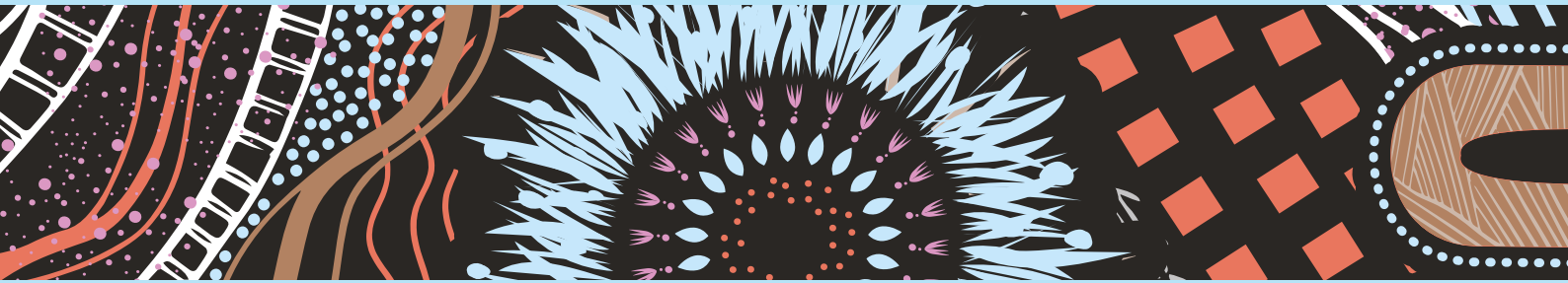


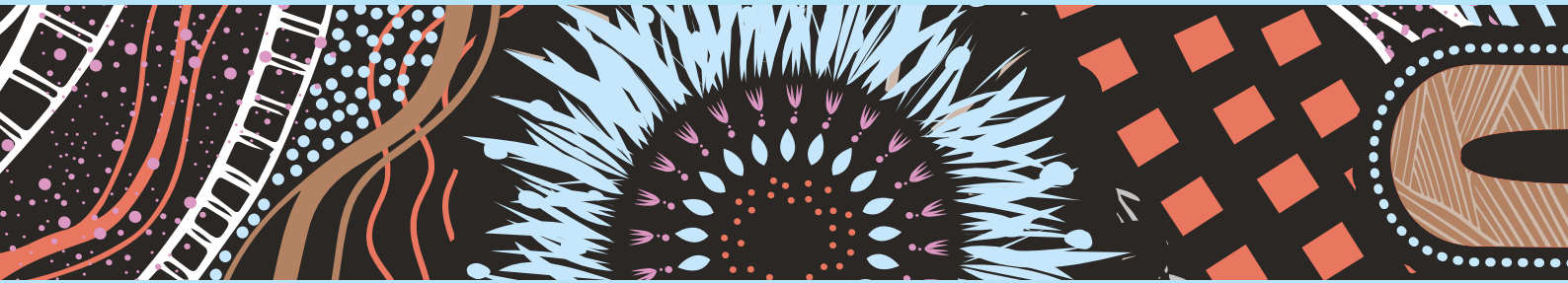


Australian Government
**Australian Institute of
Health and Welfare**



Education and the mental health and wellbeing of First Nations children and young people

Dr Jessica Russ-Smith and Professor Sue Green



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The AIHW is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.

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Contents

	Summary	vii
	What we know	vii
	What works	vii
	What does not work	viii
	What we don't know	viii
	Introduction	2
	Risk factors	3
1	Scope and methodology	4
	Background and key Issues	6
	Risk factors	6
2	Protective factors	10
	Policy context	12
	National policies	12
3	Programs and initiatives	16
	Learning on Country Program (LoCP)	17
4	Remote School Attendance Strategy (RSAS)	18
	Skills for Life (SFL)	20
	Overarching strategies, approaches and best practice	22
	Locally and culturally developed programs	22
5	First Nations community co-design and co-implementation	22
	Culturally responsive and accessible programs and services	23
	Conclusions and recommendations for further research	26
	First Nations developed and led evaluation	26
6	First Nations community-controlled policies and programs	27
	Positive and protective factors	27



Appendixes

Appendix A: Policies and frameworks.....30

Appendix B Program.....35

Appendix C: Methodology39

Acknowledgments 40

Abbreviations 41

References..... 42



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

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

13YARN (13 92 76), Lifeline (13 11 14) or Beyond Blue (1300 22 4536).

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

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



Summary

What we know

- School attendance, completion and achievement are seen as having a positive impact on mental health and wellbeing. However, there is a concern that Australian schools and policies do not consider the different learning and communication styles and cultural needs of First Nations children, young people and their families, and this has an impact on school attendance, retention and experience, as well as on First Nations school students' mental wellbeing.
- Despite policies and programs that focus on increasing school attendance and mental health and wellbeing for First Nations children and young people, there has been a decline in school attendance and an increase in suicide rates for this group.
- First Nations children and young people are overrepresented in circumstances that are 'risk factors' for low school attendance, engagement and attainment as well as for mental health issues. These risk factors include being in out-of-home care; having an experience of the child protection system; involvement with the criminal justice system; having a disability or chronic illness; and having a parent with a mental health condition.
- There are multiple complexities involved in school attendance and wellbeing for First Nations children and young people. While school attendance and educational achievement can increase mental wellbeing, at the same time the mental wellbeing of the young person or child, their family or community can impact on their ability to attend and achieve at school.

What works

- Community-controlled organisations leading policies and program development, design, implementation and evaluation ensure locally and culturally responsive programs and services.
- Co-design and co-implementation by First Nations communities can have positive effects on the intended outcomes of programs that seek to improve school attendance and to support the mental wellbeing of First Nations children and young people.
- Programs and policies that understand the child or young person as a part of a wider network, including their family and community.
- Supporting families and engaging with community, aunties, uncles and grandparents is crucial when addressing school attendance.
- Diverse delivery of programs and services to meet the needs of First Nations young people, children, their families and communities.
- Acknowledging the positive and protective factors of First Nations cultures and communities.
- Acknowledging and integrating an understanding into policies and programs about the vital importance of culture, community, Country and language.

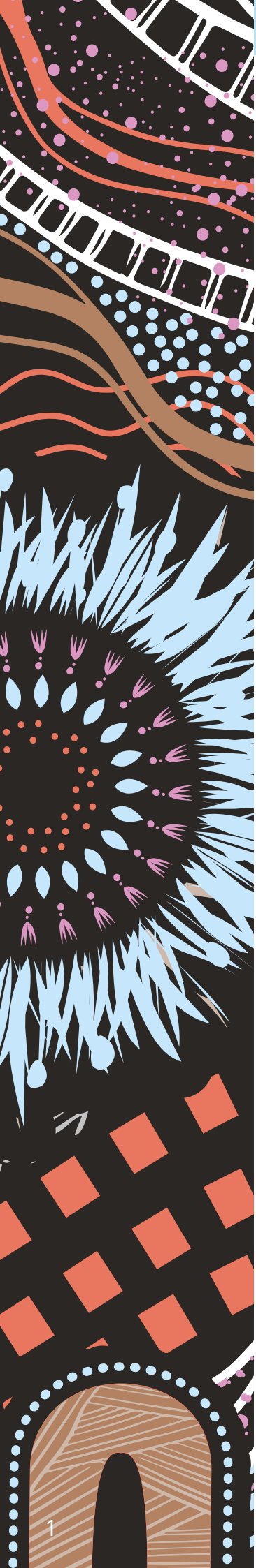


What does not work

- Ethnocentric and 'one-size-fits-all' policies and programs that do not reflect the importance of culture, language, Country and belonging to First Nations children and young people.
- Non-Indigenous evaluation and measurement tools risk dismissing and devaluing First Nations ways and experiences.
- Using non-Indigenous populations as reference groups or control groups to assess the effectiveness of First Nations specific programs.
- Deficit approaches hold parents responsible and punish them for children's and young people's school absences — despite the literature showing that deficit approaches are ineffective in improving school attendance, retention and completion, and mental wellbeing.

What we don't know

- The benefits of First Nations community-developed and community-led evaluation in assessing the effectiveness of current policies and programs.
- Whether there is a difference in the effectiveness of policy and programs that are either First Nations co-designed or community-controlled.
- The readiness and ability of schools to implement best practice programs that include culture, language, identity and belonging.
- The effectiveness of policies and programs that focus on the protective and strength-based factors of First Nations culture and communities in supporting the education and mental wellbeing of First Nations children and young people (compared with those focusing on disadvantage or attendance rates).



1



Introduction



Introduction

As recognised by the National Agreement on Closing the Gap (PM&C 2020), mental wellbeing and school attendance rates for First Nations children and young people are a matter of national concern. Retention rates of these school children and young people decline significantly as they progress from kindergarten to year 12 (PM&C 2020). For example, First Nations primary school students' attendance rates in 2019 were 85 per cent, whereas Year 10 attendance rates were at 72 per cent (Australian Government 2020). This decline is occurring despite investment in programs and strategies designed to encourage First Nations children and young people to remain at school and to continue to tertiary education (Australian Government 2020).

School attendance, completion and achievement are seen as having a positive impact on mental health and wellbeing (Dobia and O'Rourke 2011:13). However, there is a concern that Australian schools do not consider the different learning, communication styles and cultural needs of First Nations children, young people and their families — and that this has an impact on school attendance, retention and experience, and on the students' wellbeing (Dobia and O'Rourke 2011; Lloyd and Duggie Pwerl 2020).

