

# Consultation paper

Renewing Queensland's Alcohol and Other Drugs Plan

## Social and emotional wellbeing (SEWB)

Queensland Aboriginal and Islander Health Council

– Not Government Policy –

The term social and emotional wellbeing (SEWB) has a specific set of meanings to Aboriginal and Torres Strait Islander peoples that extends beyond Western concepts of mental health. Western concepts are traditionally derived from an illness or clinical perspective which limits focus on an individual or their level of functioning in their immediate environment. For Aboriginal and Torres Strait Islander peoples, an individual's wellbeing is "intimately associated with collective wellbeing. It involves harmony in social relationships, in spiritual relationships and in the fundamental relationship with the land and other aspects of physical environment."<sup>i(p24)</sup> For Aboriginal and Torres Strait Islander peoples, SEWB is the foundation for physical and mental health.<sup>ii,iii</sup>

The term social and emotional wellbeing emerged as a way to highlight these important distinctions and the ways in which Aboriginal and Torres Strait Islander peoples' concepts of wellbeing differ from Western concepts of physical and mental health wellbeing.<sup>iv</sup> Originating from the National Aboriginal Health Strategy 1989,<sup>v</sup> the following definition of Aboriginal health is included in the National Aboriginal Community Controlled Health Organisation (NACCHO) Constitution:

Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.<sup>vi(p6)</sup>

### Guiding principles

Drawn from Ways Forward<sup>vii</sup> and the 2004 SEWB Framework<sup>viii</sup>, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017-2023*<sup>ix</sup> sets out nine guiding principles that underpin SEWB. These nine principles emphasise the holistic and whole-of-life definition of health held by Aboriginal and Torres Strait Islander peoples

### Cultural domains

There is significant cultural diversity among Aboriginal Peoples and Torres Strait Islander peoples. This diversity includes, but is not limited to, history, knowledge systems, world views, values, beliefs and experience. Diversity may also exist within communities and between individuals. For example, forced removal of people as a consequence of colonisation means numerous nation groups may live in a community. Diversity may also include specific family birthright responsibilities and generational differences along with specific religious and spiritual beliefs or socio-economic status.

#### Guiding principles of SEWB:

1. Health as holistic
2. The right to self-determination
3. The need for cultural understanding
4. The impact of history in trauma and loss
5. Recognition of human rights
6. The impact of racism, stigma, environmental adversity and social disadvantage
7. Recognition of the centrality of family and kinship
8. Recognition of cultural diversity
9. Recognition of Aboriginal and Torres Strait Islander strengths, creativity and endurance.



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Similarly, Aboriginal and Torres Strait Islander peoples' understanding of SEWB varies between cultural groups and individuals.<sup>ix</sup> Many Aboriginal and Torres Strait Islander peoples have a relational concept of self which is conceived together with the health of their family, kin, and community, and their connection to country, culture, spirituality and ancestry.<sup>ix</sup> Here, 'connection' refers to the various ways in which Aboriginal and Torres Strait Islander peoples experience and express the various domains of SEWB during childhood, adulthood and old age. For many Aboriginal and Torres Strait Islander peoples, difficulties or disruptions in these connections can be associated with poorer SEWB. Conversely, healthy connections and/or strengthening and restoration of these connections is associated with increased SEWB.<sup>ix</sup>

### Social, cultural, political and historic determinants

These SEWB connections are also affected by social determinants of health, including economic and social disadvantage and a broader range of transgenerational effects of trauma as a consequence of colonisation, social exclusion, racism and social inequality, and harmful policies.<sup>x</sup> These social determinants impact the SEWB of Aboriginal and Torres Strait Islander peoples concurrently and cumulatively. Two additional dimensions are important to Aboriginal and Torres Strait Islander SEWB.<sup>vii</sup> The first, historical determinants, refers to the "impact of past government policies and the extent of historical oppression and cultural displacement experienced by individuals, families and communities".<sup>ix(p62)</sup> The second, political determinants, refers to "the unresolved issues of land, control of resources, cultural security, and the rights of self-determination and sovereignty".<sup>ix(p62)</sup>

