

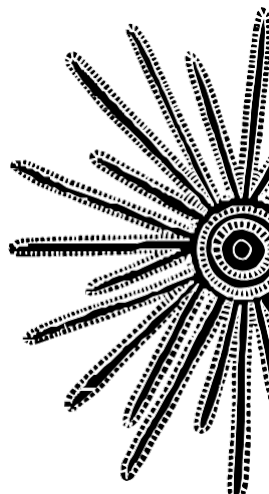


# Research Summary: Aboriginal and Torres Strait Islander mental health and wellbeing around the Voice to Parliament Referendum

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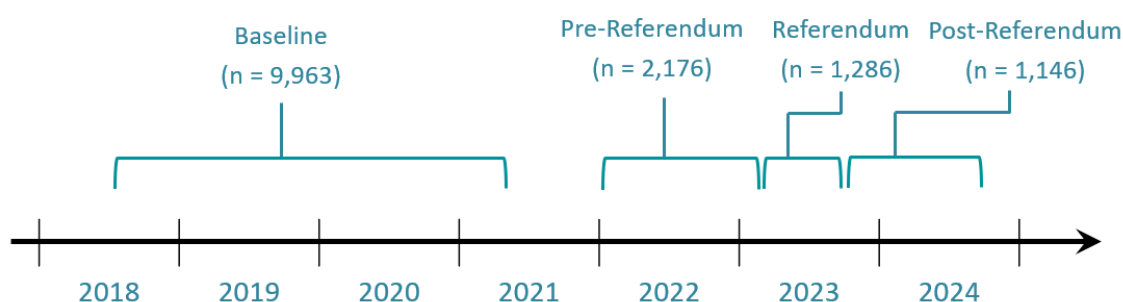
# Content Warning

This Research Summary contains information about discrimination, racism, and mental health, which may be upsetting or distressing to read about. If you need to talk to someone, call [13YARN](tel:139276) (13 92 76) to speak to an Aboriginal or Torres Strait Islander Crisis Support worker, or Lifeline on 13 11 14. Self-care resources and links to support services can be found here: <https://yardhurawalani.com.au/information/>.

## Introduction

This Research Summary presents findings from a project that aims to (1) identify health and wellbeing concerns and services required to support the Aboriginal and Torres Strait Islander population in relation to the Voice to Parliament Referendum, and (2) monitor levels of mental health and wellbeing over this period. For project details and the full report on which this summary is based, see <https://yardhurawalani.com.au/mental-health-and-wellbeing-around-the-voice-to-parliament-referendum/>.

This Research Summary compares levels of health and wellbeing before public discussion around the Voice Referendum was prominent ('Baseline': 2018–2021, and 'Pre-Referendum period': the year immediately prior to the Referendum period) to the period of the Referendum campaign up until the vote ('Referendum period': February 2023–14 October 2023), and to the first twelve months following the Referendum vote ('Post-Referendum period': 15 October 2023–14 October 2024); see Figure 1. A future report will expand the Post-Referendum analysis to cover a longer time window (e.g. 18 months) and include additional participants.



**Figure 1. Study periods and participant numbers for this analysis**

Data used in this analysis are from *Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander Wellbeing*. To estimate the prevalence of outcomes in the total population of Aboriginal and Torres Strait Islander adults (aged 18 years and over), weighting was applied to the Mayi Kuwayu Study data using benchmark data from the 2021 Census (age, gender/sex, and remoteness). All changes reported are statistically significant ( $p$ -value < 0.05).