An emerging theme in the literature is that psychological distress, mental health conditions and suicide are increasing within the population of First Nations children and young people (Twizeyemariya et al. 2017; Wright et al. 2020). First Nations children's and young people's school engagement is affected by their health, including their mental health and wellbeing (Walker et al. 2014; AIHW 2018; Australian Government 2020).

There is also much focus on the health and life expectancy of First Nations people. It is already well known that, across every age group, First Nations people have higher rates of morbidity and mortality than non-Indigenous Australians. The rates of mental health conditions and illnesses, self-harm and suicide, are high for First Nations people, including for First Nations children and young people. Fifteen per cent of First Nations children and young people aged between 2 and 15 years are identified as having a mental health condition or illness (ABS 2019). Suicide is the leading cause of death for First Nations and non-Indigenous children aged 5 to 17 years, but rates are more than twice as high in young First Nations people compared to non-Indigenous Australians (AIHW 2023).

There is limited available data on the rates of mental health conditions and illnesses or on rates of self-harm and suicide of First Nations and non-Indigenous children of primary school age. While the official figures between 2010–2012 and 2015–2017 show very little change in the rate of suicide deaths for First Nations children under the age of 14, data on mental health and self-harm must be used with care (AIHW 2020). What we do know is that First Nations children have a higher rate of self-harm than non-Indigenous children: the suicide rate for young First Nations people under the age of 15 is 12 times higher than for non-Indigenous people of the same age (Gibson et al. 2021) and suicide is the leading cause of death for First Nations children and young people aged between 5 and 17 years (AIHW 2022a).



Risk factors

It has been established that the more risks and adversities that an individual is exposed to as a child, the higher their risk of developing a mental health condition or illness across their lifespan (Twizeyemariya et al. 2017). It is also well known that First Nations children face multiple risk factors. Family, community, schools and social factors all impact on school attendance, completion and experience, and on the mental health of First Nations children and young people.

Commonly, low education attainment, attendance and school completion are cited as having adverse effects on children's outcomes and wellbeing (DSS 2020). However, data and literature over the last 15 years suggest that other important factors (for example, language and emotional wellbeing) play a much more significant role in the mental health and wellbeing of First Nations children and young people (DSS 2020). For a First Nations child or young person, the mental wellbeing of their parents or caregivers also plays a significant role in their own social and emotional wellbeing and in their experience of education (NIAA 2023).

Furthermore, the intergenerational and ongoing trauma of colonialism and racism negatively impacts the mental wellbeing of First Nations people, especially children and young people (Darwin et al. 2023; Truong and Moore 2023). The ongoing impacts of colonisation, the Stolen Generations, racism, and discrimination are key factors to consider in supporting First Nations children's and young people's mental wellbeing and experience of education. These factors include structural injustice; colonisation; racism; discrimination; health; socioeconomic status; domestic and family violence; child protection; employment; housing; availability of opportunities; access to resources; and experiences of education (Dobia and O'Rourke 2011; AIHW 2018; Darwin et al. 2023; Truong and Moore 2023). It has also been acknowledged that a lack of educational access and attainment have a cumulative effect on the factors outlined above (Dobia and O'Rourke 2011). These factors directly influence the development, implementation and outcomes of policies, programs, initiatives, and services that attempt to encourage school attendance and completion and to support the mental health and wellbeing of First Nations children and young people.

This paper explores the relationship between mental health and school education for First Nations Australian children and young people and for policies and programs that aim to increase school attendance and completion for students in kindergarten to Year 12, and to improve the mental health status of First Nations Australian children and young people.

This paper examines scholarly articles, government reports, grey literature, policies, and programs to assess best practice and areas for further research regarding mental wellbeing and education engagement for First Nations children and young people. This paper defines mental health and wellbeing from a First Nations perspective, which views 'wellbeing' as a holistic concept and acknowledges the importance of cultural, spiritual, physical, emotional, and social aspects for individuals and communities (AIHW 2022a). 'Mental health and wellbeing' are understood as more than the absence of illness and poor health (Gee et al. 2014:55), and culture, language and connection to Country are recognised as determinants of health, wellbeing and best practice for programs and policies.



Scope and methodology

This paper aims to consider many aspects relevant to, and the intersections of wellbeing and education factors for, First Nations children and young peoples. Specifically, it considers structural factors; service design; access to services and schooling; and protective factors for First Nations cultural identity.

This paper acknowledges that the intersections of mental health and education are diverse, including those used in:

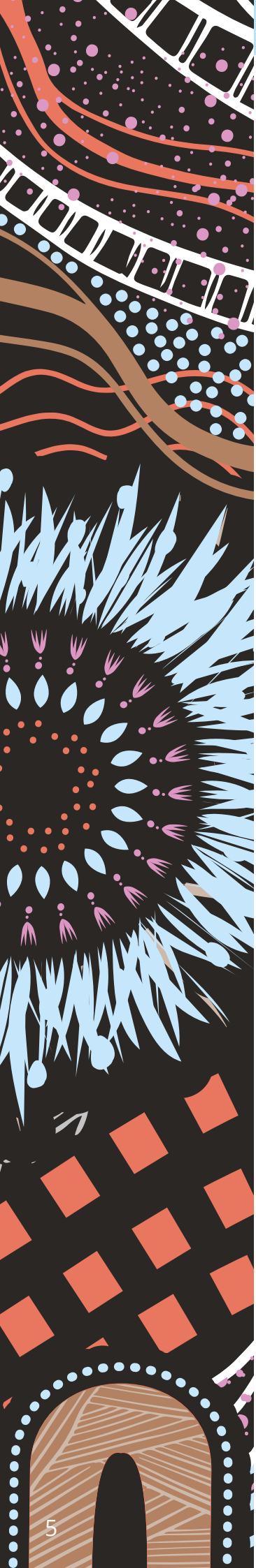
- early intervention models
- literacy and numeracy programs
- learning styles
- assessment, diagnosis and support of learning disabilities
- school suicide risk assessment and response plans.

While these factors are beyond the scope of this paper, they are nonetheless important and should be considered for further research, policy and program development.

Methodology

The literature review drew on Australian and international scholarship that was relevant to the Australian context and able to offer a comparison with international contexts. Databases used in the literature search included Informit, Ebsco Host, the Australian Education Index (AEI), the Education Resources Information Centre (ERIC), SocINDEX Database (SocINDEX), and Family and Society. The database Google Scholar and the Google search engine were used to locate policies, programs and evaluations that were related to, or aimed to support, the mental health and education of First Nations children and young people. In addition, grey literature was identified using Google Scholar and government reports and websites.

See **Appendix C** for further methodology details.



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Background and key issues



Background and key issues

First Nations children's and young people's experiences of mental wellbeing and education are complex, interrelated and multilayered. In examining the education and mental wellbeing of First Nations Australian children and young people, both protective and risk factors need to be considered, including structural issues, service design and access to services. Risk factors explored include structural issues, service design and access to services. Protective factors include culture and connection to Country.

Risk factors

There are a number of identified risk factors for the wellbeing of First Nations people, children and young people (Zubrick et al. 2010; Darwin et al. 2023).

These include:

- intergenerational and ongoing grief and loss
- forced child removal
- dislocation from Country and culture
- socioeconomic disadvantage
- health and chronic health problems
- incarceration, including juvenile justice
- limited access to and/or participation in education.


These risk factors are explored below in relation to 3 key areas: structural factors, service design and access to services.

Compounding risk factors

There are various circumstances that contribute to the mental health and wellbeing of First Nations children and young people. For example, there are certain groups of children who are known to be at an increased risk for having a mental health condition or illness.

These include:

- children with disabilities or chronic illnesses
- children in out-of-home care or who have an experience of the child protection system
- children who have been incarcerated within the youth justice system
- children who have a parent who has a mental health condition or illness
- children who have a parent who has a substance use problem
- refugees and recently migrated children
- children who identify as LGBTIQ or who have a parent or carer who is LGBTIQ
- First Nations children (National Mental Health Commission 2021:18).



As well as having an increased risk of developing a mental health condition or illness, the risk for First Nations children and young people is potentially compounded if they identify with 2 or more of the groups listed above (and may therefore experience multiple levels of disadvantage) (Twizeyemariya et al. 2017:320). For example, the latest Closing the Gap figures showed that First Nations children and young people were more likely than non-Indigenous children and young people to be in detention (23.3 vs 1.3 per 10,000 young people) and in Out of Home Care (57.6 vs 5.0 per 1000 children) (Productivity Commission 2022).

Primary caregiver and/or family experiences of mental health are another key risk factor for First Nations children's and young people's mental wellbeing. Children whose parents experience (or have experienced) moderate to high levels of mental stress or mental illness are substantially more likely to experience mental health issues in their own lives (Van Santvoort et al. 2015). Lima et al. (2019) report that approximately 21% to 23% of children in Australia have at least one parent or caregiver with mental illness. In 2019, the ABS estimated that 24% of First Nations people have a diagnosed mental health condition and that 66% of First Nations adults experience low to moderate psychological distress.

Structural factors

Structural factors that impact on the mental health and education of First Nations children, young people and communities include colonisation and intergenerational trauma, racism and compounding risk factors.


Colonisation and intergenerational trauma

It has long been established that colonisation has severely impacted on the health and welfare of First Nations peoples. Practices that are part of the colonising process — such as invasion, massacres, murders, assimilation, child removal, cultural genocide and dislocation from Country — have led to intergenerational trauma (Calma et al. 2017). In Australia, this has directly resulted in mental health conditions and illness for many First Nations people (Calma et al. 2017:255). As demonstrated by Dudgeon et al. (2017:6), intergenerational trauma continues to affect the lives and mental wellbeing of First Nations people. Dudgeon and colleagues argue that colonisation has 'a collective dimension and can be connected to the suicide of First Nations people today' (Dudgeon et al. 2017:6). This is further supported by Darwin et al. (2023), who state that loss of family, community and culture significantly impacts on the mental health of First Nations peoples.