### SEWB model

The seven overlapping domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of SEWB are shown in Figure 1. The model recognises good health as more than just the absence of disease or illness; and includes physical, social, emotional, cultural, spiritual and ecological wellbeing for both the individual and their community. The Aboriginal and Torres Strait Islander concept of health is holistic and emphasises the connectedness of these factors, with recognition that social, historical and political determinants influence health.<sup>xi</sup>

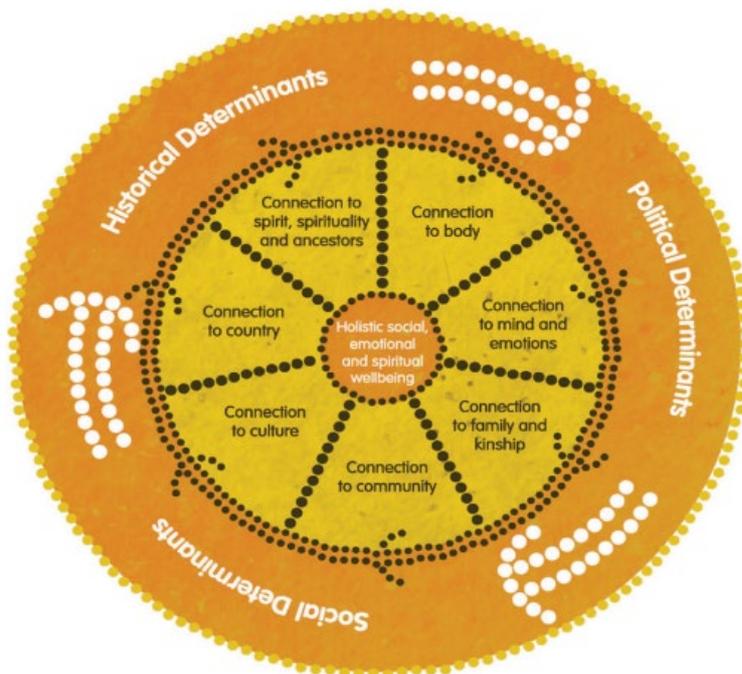


Figure 1. A model of Social and Emotional Wellbeing (Gee, Dudgeon, Schultz, Hart, & Kelly, 2013).<sup>ix</sup> Artist: Tristan Schultz, Relative Creative.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* notes that SEWB provides the foundation for effective physical and mental health promotion strategies.<sup>iii</sup> Promoting SEWB is about maximising the benefits of the protective factors that connect and support wellbeing, while minimising exposure to risk factors – and particularly those that are also risk factors for alcohol and other drug – (AOD) related mental health conditions.<sup>x</sup> Example protective and risk factors are outlined in Table 1.

**Table 1. Domains of SEWB with risk and protective factors**

Domain	Description	Examples of risk factors	Examples of protective factors
<b>Connection to body</b>	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life	<ul style="list-style-type: none"> <li>Chronic and communicable diseases</li> <li>Poor diet</li> <li>Smoking</li> </ul>	<ul style="list-style-type: none"> <li>Access to good, healthy food</li> <li>Exercise</li> <li>Access to culturally safe, culturally competent and effective health services and professionals</li> </ul>
<b>Connection to mind and emotions</b>	Mental health – ability to manage thoughts and feelings	<ul style="list-style-type: none"> <li>Developmental/ cognitive impairments and disability</li> <li>Racism</li> <li>Mental illness</li> <li>Unemployment</li> <li>Trauma, including childhood trauma</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>Agency: assertiveness, confidence and control over life</li> <li>Strong identity</li> </ul>
<b>Connection to family and kinship</b>	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies	<ul style="list-style-type: none"> <li>Absence of family members</li> <li>Family violence</li> <li>Child neglect and abuse</li> <li>Children in out-of-home care</li> </ul>	<ul style="list-style-type: none"> <li>Loving, stable, accepting and supportive family</li> <li>Adequate income</li> <li>Culturally appropriate family-focused programs and services</li> </ul>
<b>Connection to community</b>	Community can take many forms. A connection to community provides opportunities for individuals and families to connect with each other, support each other and work together	<ul style="list-style-type: none"> <li>Family feuding</li> <li>Lateral violence</li> <li>Lack of local services</li> <li>Isolation</li> <li>Disengagement from community</li> <li>Lack of opportunities for employment in community settings</li> </ul>	<ul style="list-style-type: none"> <li>Support networks</li> <li>Community-controlled services</li> <li>Self-governance</li> </ul>
<b>Connection to culture</b>	A connection to culture provides a sense of continuity with the past and helps underpin a strong identity	<ul style="list-style-type: none"> <li>Elders dying without full opportunities to transmit culture</li> <li>Services that are not culturally safe</li> <li>Languages under threat</li> </ul>	<ul style="list-style-type: none"> <li>Contemporary expressions of culture</li> <li>Attending national and local cultural events</li> <li>Cultural institutions</li> <li>Cultural education</li> <li>Cultural involvement and participation</li> </ul>
<b>Connection to country</b>	Connection to country helps underpin identity and a sense of belonging	<ul style="list-style-type: none"> <li>Restrictions on access to country</li> </ul>	<ul style="list-style-type: none"> <li>Time spent on country</li> </ul>
<b>Connection to spirituality and ancestors</b>	Spirituality provides a sense of purpose and meaning	<ul style="list-style-type: none"> <li>No connection to the spiritual dimension of life</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to attend cultural events and ceremonies</li> <li>Contemporary expressions of spirituality.</li> </ul>