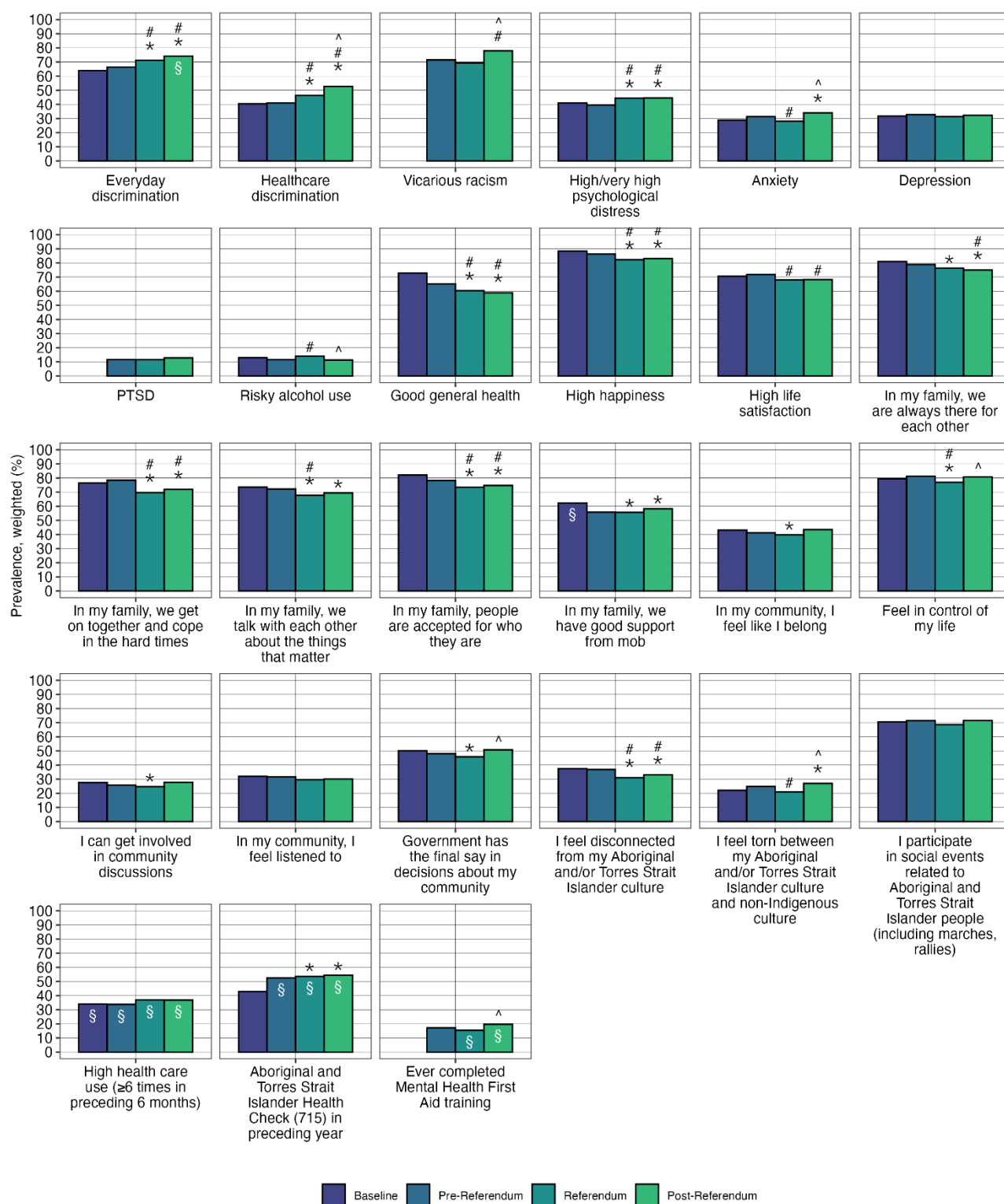
## Summary of findings

Many aspects of health and wellbeing worsened during the Referendum period. The current findings indicate that in the 12 months following the Referendum (the Post-Referendum period), some outcomes have continued to worsen after the Referendum period, some have remained worse compared to Baseline levels, and some have improved after the Referendum period.

Key elements of Aboriginal and Torres Strait Islander wellbeing remain strong, including high happiness, high life satisfaction, and feelings of life control, despite the high—and escalating—burdens of discrimination and racism. However, we observe significant and substantial declines in other key aspects of wellbeing, with critically high estimated prevalences of doctor-diagnosed anxiety (34%) and high/very high psychological distress (45%) in the Post-Referendum period, and only 59% of the population experiencing good general health.

Figure 1 summarises the changes in health and wellbeing measures observed over the four study periods.





**Figure 1. Weighted prevalence estimates for wellbeing outcomes over the four study periods**

\* significant change compared to Baseline.

# significant change compared to Pre-Referendum period.

^ significant change compared to Referendum period.

The following outcome variables were not available in Wave 1: vicarious racism, post-traumatic stress disorder (PTSD), and mental health first aid training; accordingly, no comparisons are made to the Baseline period.

\$ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.