Colonisation and intergenerational trauma also directly impact on the education experiences of First Nations children and young people. Brown (2019) argues that colonisation continues to manifest in current school curriculums, programs, and policies, and affects First Nations young people's engagement with education.

Racism

It is well documented that racism and racial discrimination have a negative impact on a person's mental health and wellbeing (Truong and Moore 2023). Research has shown that First Nations people experience high levels of racism within Australian society (Zubrick et al. 2010; Truong and Moore 2023). In a study by Kairuz et al. (2021) up to 97% of First Nations people had experienced some form of racism. Priest et al. (2019) examined several studies across the globe and found that



racial discrimination had a cumulative effect, leading to poor health outcomes and low educational attainment. Research has also shown that almost half of First Nations families have previously reported experiences of racism, and that these experiences are linked to poor outcomes for children's and young people's mental health (Shepherd et al. 2017:5; Macedo et al. 2019; Truong and Moore 2023).

Additionally, structural factors such as institutional discrimination (including racism) significantly reduce the likelihood of First Nations peoples accessing education services (Menzies 2019). Bodkins-Andrews (cited in Henebery 2020) argues that:

... there are decades of empirical research repeatedly telling us that Aboriginal and Torres Strait Islander youth who experience racism are at higher risk of disengaging from and feeling hopeless about school.

Service design

Ethnocentric design

Until recently, First Nations mental health and education policy and program development stemmed from ethnocentric perspectives (Dudgeon et al. 2014). Ethnocentric perspectives have led to a universality of service standards, design and delivery that ignored the diversity of First Nations peoples, cultures and experiences and the distinctive cultural aspects that contribute to First Nations wellbeing (Dudgeon and Walker 2015:267). Within Australia this has resulted in 'one-size-fits-all' approaches to mental health and education policy and programs, which have failed to positively impact First Nations people's mental health and wellbeing (McCuaig and Nelson 2012).

More recent program and policy development has begun to reflect on First Nations approaches to mental health and education. First Nations approaches to program and policy development, implementation and evaluation ensure power remains with First Nations communities (Marmor and Harley 2018). First Nations communities, children and young people should be supported and funded to develop and use their own cultural understandings and worldviews of mental health wellbeing (Shochet et al. 2015; Marmor and Harley 2018; Staine and Moran 2020).

There is growing recognition of the importance of community-controlled organisations leading programs for successful outcomes. Pearson et al. (2020:1) highlighted how Aboriginal Community Controlled Health Organisations (ACCHOs) can 'provide culturally informed, holistic health services that directly and indirectly address the social determinants of health'.

Other approaches that vary from ethnocentric models include consultation and co-design with First Nations people. While there is increasing consideration, and implementation, of consultation and co-design practices, explorations of these and of their effectiveness are limited in the literature (Urquhart et al. 2022:757). Therefore, Urquhart et al. (2022:757) argue for further collaborative research to strengthen co-design policy and practice with First Nations communities — to shift from co-design as mere rhetoric to a meaningful community of practice in co-design for policy and program development.

Intervention, not prevention

It has been stated that school attendance and completion have a positive impact on mental health and wellbeing. However, mental health conditions in children and young people affect school attendance and are linked with chronic absenteeism (Lawrence et al. 2019). It is also known that regular school attendance in early years is linked to better outcomes in terms of further education and employment opportunities (AIHW 2021a). While school attendance and educational attainment can have a positive impact on mental health and wellbeing, the mental health issues experienced by children, young people, their families and communities can negatively impact on school attendance and educational attainment (DSS 2020).

Despite this knowledge, the National Children's Mental Health and Wellbeing Strategy outlines how the current mental health system focuses on intervention rather than prevention, and focuses on adults and adolescents rather than on children (National Mental Health Commission 2021). This means that Australian children are missing out on the prevention and early interventions needed to ensure that they have access to programs to support their mental health and wellbeing and, ultimately, their education experience and engagement. This raises particular concern for First Nations children and young people, who experience much higher levels of mental health conditions and illnesses. For example, almost a quarter of First Nations children aged 6 to 10 years are currently reported as experiencing psychological distress (Twizeyemariya et al. 2017).

Access to services and schooling

Many Australian children have limited access to mental health services and, for children who live in regional, remote, and very remote areas, that access is even poorer than for those living in urban areas (National Mental Health Commission 2021). Access to education can depend on the geographical location of children, young people and their families (House of Representatives Standing Committee on Employment, Education and Training 2020).

In 2021, the AIHW reported that 44% of First Nations people live in regional areas, and 18% live in remote or very remote areas. There has been some evidence that adults within regional, remote and very remote areas have poorer levels of mental health and wellbeing and high rates of self-harm, but there is little research specifically around children within regional, remote and very remote areas (Peters et al. 2019). Furthermore, just being from a regional or remote area appears to have a negative impact on mental health and wellbeing (AIHW 2022b) — and First Nations children are more likely than non-Indigenous children to live in regional, rural and remote areas (AIHW 2022b).

First Nations children and young people also have issues accessing education services that are culturally appropriate and safe (Hohepa and McIntosh 2016). The House of Representatives Standing Committee on Employment, Education and Training report *Education in remote and complex environments* (2020:11) found that Australian school systems are not meeting the needs of First Nations children and young people. Furthermore, Children's Ground reported that First Nations children:

... are often sent into culturally damaging educational environments...[which] do not reflect their identity, language, family, history or knowledge-systems and often they deny and diminish the culture and identity of children. Too often children feel like failures and too many drop out of school. (House of Representatives Standing Committee on Employment, Education and Training 2020:90).



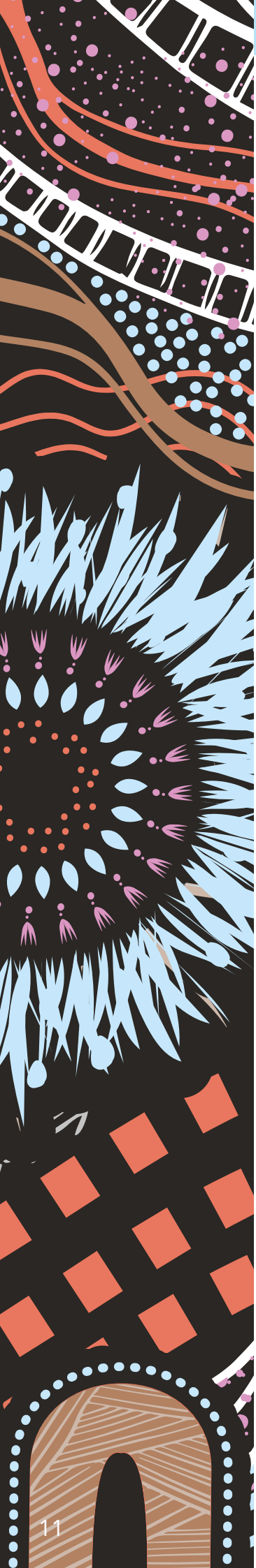
Protective factors

Protective factors are sources of the strengths that support First Nations children and young people (Darwin et al. 2023:5). Despite First Nations identity being associated with several risk factors, there are also protective factors that come with being First Nations. It has been identified that protective factors for First Nations people's wellbeing include:

- culture and cultural continuity
- language
- connection to Country
- family and community
- kinship
- ancestry
- spirituality
- leadership and self-determination (Zubrick et al. 2010; Darwin et al. 2023).

It is crucial to note that, while First Nations peoples experience a number of risk factors associated with disadvantage in terms of mental health and education, First Nations identity is *not in itself* a risk factor, or the cause of the risk factors. In fact, First Nations cultural identity is a protective factor for mental wellbeing and education — particularly when certain cultural elements are available to the child, young person, family and community, including connection to Country, cultural identity and access to First Nations languages.

Non-Indigenous services, service providers, and policy makers need to engage with and learn from the emerging literature on First Nations mental health (Twizeyemariya et al. 2017:350). Further research is urgently needed to explore protective factors for First Nations children and young people in the education system.



3



Policy context

Policy context

For considerable time there has been a lack of appropriate policies and programs in relation to First Nations mental health for several reasons:

- Until recently there was no overarching framework for First Nations mental health, and policies that did exist were inherently ethnocentric (Dudgeon et al. 2014).
- Concerns have been raised around the use of mainstream policy development, programs, measures, and evaluation of mental health for First Nations children (Marmor and Harley 2018).
- ‘One-size-fits-all’ approaches to First Nations mental health policy and programs do not work (McCuaig and Nelson 2012).

This section reviews national policies (frameworks/strategies/guidelines) regarding First Nations students’ mental health. While the provision of education and schools is a state and territory government responsibility, all the policies should be based on and guided by national policies. Hence this review focuses on the national policies.

This section also considers school attendance, which was contained in almost all policies. Overall, there was a lack of acknowledgment of the link between attendance and mental health and wellbeing.


National policies

The National Children’s Mental Health and Wellbeing Strategy (National Mental Health Commission 2021)

The *National Children’s Mental Health and Wellbeing Strategy* (National Mental Health Commission 2021) provides a strong plan for the development of services and programs to support the mental health and wellbeing of children in all age groups. While the Strategy focuses on all children, it does include specific strategies for First Nations children and families, such as recognition of the importance of the cultural and linguistic diversity of First Nations communities, and the importance of co-design and First Nations community control. The Strategy requires that priority be given to First Nations children in kinship and community care, as well as requiring schools and early childhood learning centres to increase cultural accessibility for First Nations children within their programs.

