

Aboriginal and Torres Strait Islander refers to persons of Aboriginal and/or Torres Strait Islander descent, who identify as Aboriginal and/or Torres Strait Islander and are accepted as such by the community in which they live.

There are three key factors to be mindful of when exploring concepts of Aboriginal and Torres Strait Islander wellbeing: the wide-ranging impact of European colonisation; the influence of geographical and cultural dimensions on individuals and communities; and the barriers, historical and current, to obtaining a comprehensive picture of Aboriginal and Torres Strait Islander health and wellbeing.

This document broadly discusses the historical and contextual factors that impact upon Aboriginal and Torres Strait Islander communities in regard to social and emotional wellbeing, mental health problems, illness and treatment. It also outlines considerations for educators, with a focus on the perspective of pre-service and early career teachers.

Historical Background

Any consideration of Aboriginal and Torres Strait Islander mental health must be set within the framework of Australian history. Estimates of the population of Australia prior to European colonisation vary but there may have been over one million Aboriginal and Torres Strait Islander inhabitants.

There were many different Aboriginal and Torres Strait Islander groups and hundreds of languages. However, the population declined rapidly after colonisation and by the 1920s there were only around 60,000 Aboriginal and Torres Strait Islander people. European colonisation had wide reaching effects:

- Aboriginal and Torres Strait Islander people were forced off their traditional lands, away from their active hunter-gatherer lifestyle.
- Some Aboriginal and Torres Strait Islander groups resisted the seizure of their lands, resulting in violence.
- Many Aboriginal and Torres Strait Islander people died from infectious diseases brought into the country by Europeans.
- Many Aboriginal and Torres Strait Islander people were moved to missions or reserves, where they were forbidden to speak their own language or maintain their cultural practices.
- Laws were enacted, limiting the rights of Aboriginal and Torres Strait Islander people, segregating them from other Australians and giving them little or no self-determination.
- Aboriginal and Torres Strait Islander children were forcibly removed from their families and communities, to be raised in institutions or by foster families of European background.
- Many Aboriginal and Torres Strait Islander people suffered physical or sexual abuse in institutions, or lived in servitude or poverty as labourers and domestic workers.
- Many lost their language and cultural identity as they were expected to adopt European dress, language, religion, lifestyle and cultural values.
- Many were prevented from having any contact with their Aboriginal and Torres Strait Islander family, even by letter - some later tried to reunite with their families, with mixed results.

The practice of removing Aboriginal and Torres Strait Islander children from their families existed from the earliest days of British settlement and reached its peak between 1910 and 1970. A national inquiry has since found that the practice was undertaken deliberately and

systematically, with the aim of assimilating children into non- Aboriginal and Torres Strait Islander families so that their unique cultures and identities would be lost.

While the reason given for removal was often the children's wellbeing, evidence suggests that their outcomes were frequently less positive than those who remained with their Aboriginal and Torres Strait Islander families. Further information about the findings of the inquiry can be found at:

http://www.hreoc.gov.au/social_justice/bth_report/index.html

European colonisation, family disruption, cultural displacement and discrimination contributed to a high incidence of poverty, unemployment, homelessness and poor health in Australia's Aboriginal and Torres Strait Islander communities. Many Aboriginal and Torres Strait Islander people today continue to experience discrimination and social disadvantage.

Indigenous Australia Today

At the 2001 Census, there were an estimated 458,000 Aboriginal and Torres Strait Islander people living in Australia, comprising 2.4% of the total Australian population. It is estimated that the Aboriginal and Torres Strait Islander population will grow to more than 550,000 people by 2011 (Hunter, 2003).

In 2001, over half of the Aboriginal and Torres Strait Islander population resided in just two states: New South Wales and Queensland. The Northern Territory had the highest proportion of Aboriginal and Torres Strait Islander people, as a percentage of its total population, at 29%. The majority of Aboriginal and Torres Strait Islander people (69%) lived outside the major urban centres, with one in four Aboriginal or Torres Strait Islanders living in remote areas. 80% of Aboriginal and Torres Strait Islander people speak only English at home while 12% report speaking an Aboriginal or Torres Strait Islander language at home (HREOC, 2004).

Many Aboriginal and Torres Strait Islanders live in situations of socio-economic disadvantage, including homelessness, poverty or unemployment. Such settings are associated with higher levels of poor nutrition, excessive alcohol consumption, smoking and lack of physical activity (Thomson et al., 2004). These factors contribute significantly to the incidence and severity of physical and mental illnesses in individuals and the community.