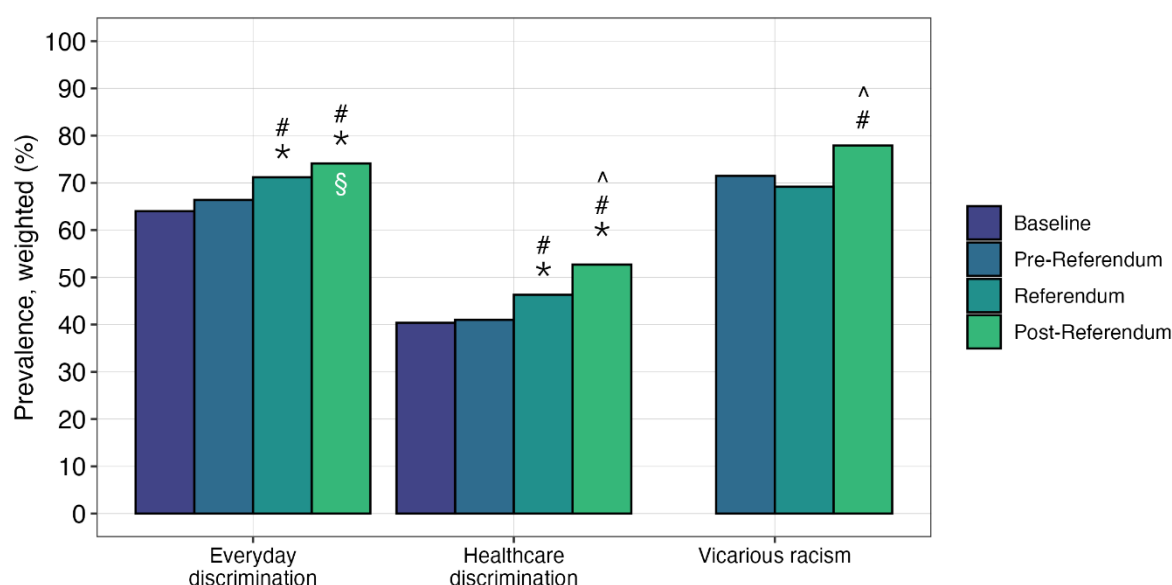


## Discrimination and racism

**Discrimination remains widespread and elevated compared to Baseline levels, and experiences of healthcare discrimination and vicarious racism have increased since the Referendum (Figure 2).** In the Post-Referendum period, nearly three-quarters (74.1%) of Aboriginal and Torres Strait Islander adults had experienced everyday discrimination. This is an increase of about 10 percentage points from the Baseline period, representing an estimated 50,000 additional adults experiencing everyday discrimination.

In the Post-Referendum period, over half (52.7%) of Aboriginal and Torres Strait Islander adults experienced discrimination in healthcare settings. This is an increase of about 6 percentage points from the Referendum period (46.3%). It is an increase of about 12 percentage points from Baseline (40.4%), representing an estimated 61,000 additional adults experiencing healthcare discrimination.

From Wave 2 onwards, the Mayi Kuwayu Study measures aspects of vicarious racism, including the experience of hearing jokes or insulting comments about Aboriginal and Torres Strait Islander peoples, as well as witnessing unfair treatment of Aboriginal and Torres Strait Islander peoples. Experiencing vicarious racism was pervasive in the Post-Referendum period, with an estimated 77.9% of Aboriginal and Torres Strait Islander adults experiencing vicarious racism. This is an increase from the Pre-Referendum (71.5%) and Referendum periods (69.2%); no data are available at Baseline.



**Figure 2. Weighted prevalence estimates for discrimination and racism variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

The vicarious racism measure was introduced in Wave 2, hence no data are available for Baseline period (which uses Wave 1 data).

§ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.