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023

The National Children’s Mental Health and Wellbeing Strategy aligns with the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017-2023* (PM&C 2017). The Framework was developed by the Department of the Prime Minister and Cabinet and was endorsed by the Australian Health Ministers’ Advisory Council in February 2017. The Framework acknowledges the role of First Nations cultures, communities and families in ensuring the mental health and wellbeing of First Nations children. The Framework specifically addresses the mental wellbeing of First Nations children stating the principles that ‘Infants



get the best possible developmental start to life and mental health' and 'Aboriginal and Torres Strait Islander children and young people get the services and support they need to thrive and grow into mentally healthy adults' (PM&C 2017).

The National Agreement on Closing the Gap

The Closing the Gap policy was first implemented in 2007 by the Federal government to address health and life expectancy differences between First Nations and non-Indigenous Australians (PM&C 2020). Closing the Gap has a significant focus on school attendance and its link to better outcomes in later life. The policy also has a target to increase life expectancy and to reduce suicide, but mental health and wellbeing is largely absent across key target areas. The focus on health is on the so-called 'lifestyle' factors, such as diet; alcohol and other drugs; and physical activity. The Australian Government's 2023 Closing the Gap Implementation Plan aims to address key target areas over the next 10 years. Specifically, in relation to education, the policy focuses on school and attendance and engagement using strength-based and high-expectation approaches, including investing in on-Country learning models and ensuring equitable access to quality education across all regions of Australia (PM&C 2020).

National Aboriginal and Torres Strait Islander Education Strategy (2015)

The *National Aboriginal and Torres Strait Islander Education Strategy 2015* was endorsed in 2015 by education ministers, who agreed to a set of priorities and principles to inform state and territory approaches to First Nations education (Department of Education 2023b). The 2015 Strategy does not mention student mental health and wellbeing at all. Attendance is one of the Strategy's priority areas, stating that attendance and engagement are essential for students to achieve their potential. The Strategy also states that there is a need to better understand the complexities that impact on school attendance and to identify strategies that support First Nations students' attendance at school and their engagement in education.

National Safe Schools Framework (2010)

The *National Safe Schools Framework* was first developed in 2010 by Education Services Australia and was revised in 2013. The Framework outlines guiding principles to promote student wellbeing and safe and supportive school environments (Education Services Australia 2013). The Framework includes a number of statements about student wellbeing. The Framework does not define what is meant by 'student wellbeing' and does not mention mental health. While engagement is a key focus of the Framework, it does not mention student attendance, only that there will be a strong focus on enhancing 'student engagement with learning' (Education Services Australia 2013:7). The Framework does recognise the distinctiveness of 'specific groups' including the needs of 'First Nations communities', but not specifically 'First Nations students'.

Australian Student Wellbeing Framework

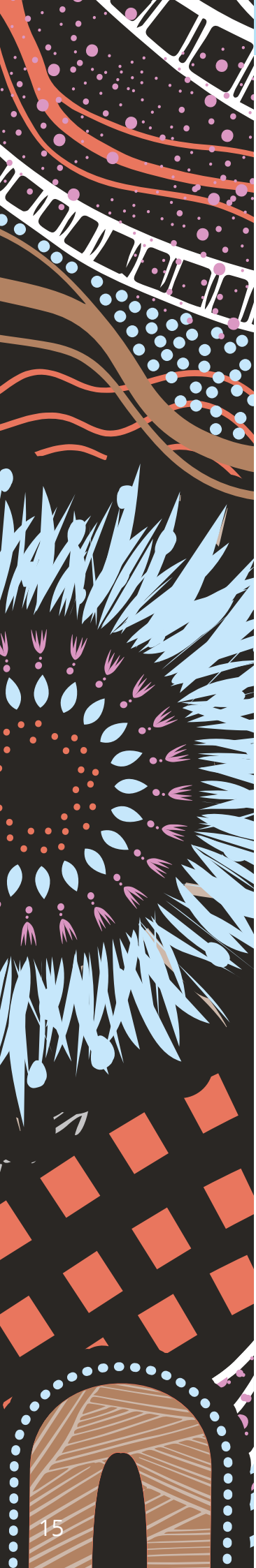
The *Australian Student Wellbeing Framework* was developed and implemented by the Education Council in 2020. The Framework outlines best practice principles for implementing policies and practices that create positive learning environments for school students (Department of Education 2023a). The Framework does discuss wellbeing in a general way, and mentions social and emotional outcomes for students as a way of promoting staff wellbeing and as part of the teaching curriculum. It does not discuss mental health and wellbeing apart from mentions of emotional wellbeing or outcomes.



The Framework does outline building relationships with First Nations families and communities as a way of ensuring a culturally safe environment and to exchange knowledge on wellbeing.

National policies are considering First Nations children, young people, families, cultures and communities but, overall, the policies continue to reflect 'one-size-fits-all' and ethnocentric approaches to education and wellbeing. With the exception of the National Children's Mental Health and Wellbeing Strategy (National Mental Health Commission 2021) and Closing the Gap, the other policies either do not mention First Nations children and young people or fail to comprehensively discuss the unique situation and needs of First Nations children, young people, their families and communities.

A summary of these policies can be found in **Appendix A**.



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Programs and initiatives

Programs and initiatives

There are limited programs and initiatives that focus equally on mental health and school attendance, retention, completion and educational experience for First Nations children and young people. Programs and initiatives vary in design, implementation, delivery and evaluation across national, state and territory jurisdictions. Some current programs and initiatives for First Nations children and young people do not explicitly identify mental health as an area of focus, or they include a mental health focus that does not reflect a First Nations social and emotional wellbeing perspective.

Additionally, some programs and initiatives for children and young people are not First Nations-specific in their design. They may include a focus or objectives relating to First Nations children and young people, or group First Nations children and young people and culturally and linguistically diverse children and young people into one category, resulting in programs that are ethnocentric and 'one-size-fits-all'.

Therefore, this section highlights a range of national, state and territory programs and initiatives that include 'best practice', culturally appropriate programs for mental health and education for First Nations children and young people.

headspace Australia

Headspace Australia is the National Youth Mental Health Foundation. Headspace was first established in 2006 to provide early-intervention mental health services for young people aged between 12 and 25. The organisation and its initiatives receive funding from various funding bodies, including the Federal Government. Headspace Australia provides support services online and face-to-face in more than 154 communities across Australia. Headspace Australia also provides services and supports within schools. In developing their programs and policies, headspace Australia ensures co-design and co-development with their youth reference groups (headspace 2023a). In recognition of these examples of best practice, 2 headspace Australia initiatives have been reviewed, including the Take a Step and Yarn Safe campaigns.

headspace Take a Step Campaign

The headspace Take a Step Campaign was launched in 2021 as a national initiative to support First Nations youth to recognise their mental health needs and seek support to enhance mental wellbeing. Take a Step was funded through the Australian Government Department of Health and Minister for First Nations people, former Minister Hon. Ken Wyatt MP, and co-created with Australia's National Youth Mental Health Foundation. The initiative draws on the Stronger You Wheel, a holistic framework built on the work of Gamilaroi psychologist Dr Clinton Schultz. The Stronger You Wheel shows that emotional and mental wellbeing is based on connections with spirits, ancestors, Country, and culture (headspace 2023b).

The initiative provides a range of print and online resources for First Nations youth, their families, and friends (headspace 2023b). The resources were co-designed and co-developed with First Nations peoples across Australia, including First Nations young people with lived experience of mental health issues (headspace 2023b). The program is still active. Currently no evaluation is available.

Yarn Safe headspace campaign

Yarn Safe is a First Nations-specific, national youth-led initiative for First Nations people with mental health concerns and was developed through First Nations youth community consultation and co-design. The initiative encourages First Nations youth to reach out for support and talk about their social and emotional wellbeing. Yarn Safe provides information and support online and face-to-face at headspace centres. Phase 1 of the initiative was run between 2014 and 2015. Following Phase 1, the number of First Nations young people accessing support through the headspace program increased by 32% (headspace 2023c). Headspace (2023c) reports that 98% of participants felt the initiative was culturally appropriate and encouraged them to access support. The program is still active.

The effectiveness of the Yarn Safe awareness initiative has been explored by Rickwood et al. (2016) and Perera et al. (2020). Rickwood et al. (2016) did not directly evaluate the Yarn Safe campaign, as the initiative launched after their study's data collection period. However, Rickwood et al. (2016) note that since the launch of the initiative the data indicates an increase in the number of First Nations young people accessing headspace supports. Perera et al. (2020) discuss how national awareness campaigns including Yarn Safe increase national awareness of the headspace program, reduce stigma associated with mental health issues, and encourage help-seeking among young people.


While no formal evaluation has yet been undertaken of these initiatives, and they do not specifically mention 'education', they have been selected as a model of best practice because both were co-designed and co-developed with First Nations people, including young First Nations people with lived experience of mental health. As outlined earlier, access to services is a key issue for First Nations children and young people. Both initiatives provide resources and services online which increases the accessibility for First Nations children and young people.