Measures of Health in Indigenous Communities

Aboriginal and Torres Strait Islanders have traditionally viewed health as including not only the physical health of the individual, but also the social, emotional and spiritual wellbeing of the whole community. Traditional Aboriginal and Torres Strait Islander culture also features a strong bond with the land and a personal connection to the lands of one's own people. This plays an important part in the Aboriginal and Torres Strait Islander sense of identity and the mental health of Aboriginal and Torres Strait Islanders.

Many Aboriginal and Torres Strait Islander communities prefer the term *social and emotional wellbeing* to *mental health*, as it reflects a more positive and holistic approach to health (Australian Health Ministers, 2003).

When analysing the incidence of health problems among Aboriginal and Torres Strait Islanders, statistics about hospital admissions or attendance at health services are the major sources of

information. A decision to attend a health care facility is influenced by cultural factors and by perceptions about health and medical services. Factors characterised by others as symptoms of ill health – pain or discomfort, negative feelings, delusions or hallucinations – could be experienced by some Aboriginal and Torres Strait Islander people as a personal or spiritual issue, or the result of a cultural transgression.

An Aboriginal and Torres Strait Islander person may feel it is not helpful or appropriate to discuss certain issues with a health worker, particularly where there are cultural or gender differences. Some Aboriginal and Torres Strait Islander people only attend a hospital or health service when ill health has become severe, or may have limited access to facilities in their local area. There are likely to be many people who are cared for in the community or who have illnesses which are undiagnosed.

Furthermore, there has often been inadequate information about whether people attending health services identify as Aboriginal or Torres Strait Islander – although many health services nationally are taking steps to remedy this and collect more comprehensive statistics. Such issues should be kept in mind when considering measures of health in Aboriginal and Torres Strait Islander communities.

The estimated life expectancy of Aboriginal and Torres Strait Islander people is 20 years lower for males and 19 years lower for females, as compared with non-Aboriginal and Torres Strait Islanders (Australian Health Ministers, 2004). Aboriginal and Torres Strait Islander people have higher mortality rates across all age groups, particularly in the age range 35 to 54, where rates are 5 to 6 times higher than for the population as a whole. For the period 1999 to 2003, the infant mortality rate for Aboriginal and Torres Strait Islander babies was three times higher than non-Aboriginal and Torres Strait Islander infants.

Aboriginal and Torres Strait Islander people are less likely than non-Aboriginal and Torres Strait Islander people to drink alcohol, but those who do drink are more likely to consume it at hazardous levels (ABS & AIHW, 2003). The 2001 National Health Survey found that in the week before the survey, over 29% of adult Aboriginal and Torres Strait Islander drinkers were in the risky or high-risk category for alcohol consumption, compared with 17% of non-Aboriginal and Torres Strait Islander drinkers.

Many Australians, including Aboriginal and Torres Strait Islander people, are at risk of ill health through the use of drugs such as marijuana, heroin, amphetamines and inhalants (eg petrol or glue). The 2001 National Drug Strategy Household Survey found that 57% of Aboriginal and Torres Strait Islander respondents in urban areas reported having tried at least one illicit drug, compared with 37% of the urban population as a whole. It was also noted that 32% of Aboriginal and Torres Strait Islander respondents were currently using an illicit drug, compared with 17% of the general population (AIHW, 2002).

There are no reliable national data on petrol sniffing, but case studies indicate it is a significant concern in some Aboriginal and Torres Strait Islander communities, particularly among young people. It can cause confusion, aggression, lack of co-ordination, hallucinations, respiratory problems and chronic disability (d'Abbs & MacLean, 2000).

Substance use can impact significantly upon the risk of mental health problems and illness. In 2003-4, Aboriginal and Torres Strait Islanders were more likely than other Australians to be hospitalised for psychological and behavioural disorders and/or self-harming behaviour.

These statistics may be influenced by the fact that Aboriginal and Torres Strait Islanders are more likely to engage with mental health services at the point where illness has become more severe, partly because of geographic and cultural factors. Some Aboriginal and Torres Strait Islander people have limited access to specialist mental health services (eg in rural and remote locations) and little opportunity to engage in prevention or early intervention programs. As a result, early symptoms of mental health problems or illness may be undiagnosed or untreated.

Aboriginal and Torres Strait Islanders may also experience difficulty in accessing culturally appropriate treatment options (Westerman, 2004). Some Aboriginal and Torres Strait Islanders prefer traditional treatments rather than non-Aboriginal and Torres Strait Islander services and would access Western services only when traditional avenues have been exhausted (Vicary & Bishop, 2005). There is also fear in some communities that treatment in a mental health service may result in unwanted outcomes such as involuntary hospitalisation and medication (Vicary & Bishop, 2005).