## Health and Wellbeing

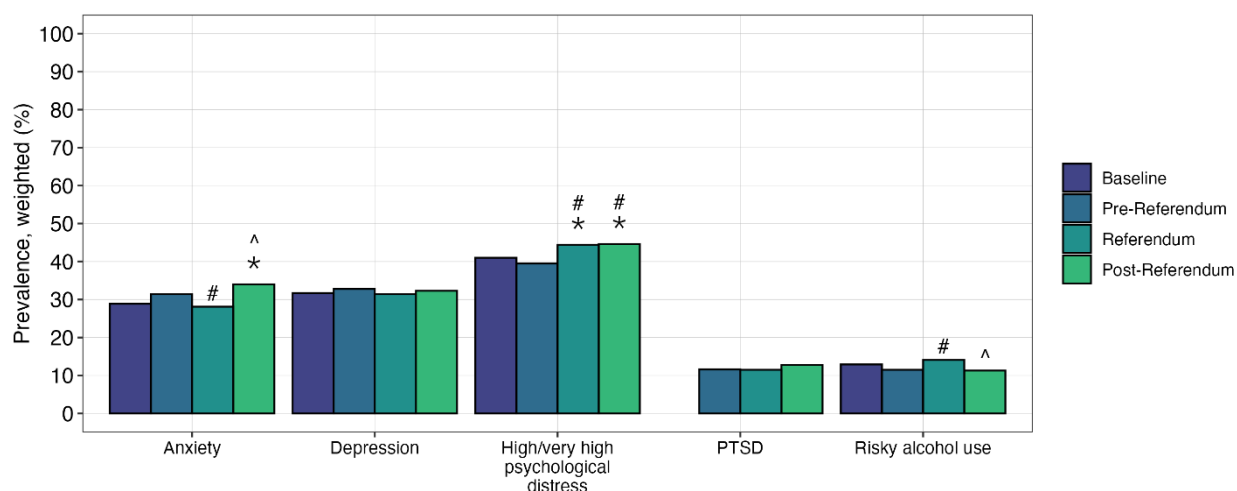
**Psychological distress remains common and elevated compared to Baseline, and anxiety is increasing (Figure 3).** Almost half (44.6%) of Aboriginal and Torres Strait Islander adults had high or very high psychological distress in the Post-Referendum period. This is a significant increase from Baseline (41.0%) and represents an estimated 18,000 additional adults experiencing high or very high psychological distress.

During the Post-Referendum period 34.0% of Aboriginal and Torres Strait Islander adults had a doctor diagnosis of and/or took medication for anxiety, which is an increase of about 5 percentage points from Baseline (28.9%) and 6 percentage points from the Referendum period (28.1%). This represents an estimated 25,000 additional adults with anxiety in the Post-Referendum period compared to Baseline.



Almost one-in-three Aboriginal and Torres Strait Islander adults had a doctor diagnosis of and/or took medication for depression in the Post-Referendum period (32.3%), consistent with prevalence across earlier study periods. The prevalence of post-traumatic stress disorder (PTSD) was 12.8% in the Post-Referendum period, which was similar to the other study periods.

Alcohol consumption is sometimes used as a coping mechanism in response to stress. Risky alcohol use was included as a variable in this analysis because some focus group participants (see Report 1 in this series) mentioned that alcohol may be used as a way to cope with stressors relating to the Referendum. In this study, risky alcohol use was defined as consuming six or more drinks per day on a weekly or more frequent basis. The prevalence of risky alcohol use was 11.3% in the Post-Referendum period, a decrease of about 3 percentage points from the Referendum period (Figure 3).



**Figure 3. Weighted prevalence estimates for selected health and wellbeing variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

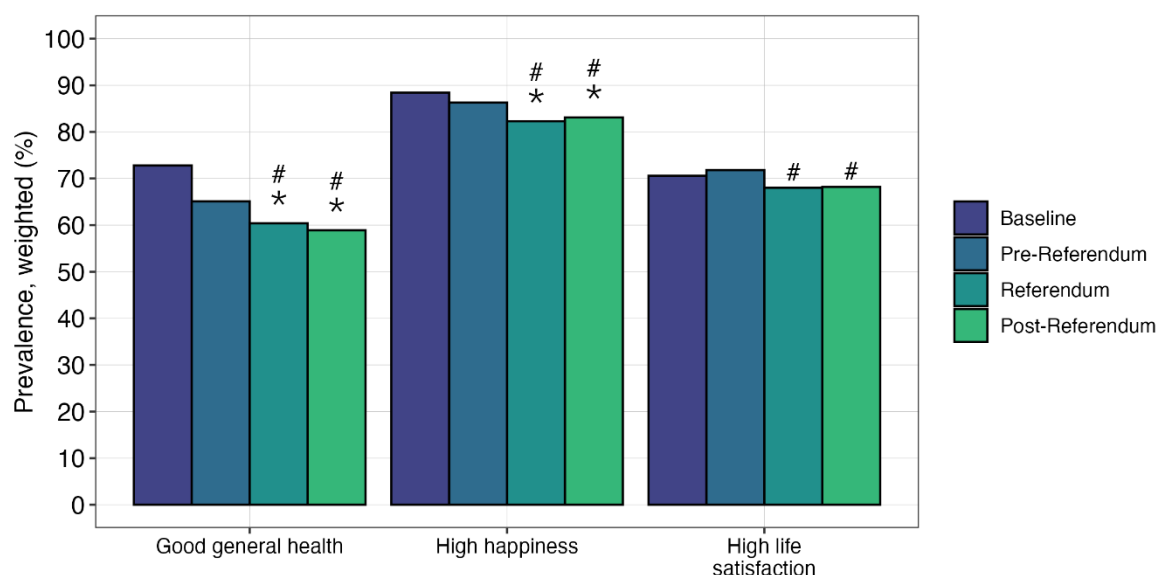
PTSD measure was introduced in Wave 2, hence no data are available for Baseline period (which uses Wave 1 data).