Learning on Country Program (LoCP)

The Learning on Country Program is a collaboratively designed pilot education program where First Nations land and sea Rangers, schools, scientists and First Nations landowners work together on Country and in classes to learn local First Nations knowledge, numeracy, literacy, science and work skills. LoCP aims to increase school attendance, completion, and retention to Year 10; increase transition to further education; increase intergenerational transmission of knowledge and customary practice; and develop strong partnerships between community, schools and Rangers. The program was first established in 2013 in the Northern Territory and funded by government as a 2-year pilot program (Fogarty et al. 2015). LoCP ran as an intensive program for students in Years 10 to 12 and as an introductory activity program for students in Years 7 to 9, across 5 Arnhem Land sites including, Maningrida, Yirrkala, Laynhapuy Homelands (Yirrkala), Groote Island and Galiwin'ku (Elcho Island).

Fogarty et al. (2015) conducted a formative evaluation of the program across the 5 sites. The evaluation comprised ethnographic fieldwork, the Learning on Country Program portal, and data from the Northern Territory Government and from local schools. The participants included 307 students from 2013–2014, which represented 22% of all students across the trial sites (Fogarty et al. 2015:1-2).

The evaluation found that the program was showing progression towards outcomes of supporting First Nations children's and young people's cultural identities, with a range of progression rates across different sites, including expanding opportunities for intergenerational knowledge sharing



and attendance and retention for highly engaged cohorts. Fogarty et al. (2015) concluded that the program supported First Nations children and young people's development of their own cultural identities, and the program is supported by community stakeholders. Further recommendations from the study included strengthening curriculum development; governance and stakeholder engagement; and future funding for evaluation and research of the program across additional sites (Fogarty et al. 2015).

The LoCP was selected for review due to its alignment with best practice principles including co-design; that it was co-implemented with First Nations people; and that it focuses on the importance of cultural education and the protective factor of connection to Country.

Remote School Attendance Strategy (RSAS)


RSAS was first implemented in 2014 and is still active. The Strategy is funded by the Department of the Prime Minister and Cabinet and is a national engagement-focused program that aims to improve First Nations children's and young people's school attendance and engagement. The program works with communities and schools, including teachers, parents, caregivers, aunties, uncles, grandparents and community, to develop community-led plans to support all children to attend school daily. The program operates in 84 schools in South Australia, New South Wales, the Northern Territory, Western Australia, and Queensland (PM&C 2018) and mainly targets very remote schools (Guenther et al. 2022:6).

The program assists with activities such as:

- discussing with families and children the importance of regular attendance
- awarding and celebrating improved attendance
- working alongside families to understand reasons why children are not attending and how this can be addressed
- practical support like providing transport for children to attend school and assistance with organising uniforms, care and food
- monitoring attendance and follow up on absences (PM&C 2018).

The RSAS was internally evaluated (PM&C 2018) with the research conducted by Winangali, a First Nations owned organisation, in partnership with Ipsos. The study was based on a realist informed approach methodology to determine which elements of the program were working in different circumstances for different children and families. The research took place in 5 remote communities across Queensland, South Australia, and the Northern Territory. Over the period May to October 2017, the study conducted 114 qualitative semi-structured interviews with parent/carers, led by local community researchers; and group discussions with parents, carers, local community members and RSAS staff (PM&C 2018).

The evaluation found that a one-size-fits all approach is not effective for improving school attendance and engagement in First Nations communities, and it identified 4 broad family types, with different views on their children's school attendance and engagement, that require specific support from the RSAS program to improve attendance and engagement in school (PM&C 2018):

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- 1. Committed families** — are supportive of education. These families noted the importance of education and viewed school as important in achieving longer-term education and employment. These families at times need practical assistance to support their children attending school.
 - 2. Protective families** — want their children to attend school, however, have concerns regarding children's safety while travelling to school and at school. These families keep their children at home to keep them safe.
 - 3. Unsure families** — were unsure about the value of the dominant schooling system. These families strongly value cultural ways of knowing and being and have concerns about whether the schooling system would teach and value First Nations culture. These families need role model support to demonstrate the value of school attendance and education, and this requires the school to show respect for culture and employment of First Nations staff.
 - 4. Disconnected families** — feel alone and isolated. These families want their children to attend school, however, do not have the relationships or support to enrol their children. These families can be socially isolated and need social support to increase community engagement and school attendance.

The evaluation notes that families can also be experiencing complex life events which further contribute to barriers to school attendance and engagement (PM&C 2018) and that these families may need a diverse range of support services. The study found that the RSAS program can work to families' strengths to support school attendance and engagement. This includes strengthening positive norms and attitudes, and creating a sense of belonging within the families and the schools — for example through advocating for anti-bullying and cultural safety within schools. A family's choice regarding school attendance and engagement was influenced by their needs and experiences, and at times RSAS program delivery did not adequately meet these needs. As a result, the program supported some families well and other families not as effectively (PM&C 2018:7).

The RSAS program has also been examined by McCullum and Waller (2020) and Guenther et al. (2022), who provide additional insights into the effectiveness and limitations of the program. The authors note that earlier provisions of the program and its 2013 'Get kids to school' slogan, used by truancy officers in 40 remote First Nations communities, reflected Western values and a deficit framing of First Nations children and families (McCullum and Waller 2020; Guenther et al. 2022). In 2018, the Australian Government revised the RSAS approach and Closing the Gap targets to keep children in school and focus on retention (McCullum and Waller 2020:87). Guenther et al. (2019:3) highlight how, since 2014, attendance rates in schools have decreased by 6%. More recent evaluations that examine the efficacy of the program are not available. A recent critique argues that government narratives about RSAS based on co-design and collaboration do not align with the outcomes of the program and that the program fails to ethically engage with First Nations communities and their needs (Guenther et al. 2022:15).



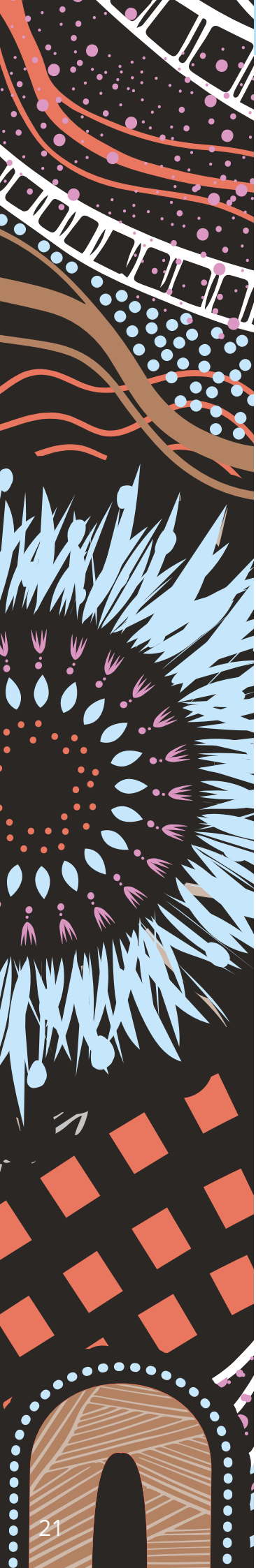
Skills for Life (SFL)

The Skills for Life program was implemented by the Menzies School of Health Research between December 2014 and June 2020, and was funded by the National Health and Medical Research Council. The program is a school-based suicide-prevention resource involving a 12-lesson curriculum for First Nations middle school students in years 7, 8 and 9, and was co-developed with community members in a remote northern Australian community, and educators. Elders were consulted during the development of the program, and they emphasised the importance of emotional awareness and wellbeing for First Nations children and young people. This program shows alignment with best practice principles of co-development and consultation. It also highlights the relationship between education and mental health.

The Menzies School of Health Research (2023) reported that one boarding school and 4 remote schools participated in the program's evaluation between 2016 and 2019, however an evaluation of SFL program outcomes has not yet been conducted.

The 5 programs and initiatives reviewed demonstrate how some best practice principles for supporting the mental wellbeing and education of First Nations children and young people have been implemented. The review also highlights that the interrelationship between mental health and education is not being recognised or effectively implemented in current programs and initiatives. This is further analysed under gaps, limitations and recommendations for further research.

A summary of all program and initiatives reviewed can be found in **Appendix B**.



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**Overarching
strategies,
approaches
and best
practice**



Overarching strategies, approaches and best practice

Currently, there is a lack of evidence on best practice approaches that recognise and value the relationships between mental health and education and the multilayered factors that affect First Nations children and young people. This paper draws on a range of best-practice evidence in the literature related to both mental health and education, identifying the following 3 strategies approaches to best practice:

1. Locally and culturally developed programs
2. First Nations community co-design and co-implementation
3. Culturally responsive and accessible programs and services.

Locally and culturally developed programs


Locally and culturally developed programs are a key area of best practice when designing and implementing programs to support First Nations children's and young people's mental health and education. These approaches acknowledge that cultural wellbeing is important for the mental health and wellbeing of all First Nations people, including First Nations children and young people (Fatima et al. 2022). Locally based programs also resist ineffective 'one-size-fits-all' approaches and provide culturally relevant and responsive program and initiative delivery (Shochet and Hodge 2009; Robinson et al. 2016). Culturally responsive programs have been shown to be the most appropriate way to address and support mental wellbeing and suicide prevention (Povey et al. 2020).

Schwab and Fogarty (2015) argue that there is an assumption within education policies that an increase in school attendance equals higher educational engagement. However, higher educational attainment is more closely linked to 'a deeper understanding of learning, Country and identity and how they are inextricably intertwined' (Schwab and Fogarty 2015:14). Locally and culturally developed programs, such as the LoCP, acknowledge the diversity of First Nations cultures and understandings of health (Shochet et al. 2015). Schwab and Fogarty (2015) argue that locally developed programs, such as LoCP, allow for culturally safe spaces for First Nations children and young people to learn about, and from, their cultures.