Suicide in Indigenous Populations

Suicide and self-harm are often associated with mental health problems and with the use of alcohol or other substances, which may increase the risk of impulsive acts. A high rate of intentional injuries in any community, by violence or self-harm, can be an indicator of mental health problems and community distress. The rate of hospitalisation due to intentional injury is significantly higher among Indigenous males and females, than among the Australian population as a whole.

It is difficult to know the extent of suicide in Aboriginal and Torres Strait Islander communities, due in part to the limitations of official methods of collecting data about Aboriginal and Torres Strait Islanders health and social issues, as well as difficulties in accurately estimating the size of the Aboriginal and Torres Strait Islander population in each community or age group. Table One compares the proportion of deaths due to suicide between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people in selected states and territories.

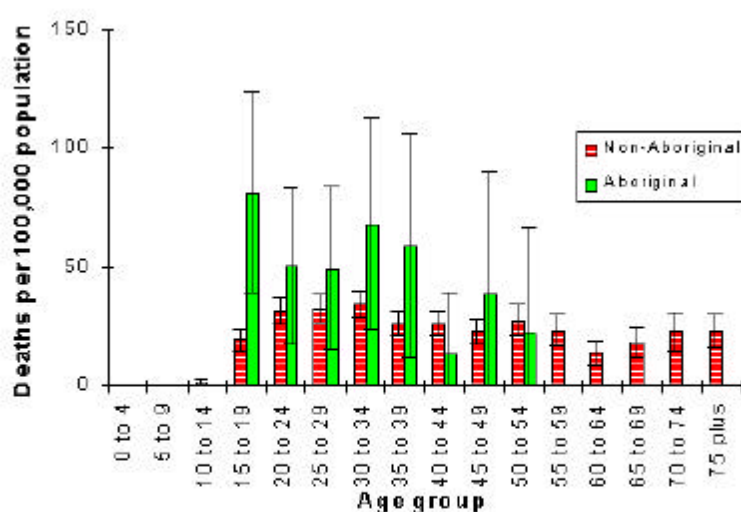
Table 1: Comparison of Indigenous and non-Indigenous Deaths from Suicide and Proportion of Total Deaths, for selected States, 2003

State	Origin	Proportion of total deaths %
NSW	Indigenous	3.1
	Non-Indigenous	1.3
QLD	Indigenous	4.6
	Non-Indigenous	1.9
SA	Indigenous	6.6
	Non-Indigenous	1.4
WA	Indigenous	1.5
	Non-Indigenous	2.0
NT	Indigenous	4.8
	Non-Indigenous	5.3

ABS, 2005, Causes of Death, Australia, 2003. ABS Cat No. 3303.0. Canberra.

The suicide rate of Aboriginal and Torres Strait Islander males remains higher than that for non-Aboriginal and Torres Strait Islander males until the age of 50 years. Although the suicide rate among older Aboriginal and Torres Strait Islanders is low, it is not possible to draw conclusions from this, because a smaller number of Aboriginal and Torres Strait Islander people live to advanced ages.

Suicide is more concentrated in the early adult years for Aboriginal and Torres Strait Islanders than for non-Aboriginal and Torres Strait Islander Australians. Data from Western Australia, South Australia and the Northern Territory (1997-2001) reveal that in the 15-24 age group, Aboriginal and Torres Strait Islander male suicide rates were 3.4 times that for non-Aboriginal and Torres Strait Islander males and Aboriginal and Torres Strait Islander female suicide rates were 6.1 that for non-Aboriginal and Torres Strait Islander females (Thomson *et al*, 2004).



Source: J Harrison and J Moller *et al* (1997). Youth suicide and self injury Australia. *Injury Prevention Bulletin* 15 (Suppl): 1-8.

Incarceration and Deaths in Custody

Some Aboriginal and Torres Strait Islander people have frequent contact with the criminal justice system and incarceration can be a risk factor for mental illness and self harm (HREOC, 1993). The Royal Commission into Aboriginal Deaths in Custody investigated deaths of Aboriginal and Torres Strait Islander persons in custody that occurred between January 1980 and May 1989. The Commission found that the custodial system and prison officers, while not necessarily engaging in deliberate violence or brutality, had failed in some cases to provide an appropriate standard of care. Failings in the system had contributed to some deaths, while inadequate investigation and explanation had created concern in the community. More detail on the findings of the Royal Commission is available at: <http://www.austlii.edu.au/au/other/IndigLRes/rciadic>