**Levels of general health have substantially dropped since Baseline; levels of happiness are high, but remain lower than at Baseline (Figure 4).** An estimated 58.9% of Aboriginal and Torres Strait Islander adults experienced good general health in the Post-Referendum period, representing a decrease of about 14 percentage points from Baseline. This represents 69,000 fewer Aboriginal and Torres Strait Islander adults having good general health during the Post-Referendum period compared to Baseline.

Similarly, high happiness decreased by about 5 percentage points, to 83.1%, representing an estimated 27,000 fewer adults with high happiness in the Post-Referendum period compared to Baseline.

The prevalence of high life satisfaction in the Post-Referendum period was 68.2%, which was significantly lower than the Pre-Referendum period, and similar to the Baseline and Referendum periods.





**Figure 4. Weighted prevalence estimates for general health and happiness variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

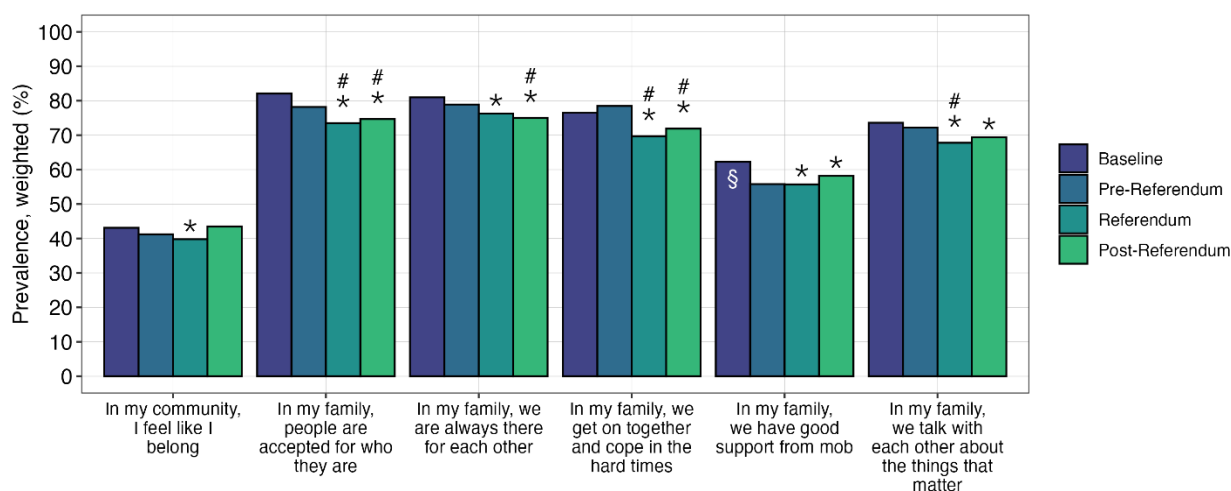
## Family and community support

**Family and community wellbeing is high, but many measures remain lower than at Baseline (Figure 5).**

Across the measures of family and community wellbeing examined, we did not detect any significant differences between the Post-Referendum period and the Referendum period. In the Post-Referendum period, it was significantly less common for families to get on together and cope in hard times, be there for each other or be accepted for who they are compared to the Baseline or Pre-Referendum periods.