Locally and culturally developed programs also assist in enhancing the relationship between schools, community, stakeholders and students. This helps schools to develop their capacity to deliver culturally safe programs and to meet the needs of the First Nations communities they are based in (Fogarty et al. 2015). Furthermore, locally and culturally developed programs support connections to community, which is critical for First Nations people's wellbeing (Dudgeon et al. 2022).

First Nations community co-design and co-implementation

First Nations community co-design and co-implementation are vital for success in supporting First Nations children's and young people's mental wellbeing and education experiences. Co-design and co-implementation align with the aspirations of First Nations people for self-determination and for community control of service delivery (Dillon 2021:5). Similar to ethnocentric and 'one-size-fits-all'



approaches, mental health policy and programs have long been implemented ‘from above’ rather than co-designed (Rosen and Holmes 2023:59). This is despite evidence showing that First Nations co-leadership (co-design and community-control) contributed to decreased rates of suicide for First Nations young people (Rosen and Holmes 2023:68).

To allow for genuine collaboration with First Nations communities and people, the National Agreement on Closing the Gap (PM&C 2020) also emphasises the importance of shared decision-making authority in partnership arrangements. This will allow for the development and implementation of culturally-led and effective policies, services and programs to support First Nations children’s and young people’s mental wellbeing and education.

Engagement in co-design and understanding of its importance is increasing across program development and delivery. For example, in the LoCP, 65% of the program’s activities engaged community consultation (Fogarty et al. 2015:2). Similarly, the SFL program methods evaluation recommended greater co-development and collaboration to ensure that cultural aspects of wellbeing are appropriately integrated into program delivery and evaluation (Robinson et al. 2020). An emphasis on the importance of co-design was also evident in the Take a Step and Yarn Safe headspace campaigns.


Co-design and co-development with First Nations communities and peoples allows for culturally responsive, safe and appropriate services. This is essential to effectively supporting First Nations children and young people (Healing Foundation 2017) and provides capacity building for programs and initiatives (Fogarty et al. 2015).

Culturally responsive and accessible programs and services

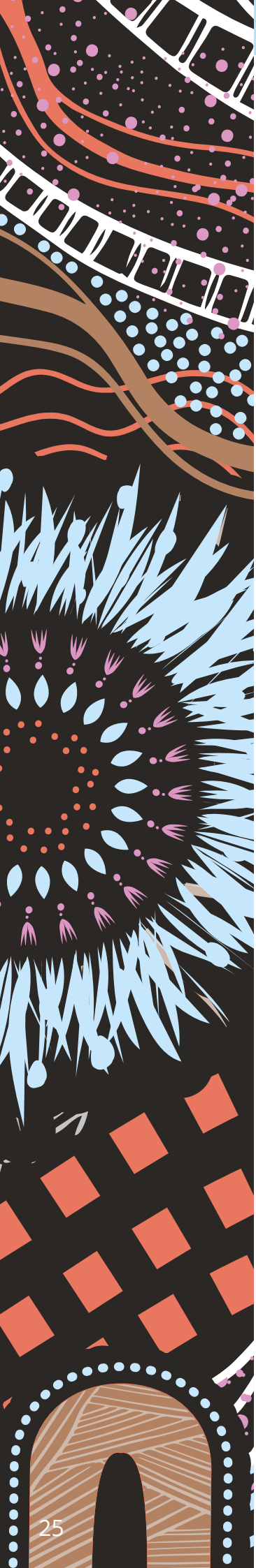
First Nations children, young people and their families cannot be effectively supported with a ‘one-size-fits-all’ approach or program. Culturally responsive program and service delivery helps to ensure that the different needs of children, young people and their families are met. Flexible and diverse service delivery — especially when locally and culturally developed — helps to improve mental health and education outcomes (Morrison et al. 2019; AIHW 2021b).

Culturally responsive program and service delivery applies to the range of services provided to support mental health and education. For example, headspace Australia’s Take a Step and Yarn Safe initiatives aim to support First Nations young people through culturally developed and appropriate supports. In relation to culturally responsive education, this is demonstrated through the LoCP, which focuses on both First Nations co-design and an integration of cultural identity into education curriculums (Fogarty et al. 2015).

Culturally responsive approaches for supporting First Nations children’s and young people’s mental wellbeing and education include supporting the family as well as supporting the child or young person. This practice reflects an understanding of First Nations kinship and family systems, which are central to First Nations culture and wellbeing (Dudgeon et al. 2021). Family and kinship connections also support the mental wellbeing of First Nations peoples, so strengthening these connections is an evidence-based way to meet mental wellbeing needs and to improve suicide prevention (Dudgeon et al. 2021) and education outcomes. For example, the RSAS program and evaluation highlights how supporting families and engaging with community, aunties, uncles and grandparents is crucial when addressing school attendance.



When programs do not deliver culturally responsive service options that acknowledge the diverse aspirations of First Nations communities, there is a risk that families, children and young people will be unequally supported (PM&C 2018:7). This significantly impacts children and young people living in regional, remote, and very remote areas who already have less access to mental health services than children and young people from urban areas (National Mental Health Commission 2021). Culturally responsive program delivery through online and digital platforms — such as the co-designed online resources developed for the headspace Australia Take a Step and Yarn Safe initiatives — are ways in which programs are increasing culturally responsive and accessible program delivery for First Nations young people.



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Conclusions and recommendations for further research



Conclusions and recommendations for further research

Even though there are policies and programs dedicated to increasing school attendance and mental health and wellbeing for First Nations children and young people, there has been a decline in school attendance and an increase in their suicide rates. It is essential to acknowledge the complexities involved in the mental wellbeing and education experiences of First Nations children and young people.


It is crucial for future policy and program development that we strengthen the evidence base for programs designed to support education experiences and mental wellbeing. This can best be done through First Nations developed and led evaluation; First Nations community controlled policies and programs; and the incorporation of positive and protective factors. First Nations controlled, developed and led programs and evaluations, that reflect culturally and locally responsive methods and understandings, have significant potential to improve the education experiences and mental wellbeing of First Nations children and young people. Finally, policies and programs need to continue moving beyond ethnocentric and 'one-size-fits-all' models in favour of culturally responsive, co-designed and accessible services that consider the relationship between education and mental wellbeing.

The following principles are therefore recommended as areas for further research.

First Nations developed and led evaluation

As previously outlined, First Nations co-design and co-implementation are crucial when developing policies and programs to support First Nations children's and young people's mental wellbeing and education. However, except for the RSAS evaluation which was co-produced by a First Nations organisation, there is a significant gap in the literature that describes First Nations-developed and led evaluation. Mainstream, standardised approaches to evaluation of First Nations mental health and wellbeing programs are based on 'one-size-fits-all' models (McCuaig and Nelson 2012; Marmor and Harley 2018) — and this brings the risk that First Nations ways will be dismissed and devalued (Prout 2012).

A further risk is that standardised evaluation 'invisibilises many of the positive, enduring and protective factors associated with Indigenous ways of life, which are not amenable to this kind of analysis and reporting' (Prout 2012:320). Standardised evaluations include comparing data about non-Indigenous populations with First Nations populations and the use of non-Indigenous theories in program development. It is argued that using non-Indigenous populations as the reference group for First Nations-specific programs assumes that the indicators for non-Indigenous populations will be the same for First Nations populations (Prout 2012; Marmor and Harley 2018). Many education programs are based on educational and psychological theories that fail to adapt to the cultural contexts of First Nations peoples and communities (Robinson et al. 2016). The assumptions underpinning many such policies and programs do not reflect the worldviews and aspirations of First Nations communities, children and young people. Therefore, further research is needed to understand how the best-practice principles of co-design and co-implementation can be incorporated into program evaluation.



First Nations co-design and co-implementation need to be embedded in the design and delivery of policy and program evaluation. Furthermore, these understandings and worldviews must be the leading authority in the development, implementation and evaluation of policies and programs relating to First Nations children's and young people's mental wellbeing and education. First Nations-led and developed evaluation can also contribute to building more culturally informed and robust data to provide evidence-based policies and programs (Dudgeon et al. 2022:40).

First Nations community-controlled policies and programs


Research literature shows that First Nations co-designed and community-controlled programs are best practice (Shochet et al. 2015; Marmor and Harley 2018; Staine and Moran 2020). However, many policies and practices do not appear to be following what is considered best practice in relation to community-controlled programs (Staine and Moran 2020). Many of the programs reported consultation and co-design during the development stages of the programs or initiatives (for example, for the Yarn Safe and Take a Step initiatives). However, due to the lack of formal program evaluation there was limited information regarding community-controlled programs, with majority of the programs being based primarily within education and health organisations. This is evidenced in the programs reviewed within this paper, where none of the programs were community-controlled and only one program (LoCP) was First Nations co-led.

It is crucial that programs and policies are designed, implemented and evaluated through co-designed and community-controlled processes and contexts — and the developers resist ethnocentric and 'one-size-fits-all' approaches. Guenther et al. (2022:15) argue that policies and programs which do not align with the diverse and contextual aspirations of communities will ultimately fail. First Nations community-controlled approaches allow for the diversity of First Nations peoples, cultures and communities to be centred. First Nations community-controlled approaches ensure that policies and programs align with the diverse locations, worldviews and realities of First Nations communities, children, and young people (Shochet et al. 2015; Staine and Moran 2020).

First Nations community-controlled policies and programs, much like First Nations developed and led evaluation, ensure that self-determination is retained by First Nations communities. This ensures that decision-making authority remains with the community and results in 'collective sense-making and consensual decision-making' (Sarra et al. 2020 in Guenther et al. 2022:4), which heightens the chances of successful outcomes. To this end, further research is needed to explore First Nations community-controlled programs and their effectiveness.