A national program was subsequently established to monitor deaths in custody. This program reports death rates and causes of death, among both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander persons. Data from the Annual Report of the National Deaths in Custody Program (2003) showed that:

- For Aboriginal and Torres Strait Islander people in custody, the most common manner of death was natural causes (7 out of 17 deaths), followed by self-inflicted injuries (6 out of 17 deaths).
- For non-Aboriginal and Torres Strait Islander deaths, the most common cause of death was self-inflicted injuries (23 out of 49 deaths), followed by natural causes (14 out of 49 deaths).
- For Aboriginal and Torres Strait Islander persons, the age group with the highest death rate was persons less than 25 years (8 out of 17 deaths).
- For non- Aboriginal and Torres Strait Islander persons, the most common age group in which death occurred was 25 to 39 years (22 out of 51 deaths).
- When looking at the population of people in custody, there is about the same rate of deaths for Aboriginal and Torres Strait Islander and non- Aboriginal and Torres Strait Islander people, as shown in the graph below. However, when one considers the general Australian population, there is a far higher rate of Aboriginal and Torres Strait Islander deaths in custody compared to non-Aboriginal and Torres Strait Islander deaths, due to the increased contact between the Aboriginal and Torres Strait Islander population and the judicial system. Aboriginal and Torres Strait Islander people are 17.3 times more likely to be arrested than non- Aboriginal and Torres Strait Islander people.

Trends in prison custody deaths, 1982-2003^(a)

Note: Prison census data not available prior to 1982

^(a) Rate per 1,000 prisoners

ABS, 2004. Prisoners in Australia 2003, ABS Cat No. 4517.0. Canberra.

Social and Emotional Wellbeing of Indigenous Youth

A 2005 study in Western Australia (Zubrick *et al.*, 2005) investigated the social and emotional wellbeing of Aboriginal and Torres Strait Islander children aged 4 to 17 years. The report highlights the impact of social factors such as racism, self-esteem and family violence on the risk of emotional or behavioural difficulties and suicidal behaviour.

- 24% of Aboriginal and Torres Strait Islander children were at high risk of emotional or behavioural difficulties, compared with 15% of non- Aboriginal and Torres Strait Islander children. Aboriginal and Torres Strait Islander males were twice as likely as females to be at high risk.
- 19% of young Aboriginal and Torres Strait Islander people aged 12-17 who had been subject to racism in the past 6 months were at high risk of emotional or behavioural difficulties – more than twice the proportion of those who had not experienced racism.

- 16% of young people had seriously thought about ending their life in the 12 months prior to the survey - 12% of males compared with 20% of females.
- Of the young people who had seriously thought about ending their own life in the 12 months before the survey, 39% had attempted suicide in that time.
- 37% of young people at high risk of emotional or behavioural difficulties had seriously thought about ending their own life, compared with 11% of young people at low risk.
- 22% of young people who had been exposed to family violence had seriously thought about ending their own life, compared with 9% of young people who had not been exposed to family violence.
- 35% of young people who knew someone who had recently attempted suicide had themselves seriously thought about suicide, compared with 11% of young people without acquaintances who had recently attempted suicide.

Growing up in areas where adherence to traditional culture and ways of life is strongest may be protective against emotional and behavioural difficulties in Aboriginal and Torres Strait Islander children. These children were one-fifth as likely to be at high risk of emotional or behavioural difficulties compared with children in metropolitan areas.

Living in high occupancy households may also be protective as these children were half as likely to be at high risk of emotional or behavioural problems, compared to children living in low occupancy households.

Factors that impact negatively on the social and emotional wellbeing of Aboriginal and Torres Strait Islander youth include living in families that have experienced more negative life events (eg illness, family break-up) and unpredictable environments (eg high levels of residential mobility).

Associations also exist between the social and emotional wellbeing of Aboriginal and Torres Strait Islander carers and their children. Children were 2 to 4 times more likely to be at high risk of emotional or behavioural difficulties if they: lived in dysfunctional families with poor parenting practices, were in the care of a sole parent or who were cared for by a person other than a parent. Children in the care of a person with a long-term medical condition or a carer who had used a mental health service were more likely to be at high risk of emotional or behavioural difficulties.

The report also found that past practices of forcibly removing Aboriginal and Torres Strait Islander people from their families continue to impact upon young people today. Twelve percent of Aboriginal and Torres Strait Islander children aged 4-17 were being cared for by someone who had been removed from their natural family. Children of these carers were more likely to be at high risk of emotional or behavioural difficulties and had levels of alcohol and drug use that were approximately twice as high as children whose Aboriginal and Torres Strait Islander primary carer had not been forcibly removed.