In the Post-Referendum period compared to Baseline, there remained a significantly lower prevalence of having good support from mob (58.2% compared to 62.3%) and talking with each other about the things that matter (69.4% compared to 73.6%).

Across study periods, about 40% of Aboriginal and Torres Strait Islander adults felt like they belonged in their community.



**Figure 5. Weighted prevalence estimates for family and community support variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

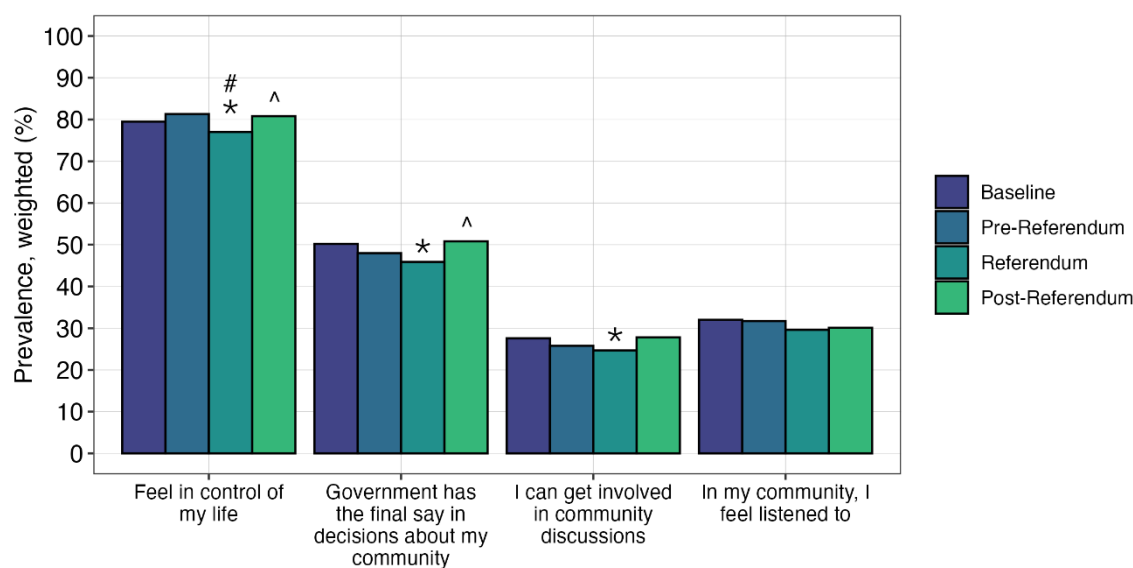
\$ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.



## Self-determination

**Most measures of self-determination are similar to Baseline levels (Figure 6).** In the Post-Referendum period, 80.8% of Aboriginal and Torres Strait Islander adults felt in control of their lives. This was similar to Baseline and the Pre-Referendum period, and significantly higher than the Referendum period.

In the Post-Referendum period, 27.8% of Aboriginal and Torres Strait Islander adults felt they could get involved in community discussions, and 30.1% of adults felt listened to in their community; these levels were similar to earlier periods. During the Post-Referendum period, over half (50.8%) of Aboriginal and Torres Strait Islander adults felt that government had the final say in community decisions, an increase of almost 5 percentage points from the Referendum period low of 45.9%, and similar to Baseline (50.2%).



**Figure 6. Weighted prevalence estimates for self-determination variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