Positive and protective factors

By using ethnocentric and 'one-size-fits-all' approaches, current policy and programs continue to be underpinned by a deficit discourse. In this discourse, the dominant focus within programs and policies is on 'First Nations disadvantage' and dysfunction that positions First Nations people as a 'problem to be fixed' (Vass 2012:85). Rather than focusing on the protective and strength-based factors of First Nations culture and communities (Prout 2012), they focus on structural factors (such as colonisation and intergenerational trauma) that impact on the mental wellbeing of First Nations children and young peoples.

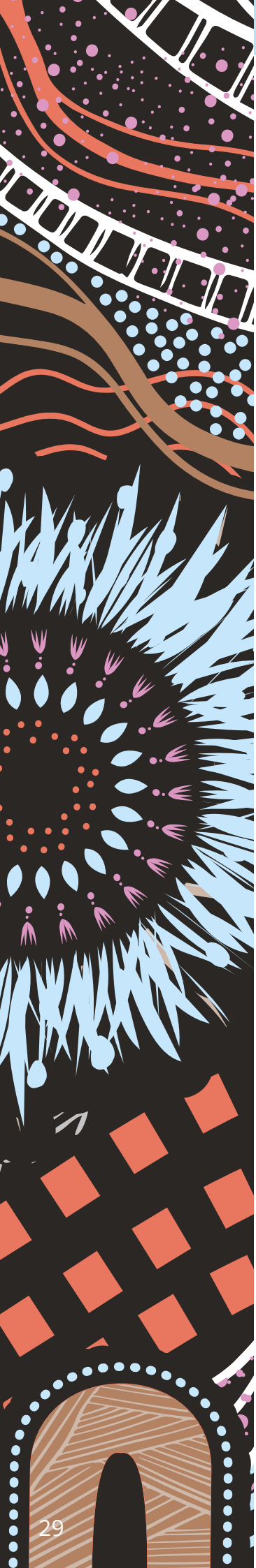


Deficit approaches, especially those centred around truancy, place responsibility solely on parents and their children, as opposed to the many factors that impact on mental wellbeing and education (Guenther et al. 2022). Deficit approaches hold parents responsible and punish them for children's school absences despite the literature showing that deficit approaches are ineffective in improving school attendance, retention and completion, and mental wellbeing (Billings 2009 in Waller et al. 2018:128). This deficit approach draws attention away from the structural changes needed for research, evaluation, curriculum, and programs (Vass 2012). Therefore, culturally responsive and strength-based programs that encourage structural change to curriculum and program delivery will encourage First Nations children and young people to have a positive sense of cultural identity, mental wellbeing, and education experience (Waller et al. 2018).

Although many policies and programs acknowledge the importance of cultural identity and belonging, there is still a lack of culturally responsive and strength-based design and implementation of programs and of school curriculums that reflect this approach (Waller et al. 2018). For example, the RSAS program evaluation found that there were families in the community who strongly valued cultural ways of knowing and who had concerns regarding the schooling system's capacity to involve and teach First Nations culture (PM&C 2018). This finding further highlights the deficit issue in primarily using attendance, retention, and completion rates as success indicators of programs without appropriate and critical review of the cultural responsiveness of the curriculum and school and how these impact on education engagement and attendance (Guenther et al. 2022). It is therefore recommended that further research is needed regarding the role of positive and protective factors in supporting and evaluating the effectiveness of mental health and education policy and programs for First Nations children and young people.

Culturally responsive approaches to policies and programs help to support the mental wellbeing and education experiences of First Nations children and young people. The Closing the Gap National agreement (PM&C 2020) recognises the importance of First Nations cultures and languages. An international study found that language has a clear and significantly positive effect on First Nations people's (especially First Nations young people's) mental health, in reducing suicide, and in improving education engagement (Whalen et al. 2022). However, only one of the programs reviewed (LoCP) included language and intergenerational knowledge-sharing as key objectives for evaluation. Therefore, future policy, research, programs and practices require that greater attention and resources be given to the role of language, culture and belonging in mental wellbeing and educational attainment for First Nations children and young people.

It is essential that policy and programs recognise that First Nations children and young people are part of a wider network — including their family and communities — that can holistically support their wellbeing and education experiences. Programs and policies in this area will greatly benefit from further integrating culture, community, Country and language and ensuring that the positive and protective factors of First Nations cultures and communities underpin policy directions, program development, implementation and evaluation.



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Appendixes

Appendix A: Policies and frameworks

Table A1: Description of policies and frameworks

Name	Details	Key Recommendations	Implementation
The National Children's Mental Health and Wellbeing Strategy	<p>The National Children's Mental Health and Wellbeing Strategy provides a framework for the building of mental Health and wellbeing through childhood, using a whole-of-community approach. (National Mental Health Commission 2021).</p>	<p>Objective 1.2: Increased mental health literacy The concept of the 'wellbeing continuum' and its associated anchor points should be tested to see if they have resonance for different communities, including assessing how well they translate into different languages and cultural norms.</p> <p>Objective 2.3: Access and equity Establish accountability mechanisms (for example, audit and public reporting) that encourage services to improve their accessibility for children and families, including those from Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse backgrounds.</p> <p>Objective 2.4: Built for complexity Require relevant services to give priority access to children who are in state care, or who have been the subject of notifications, and Aboriginal and Torres Strait Islander children who have been placed with kin/community networks, and for care to be provided more frequently.</p> <p>Objective 2.5: Skilled workforce Develop cultural understanding among health professionals to work safely and effectively with Aboriginal and Torres Strait Islanders children and families and provide greater support for Aboriginal Health Workers to engage in child mental health-focused ongoing education and training. Outline and regularly report on how schools and early childhood learning services are improving on current levels of cultural accessibility for children who identify as Aboriginal or Torres Strait Islander or from culturally and linguistically diverse backgrounds.</p> <p>Objective 3.1: A wellbeing culture Outline and regularly report on how schools and early childhood learning services are improving on current levels of cultural accessibility for children who identify as Aboriginal or Torres Strait Islander or from culturally and linguistically diverse backgrounds.</p>	<p>Australian, state and territory governments, and parenting services</p> <p>Primary Health Networks/ Local Health Districts</p> <p>Universities/Local Health Districts/ specialist colleges</p>

(continued)

Table A1 (continued): Description of policies and frameworks

Name	Details	Key Recommendations	Implementation
		<p>Objective 3.2: Target responses Make funds available for schools to deliver evidence-based programs targeting the needs identified as part of action 3.2(a), with a particular focus on bullying and racism.</p> <p>Objective 4.1: Meaningful data collection Ensure that data capture and evaluation practices related to Aboriginal or Torres Strait Islander child mental health and wellbeing are consistent with the principles of co-design (that is, with significant involvement from the communities represented in the data). Aboriginal and Torres Strait Islander organisations should be resourced to build evaluation capability and their own information management systems.</p>	
<p>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023</p>	<p>The Framework is intended to guide and inform Aboriginal and Torres Strait Islander mental health and wellbeing reforms. It also aims to respond to the high incidence of social and emotional wellbeing problems and mental ill-health, by providing a framework for action.</p>	<p>ACTION AREA 1: Strengthen the Foundations</p> <p>Outcome 1.1: An effective and empowered mental health and social and emotional wellbeing workforce</p> <p>Outcome 1.2: A strong evidence base, including a social and emotional wellbeing and mental health research agenda, under Aboriginal and Torres Strait Islander leadership</p> <p>Outcome 1.3: Effective partnerships between Primary Health Networks and Aboriginal Community Controlled Health Services</p> <p>ACTION AREA 2: Promote Wellness</p> <p>Outcome 2.1: Aboriginal and Torres Strait Islander communities and cultures are strong and support social and emotional wellbeing and mental health</p> <p>Outcome 2.2: Aboriginal and Torres Strait Islander families are strong and supported</p> <p>Outcome 2.3: Infants get the best possible developmental start to life and mental health</p> <p>Outcome 2.4: Aboriginal and Torres Strait Islander children and young people get the services and support they need to thrive and grow into mentally healthy adults</p>	

(continued)

Table A1 (continued): Description of policies and frameworks

Name	Details	Implementation
	<p>Key Recommendations</p>	
	<p>ACTION AREA 3: Build Capacity and Resilience in People and Groups at Risk</p>	
	<p>Outcome 3.1: Access to traditional and contemporary healing practices</p>	
	<p>Outcome 3.2: Equality of mental health outcomes is achieved across the Aboriginal and Torres Strait Islander population</p>	
	<p>Outcome 3.3: Mental health and related problems are detected at early stages and their progression prevented</p>	
	<p>ACTION AREA 4: Provide Care for People who are Mildly or Moderately Ill</p>	
	<p>Outcome 4.1: Aboriginal and Torres Strait Islander people living with a mild or moderate mental illness are able to access culturally and clinically appropriate primary mental health care according to need</p>	
	<p>Outcome 4.2: Culturally and clinically appropriate specialist mental health care is available according to need</p>	
	<p>Outcome 4.3: Effective client transitions across the mental health system</p>	
	<p>ACTION AREA 5: Care for People Living with a Severe Mental Illness</p>	
	<p>Outcome 5.1: That the human rights of Aboriginal and Torres Strait Islander people living with severe mental illness are respected</p>	
	<p>Outcome 5.2: Aboriginal and Torres Strait Islander people in recovery are able to access support services in an equitable way, according to need, within a social and emotional wellbeing framework</p>	
	<p>Outcome 5.3: Aboriginal and Torres Strait Islander people living with psychosocial disability are able to access the National Disability Insurance Scheme and other support services in an equitable way, according to need, and within a social and emotional wellbeing framework</p>	