For Schools and Teachers

Schools and teachers need to be sensitive to the social and emotional issues faced by Aboriginal and Torres Strait Islander students, their families and their community. Offering appropriate support for Aboriginal and Torres Strait Islander people may be harder if a school has only a few Aboriginal or Torres Strait Islander students. In this situation, it may help to offer

to link these students with Aboriginal and Torres Strait Islander students from other schools in the region.

Aboriginal and Torres Strait Islander students may have lower rates of attendance and retention, for many reasons. Some find it difficult to see a connection between the curriculum and their life and opportunities beyond school. Peers and community members may not value school-based learning and so may not encourage a focus on study. It is helpful to create an ongoing relationship with the broader Aboriginal and Torres Strait Islander community and to provide curriculum options that will appeal to students with a wide variety of backgrounds and educational ambitions.

Look for learning opportunities which can be held within the community, such as an excursion where students can leave the school setting and learn about local culture. Some people may find 'hands-on' learning styles and subjects more engaging and schools should consider providing different pathways to learning, including VET options.

While teachers should be careful not to stereotype Aboriginal and Torres Strait Islander people, some Aboriginal and Torres Strait Islander students may have lower literacy levels. Try to teach and support literacy in such a way that learning as an adolescent is not a source for shame. Look for ways that students can show what they have learned in a manner that is not based on literacy – for example, invite family members to the school and have students teach them about something they have learned. This could be a way of engaging the community as well as having students demonstrate their knowledge and skills.

Some young Aboriginal and Torres Strait Islander people can be shy in a classroom or may be concerned about getting things wrong in front of others. It might be helpful to teach in a style that allows them to refine skills before showing them to their peers. Students could have a practice book and a workbook for final work, which they can share with others. Remember that while a young person may be shy or may have difficulties with literacy, they are not necessarily uninterested or unable to learn.

Without stereotyping Aboriginal and Torres Strait Islander communities, recognise that some young Aboriginal and Torres Strait Islander people may be affected by difficulties at home or in the community - substance use or violence, economic disadvantage, difficult living conditions, family breakdown or fluidity, disability or ill-health, bereavement. It is important for schools and teachers to be aware of these issues, particularly when there are difficulties with absenteeism and behaviour management.

The resilience of young Aboriginal and Torres Strait Islander people can be enhanced by emphasising their connection to their people's history and culture and celebrating the achievements of Aboriginal and Torres Strait Islander people. In discussions of Australian history, ensure that the long tenure and diverse culture of Aboriginal and Torres Strait Islander people prior to colonisation is included, as well as frankly examining the impact of European settlement.

Explore both traditional and contemporary elements of culture and art. This may also help to encourage tolerance and appreciation of Aboriginal and Torres Strait Islander people and issues among other students.

Bullying on the basis of racism can be a particular problem in schools. Personal racism may be revealed in terms of verbal or physical abuse. An Aboriginal and Torres Strait Islander person may feel uncertain about reporting this to teachers due to concerns that the situation will become worse. Racism can also occur within organisations such as workplace or a school, in terms of exclusion, patronising attitudes, or lower expectations. Ensure that your school has clear policies about inclusion, bullying and harassment and other issues – and that these are consistently enforced.

While appreciating the issues that affect Aboriginal and Torres Strait Islander communities, it is important not to consciously or unconsciously assume that an Aboriginal and Torres Strait Islander person will not do well at school. Many young people are sensitive to adults' views and will pick up on teachers' expectations for their success (or failure). With all students, expecting and praising success is an important part of promoting resilience. Find constructive and supportive ways to provide feedback when there is room for improvement.

Be aware that Aboriginal and Torres Strait Islander people from different cultural groups may have beliefs and values, or styles of communication that are different from non-Aboriginal and Torres Strait Islander people. There may be traditions or taboos about certain issues. For example, some Aboriginal and Torres Strait Islander people avoid speaking the name of a person who has recently died. For others, eye contact during conversation may be a sign of disrespect.

A good approach for a non-Aboriginal and Torres Strait Islander person working with Aboriginal and Torres Strait Islander people is to have genuine respect for their culture and history. Discuss ideas with those who are experienced in working with Aboriginal or Torres Strait Islander people. When you go to a new school, talk to staff, students and community members about how best to meet the needs of Aboriginal and Torres Strait Islander students. Many schools also have access to an Aboriginal and Torres Strait Islander liaison officer or staff member, who can be helpful in guiding your interaction with Aboriginal and Torres Strait Islander people in your area.

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