Table adapted from *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*.<sup>ii</sup>

## Policy context

The policy areas relevant to SEWB extend well beyond health and mental health systems and include education, law and justice, human rights, Native Title, and families and communities.<sup>xii</sup> The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*<sup>ii</sup> is an integral part of any action to close the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples. This renewed framework is intended to guide and inform Aboriginal and Torres Strait Islander mental health and wellbeing reforms.

Three pillars of harm minimisation underpin AOD policy frameworks in Australia. They are:

- **Demand reduction:** preventing the uptake and delaying the onset of use of alcohol, tobacco and other drugs; reducing the misuse of alcohol, tobacco and other drugs in the community; and supporting people to recover from dependence through evidence-informed treatment
- **Supply reduction:** preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs
- **Harm reduction:** identifying and targeting specific risks that arise from AOD use. This may include risks to individuals, as well as their families and friends.<sup>xiii</sup>

Efforts to reduce the disproportionate harm from AOD use experienced by Aboriginal and Torres Strait Islander peoples requires:

- Re-distribution of funding to Aboriginal and Torres Strait Islander-led services to reduce disparity across the three pillars; including increased investment in demand reduction strategies and activities
- Enhancing systems to facilitate greater diversion into health interventions from the criminal justice system
- Culturally responsive and appropriate interventions based on evidence of what works specifically for Aboriginal and Torres Strait Islander peoples, and reflecting their broader social, cultural and emotional wellbeing needs; and innovative models of partnerships between specialist AOD services and Aboriginal and Torres Strait Islander wellbeing services and community organisations.

Gayaa Dhuwi (Proud Spirit) Declaration Theme 2, Article 1 is that: "All parts of the Australian mental health system should be guided by Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing in combination with clinical approaches when working to heal and restore the wellbeing and mental health of Aboriginal and Torres Strait Islander people".<sup>xiv(p4)</sup>

Underpinning this theme is the principle that Aboriginal and Torres Strait Islander peoples are entitled to the 'best of both worlds', in acknowledgement that Aboriginal and Torres Strait Islander concepts of SEWB, mental health and healing, combined with clinical perspectives, will make the greatest contribution to the achievement of the highest attainable standard of care and AOD-related outcomes for Aboriginal and Torres Strait Islander peoples.<sup>xiv</sup> Indeed, the newly legislated *Queensland Human Rights Act* recognises the human right to access health services without discrimination (Section 37) and outlines Aboriginal and Torres Strait Islander peoples' cultural rights to enjoy, maintain, control, protect and develop their identity and cultural heritage, including their traditional knowledge, distinctive spiritual practices, observances, beliefs and teachings (Section 28).<sup>xv</sup>

## Health performance framework SEWB

### Community function

Community function refers to the ability and freedom of community members and communities to determine the context of their lives (for example, social, cultural, spiritual and organisational) and to translate their capability (knowledge, skills, and understanding) into action (to make things happen and achieve a life they value).<sup>xvi</sup> The community functioning component of the AHMAC *Aboriginal and Torres Strait Islander health performance framework 2017* (HPF) report provides a measure of individual and community factors across six domains: connectedness to country, land, and history; culture and identity; resilience; leadership; having a role, structure and routine; feeling safe; and vitality. Higher levels of community function are reported in remote and very remote areas (compared with major cities, inner and outer regional areas) for many variables across these domains.<sup>xvi</sup>