(continued)

Table A1 (continued): Description of policies and frameworks

Name	Details	Key Recommendations	Implementation
<p>The National Agreement on Closing the Gap</p>	<p>The objective of the National Agreement on Closing the Gap (the National Agreement) is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.</p>	<p>TARGET 1: Close the Gap in life expectancy within a generation, by 2031</p> <p>TARGET 3: By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent.</p> <p>TARGET 4: By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all 5 domains of the Australian Early Development Census (AEDC) to 55 per cent.</p> <p>TARGET 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.</p>	
<p>National Aboriginal and Torres Strait Islander Education Strategy 2015</p>	<p>Vision: All Aboriginal and Torres Strait Islander children and young people achieve their full learning potential, are empowered to shape their own futures, and are supported to embrace their culture and identity as Australia's First Nations peoples.</p>	<p>Priority Areas: 4. Attendance Engaging with learning is fundamental in helping all children acquire the skills they need for life. Schools and services work with families and communities on strategies to address barriers to school attendance.</p>	
<p>National Safe Schools Framework 2010 (revised 2013)</p>	<p>The National Safe Schools Framework is based on the following overarching vision: All Australian schools are safe, supportive and respectful teaching and learning communities that promote student wellbeing</p>	<p>Key Element 2: A supportive and connected school culture 2.8 Recognition of the distinctive needs of specific groups in the school community (e.g., Aboriginal and Torres Strait Islander communities, refugee and immigrant families).</p>	

(continued)

Table A1 (continued): Description of policies and frameworks

Name	Details	Key Recommendations	Implementation
Australian Student Wellbeing Framework	Vision: Australian schools are learning communities that promote student wellbeing, safety and positive relationships so that students can reach their full potential	Partnerships: Effective family and Community partnerships Build partnerships with Aboriginal and Torres Strait Islander families and community organisations to ensure a culturally safe environment and a 2-way reciprocal exchange of knowledge on wellbeing issues.	

Appendix B Programs

Table B1: Description of programs, their evaluations and their outcomes

Program	Program Details	Evaluation	Evaluation Details	Findings
Take a Step (heads-space initiative) Campaign aims to support First Nations Australian youth to recognise mental health needs and seek support to enhance mental wellbeing. Draws on holistic framework for emotional and wellbeing based on connections with spirits, ancestors, Country and culture	Location: Australia, national	No evaluation available	Location:	
	Participants: First Nations youth		Participants:	
	Duration: 2021 to the present (3 years)		Duration:	
	First Nations specific: Yes		First Nations specific:	
	Focus: Social, emotional, and cultural wellbeing		Focus:	
Yarn Safe (heads-space initiative) Youth led national Aboriginal and Torres Strait Islander mental health campaign for First Nations Australians with mental health concerns. Encourage and support First Nations Australian youth to reach out for support and talk about their social and emotional wellbeing. Program provides information and supports online and face-to-face at heads-space Centres.	Location: Australia, national	No evaluation available	Location:	
	Participants: First Nations young peoples		Participants:	
	Duration: Phase 1 2014-2015, 1 year		Duration:	
	First Nations specific: Yes		First Nations specific:	
	Focus: Social, emotional, and cultural wellbeing		Focus:	

(continued)

Table B1 (continued): Description of programs, associated evaluations and outcomes

Program	Program Details	Evaluation	Evaluation Details	Findings
Remote School Attendance Strategy Program Engagement-focused program aims at working with communities and schools to improve school attendance and engagement.	Location: Australia, national	Commonwealth of Australia (2018) Research was conducted by Winangali, a First Nations owned organisation, in partnership with Ipsos	Location: Australia, national	One-size-fits-all approach not effective in improving school attendance and engagement 4 broad family types identified with different views on their children's attendance: <ul style="list-style-type: none"> • Committed families • Protective families • Unsure families • Disconnected families RSAS without additional service and community support is not effective especially during complex life events. The RSAS program can work to families' strengths to support school attendance and engagement
	Participants: The research was conducted by Winangali, a First Nations-owned organisation, in partnership with Ipsos. This research used a realist informed approach.	Qualitative semi-structured interviews	Participants: 114 semi-structured interviews with parent/carers and group discussions with parents, carers, local community members and RSAS staff	
	Duration: 2014 – present (9 years)	Duration: May 2017 – October 2017	First Nations specific: Yes	
	First Nations specific: Yes Focus: School attendance and engagement	First Nations specific: Yes Focus: Realist informed approach		

(continued)

Table B1 (continued): Description of programs, associated evaluations and outcomes

Program	Program Details	Evaluation	Evaluation Details	Findings
<p>Learning on Country Program (LoCP)</p> <p>Pilot education program where First Nations land and sea Rangers, schools, scientists and First Nations landowners come together on Country and in classes to learn local First Nations knowledge, numeracy, literacy, science and work skills. Program aims to increase school attendance, completion and retention to year 10, increase transition to further education, increase intergenerational transmission of knowledge and customary practice, and develop strong partnerships between community, schools and Rangers to develop culturally responsive curriculum in secondary school.</p>	<p>Location: 5 Arnhem Land sites: Maningrida Yirrkala Laynhapuy Homelands (Yirrkala) Groote Island Galiwin'ku (Elcho Island)</p>	<p>Prepared by National Centre for First Nations Studies and Centre for Aboriginal Economic Policy Research, Australian National University (Fogarty et al. 2015)</p>	<p>Location: 5 Arnhem Land sites: Maningrida Yirrkala Laynhapuy Homelands (Yirrkala) Groote Island Galiwin'ku (Elcho Island)</p>	<p>Overall, program is showing progression towards outcomes, with variation of progression rates across different sites. Quantitative data issues and early stage of evaluation, therefore conclusions are formative.</p> <p>Attendance and retention impacted in a positive way.</p> <p>Increased awareness of education and employment pathways for students.</p> <p>Ethnographic data shows expanded opportunities for intergenerational knowledge transmission.</p> <p>Local communities have embraced program and its engagement and incorporation of First Nations knowledges.</p> <p>Development of 'both ways' teaching, learning and evaluation.</p> <p>Program supports First Nations young people to develop and maintain a strong sense of cultural identity.</p> <p>Program is well supported by stakeholders and has supported the development of strong partnerships at community and regional levels.</p> <p>Local indicators need to be developed to assess literacy and numeracy outcomes.</p> <p>At some sites, more development of program needed to embed into curriculum.</p> <p>Collaborative design has led to meeting community aspirations of the program.</p> <p>Evaluation recommends State and Federal Governments consider funding a staged rollout.</p> <p>There is demand and support for the LoCP outside of the trial communities and sites.</p>
	<p>Participants: Intensive and specific program for Years 10 to 12 Introductory activities for Years 7 to 9</p> <p>Duration: 2013–2014</p> <p>First Nations specific: Yes</p> <p>Focus: Education attendance and outcomes Cultural wellbeing</p>	<p>Formative evaluation comprised ethnographic fieldwork, the Learning on Country Program portal, and system-level data types from the Northern Territory Government and from local schools</p>	<p>Participants: 307 students across 2013 and 2014</p> <p>Duration: 2013–2014</p> <p>First Nations specific: Yes</p> <p>Focus: Formative evaluation</p>	

(continued)

Table B1 (continued): Description of programs, associated evaluations and outcomes

Program	Program Details	Evaluation	Evaluation Details	Findings
<p>Skills for Life (SFL) Social and emotional curriculum for First Nations year 7-9 school students. The 12-lesson curriculum program was co-developed with First Nations community members in a remote northern Australian community, and educators, and was designed as a school-based suicide prevention resource.</p>	Location: West Arnhem Region, Northern Territory	No evaluation available	Location:	
	Participants: First Nations students in Years 7, 8 and 9		Participants:	
	Duration: 2012 to present (10 years)		Duration:	
	First Nations specific: Yes		First Nations specific:	
	Focus: Social and emotional wellbeing Suicide prevention Education		Focus:	



Appendix C: Methodology

Key search terms:

mental health
mental wellbeing
mental illness
psychological wellbeing
education level
schooling level
First Nations success
school attendance
school retention
school participation
First Nations students
Aboriginal students
Torres Strait Islander students
First Nations community/ies programs
policies
strategies
services

Inclusion and exclusion criteria:

The methodology to locate programs was initially filtered by programs specifically for First Nations school children and young people. However, due to implications of policy and program design (as discussed in this report), the search was later widened to include programs that were not First Nations-specific.

Initially, to locate the most relevant policies, a date range of 2020 to 2022 was used. However, due to a lack of policies in particular states and territories within the 2020 to 2022 date range, the search was later broadened to include all policies. The latest available policy was then selected.



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Abbreviations

ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AEI	Australian Education Index
AIHW	Australian Institute of Health and Welfare
CAEPR	Centre for Aboriginal Economic Policy Research
DSS	Department of Social Services
ERIC	Education Resources Information Centre
LGBTIQ	Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning
LoCP	Learning on Country Program
NCIS	National Centre for Indigenous Studies
PM&C	Department of the Prime Minister and Cabinet
RSAS	Remote School Attendance Policy
SEWB	social and emotional wellbeing
SFL	Skills for Life
YBFS	Year Before Fulltime Schooling

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This paper reviews policies and recent programs and summarises what works in improving First Nations children's and young people's mental wellbeing and school attendance. It identifies gaps in existing literature and proposes opportunities for further research and evidence-based practice.



Stronger evidence,
better decisions,
improved health and welfare

