong emotional and social wellbeing early through programs for children of preschool age is essential. Programs that provide support for vulnerable families and help them to care for their children so they can learn basic social, emotional regulation and behaviour management skills to make a positive transition into school, are among the most effective programs in supporting strong social and emotional wellbeing from a young age [2]. Attending early childhood programs and playgroups is also beneficial for families, as it assists in building a support network around the child early on. When children and families have a support network, they can turn to those people and organisations for culturally appropriate support or assistance when they need it [3].

Connection to mind, body and emotions

Professionals working in the SEWB program area must carefully consider the meaning of the signs and symptoms of distress experienced by Aboriginal clients [4]. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal people's health problems generally and mental health problems in particular [5]. Aboriginal people must have opportunity and options to express and demonstrate (in personal and professional settings) their strengths, including creativity and compassion, which can encourage greater capacity to build self-esteem and self-efficacy [4]. Spirituality, with a deep understanding of the relationships between human beings and country, also deeply impact mind, body and emotions [5]. Individuals needing additional help (such as specific counselling or psychological services) should receive effective client transitions across the mental health system, with strong inter-agency work to help every individual.

Connection to family, kinships and community

For children and young people aged 7–15 years, the same factors are important but support and direction from the primary caregiver become important, alongside exposure to and connection with culture. In the age group 16–25, factors likely to increase SEWB include connectedness with a broader network of family and friends and experiencing rewarding relationships, connection to culture and community and a sense of belonging in it [6]. Healthy family functioning is also essential to positive social and emotional wellbeing, particularly for young people.

Inter-generational trauma, stemming from crises such as the Stolen Generations impacts the wellbeing of family and kin systems, both individuals and the community. Having a strong connection to family and kin is one of the biggest protective factors and markers of positive wellbeing [7]. For those people and families deeply affected by inter-generational trauma, it must be addressed, and healing must be supported to increase positive wellbeing in adults, children and future generations. SEWB programs must be ready and willing to work with these sorts of traumas and historical hurt to support the healing process.

Connection to spirituality, land and culture

Supporting connections with community and culture through cultural and on-country programs. Community based programs involving on-country activities that engage participants with land and culture have been shown to support reductions in suicide and anti-social behavior, well as improvements in employment, education and training participation, physical health (including cardiovascular and renal function, alcohol and smoking related illness and diet) [8]. Programs, where evidenced results occurred, are consistent, reliable and operate 'rain, hail or shine' to provide the participants' consistency, expectations and routine. Culture can also act as protection against risk and harm for children and young people. For Aboriginal and Torres Strait Islander people cultural concepts such as connection to land, culture, spirituality, ancestry, family and community are common protective factors that 'can serve as sources of resilience and can

moderate the impact of stressful circumstances on social and emotional wellbeing at an individual, family and community level' [7] [4].

Culture in therapeutic approaches

Culture plays an important role in how people can increase their social and emotional wellbeing and be involved in traditional healing practices. Culturally competent services are respectful of, and specific to, cultural backgrounds. Such services may support clients to take up opportunities for traditional healing practices, engagement with family and the person's support network and allowing the client to guide their own healing - such as using Indigenous languages to describe feelings or events and incorporating Indigenous methods such as narrative therapy and art therapy [9] [10].

Trauma Informed Practice (TIP) is a therapeutic methodology of working with people who have experienced trauma or who have experienced traumatic events, and widely used in the Kimberley [11]. It redirects the focus of intervention from 'what is wrong with this person' to 'what has happened to this person?' [12]. Trauma-informed services empower individuals, families and communities through a strengths-based approach [13] which focuses on clients taking control of their own healing and recovery.

Protective factors for strong wellbeing

- strong attachment to family and building emotional resilience from birth
- a sense of belonging to family and community (identifying with a clan or language group)
- have a proud Aboriginal identity and knowledge of family history, kinship and family tree

- involved in cultural events, ceremonies or organisations
- living on homelands and caring for country
- practicing art and cultural practices
- speaking language at home
- having a valued role in family and community

- freedom to communicate needs and feelings, and feeling heard and respected
- having options and the freedom to choose (self-determination)
- knowing one's strengths and have the ability to use them

- keeping physically healthy (good nutrition and exercise)
- limiting (or stopping) substance and grog use
- engaging with routines (work, school, sports)
- able to identify early any feelings/behaviors that impact on wellbeing (self-awareness)
- address grief and trauma
- able and willing to seek help (and receive culturally appropriate and timely care)

Next Steps:

To be successful in bringing about meaningful and long-term change people affected, appropriate social and emotional wellbeing services and strategies must be delivered:

1. Support development of a service model for access to traditional healing in the East Kimberley, which is Aboriginal-led in concept, design and implementation, and addresses inter-generational trauma;
2. A strategic focus on long-term healing and reconciliation, involving families and wider community;
3. Develop community care models which involve everyone being a part of solutions to increase overall social and emotional wellbeing, including training, reconciliation and traditional healing activities;
4. Stronger SEWB programs and mental health treatment options that are accessible, local and culturally

References and further reading

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