### ***Psychological distress***

About three in 10 (30.8 per cent) Aboriginal and Torres Strait Islander peoples aged 18 years and older report high or very high levels of psychological distress. This is 2.3 times more than non-Indigenous Australians.<sup>xvii</sup> Almost half (48 per cent) of Aboriginal and Torres Strait Islander adults have experienced removal from their natural family or have had relatives removed. High or very high levels of psychological distress are significantly more common for these individuals.<sup>xviii</sup> In 2015-2019, the suicide rate among Aboriginal and Torres Strait Islander peoples was 2.0 times the rate of non-Indigenous Australians.<sup>xix</sup>

### ***Access to mental health and AOD services***

Identification of Aboriginal and Torres Strait Islander peoples in data related health service access is problematic, so the following is likely to be an underrepresentation. However, data indicates that mental health-related help-seeking behaviour for Aboriginal and Torres Strait Islander peoples is higher for GP services (1.2 times that of non-Indigenous people), for hospital admissions with specialised psychiatric care (twice that of non-Indigenous people), and for community-based mental health services (four-times that of non-Indigenous people). Aboriginal and Torres Strait Islander peoples accessed publicly-funded AOD services at seven-times the non-Indigenous rate (3140 per 100,000 and 457 per 100,000 respectively).<sup>xvi</sup>

### ***Burden of disease and mortality***

Thirty-nine per cent of the gap between the health outcomes of Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians can be explained by social determinants.<sup>xi</sup> Alcohol, tobacco, and illicit substance misuse are the cause of, or contribute to, the health and social gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous people.<sup>xx</sup> It is associated with family and community breakdown, violence, crime and incarceration, loss or diversion of income, poor mental health and wellbeing, hospitalisations, premature death, and suicide.<sup>xx,xxv</sup>

### ***Other measures aligned with Aboriginal and Torres Strait Islander concepts of SEWB***

Holistic measures of SEWB for First Nation groups indicated in literature include relationships with country/spirituality/rituals<sup>xxi</sup>; identity and identity representation/racism<sup>xxii,xxiii</sup>; heritage language<sup>xxii</sup>; agency/self-determination/empowerment/fate control<sup>xxiv</sup>; and cultural continuity.<sup>xxii,xxiv</sup>

## **Promoting SEWB and cultural strengths**

There are important differences in the way SEWB, mental health and mental health disorders, including AOD-related disorders, are understood within different Aboriginal and Torres Strait Islander communities across Australia. Historical and contemporary oppression and repression has direct relevance to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and are implicated in higher rates of harmful substance use.<sup>xxv</sup> Factors that protect the wellbeing of Aboriginal and Torres Strait Islander peoples and are a source of potential strength and resilience include connection to land, culture, spirituality and ancestry; kinship; self-determination, community governance and cultural continuity.<sup>x</sup> Culture is critically important in the delivery of services, and is a source of strength, resilience, happiness, identity and confidence for Aboriginal and Torres Strait Islander peoples.

Several reports have indicated that cultural elements and promotion of SEWB are crucial in facilitating the successful implementation of AOD intervention strategies for Aboriginal and Torres Strait Islander peoples.<sup>xx</sup> For example, using a SEWB framework the National Empowerment Project (NEP) developed strategies to address community identified risk and protective factors that influence SEWB. The NEP demonstrated that promotion of SEWB and connecting to country and culture strengthened cultural identity and sense of belonging and increased feelings of family and community unity.<sup>xxvi</sup> Aboriginal and Torres Strait Islander Community Controlled Health Organisations are uniquely placed to understand the SEWB of their local communities and should be supported and empowered to develop tailored solutions. The benefit of locally designed and delivered initiatives is that they are tailored to community need and cultural context and are owned and supported by community.

*“When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.”<sup>xxvii</sup>*

## Terminology

- AOD: Alcohol and Other Drugs
- NACCHO: National Aboriginal Community Controlled Health Organisation
- NAHS: National Aboriginal Health Strategy
- NEP: National Empowerment Project
- SEWB: Social and Emotional Wellbeing

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