## Cultural connectedness

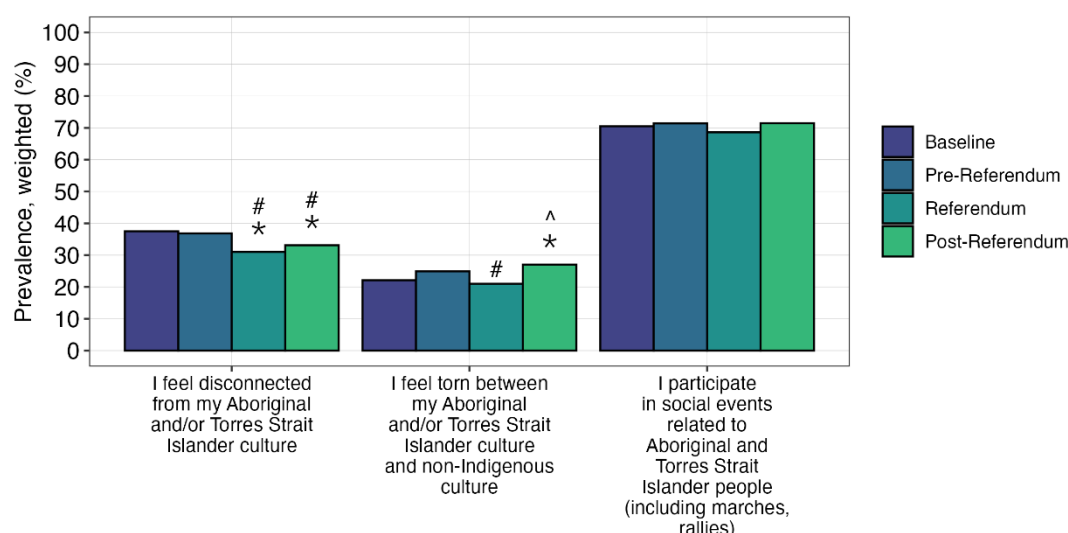
**Feeling torn between cultures is increasing (Figure 7).** Some measures of cultural connectedness had improved during the Referendum period compared to earlier period/s; improvements were maintained for the experience of disconnection from culture, but the experience of feeling torn between cultures has significantly worsened in the Post-Referendum period.

In the Post-Referendum period, the prevalence of feeling disconnected from culture was 33.1%, which was a significant decrease of about 6 percentage points from the Baseline and Pre-Referendum periods, indicating improvements in connectedness to culture. The level in the Post-Referendum period was similar to the level in the Referendum period (31.0%).

In the Post-Referendum period, the percentage of adults who felt torn between their Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture was 27.0%, which was significantly higher than the Referendum period and Baseline. Participation in social events related to Aboriginal and Torres Strait Islander peoples remained high over the four study periods, with more than two-thirds of Aboriginal and Torres Strait Islander adults participating in these events.







**Figure 7. Weighted prevalence estimates for cultural connectedness variables over the four study periods.**

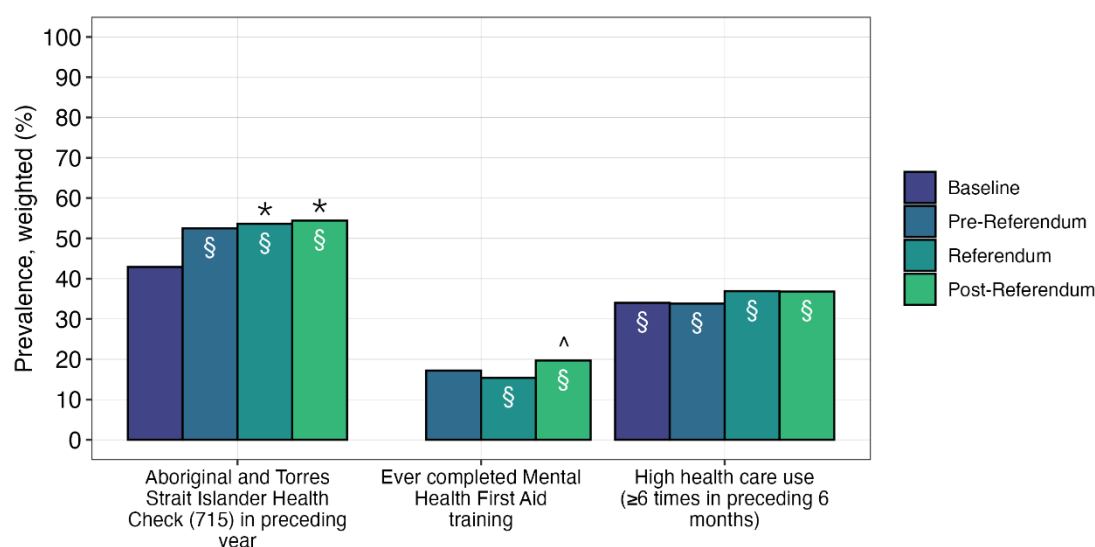
\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

## Health service use

**Comprehensive health checks and high healthcare service use remain common (Figure 8).** An estimated 36.8% of Aboriginal and Torres Strait Islander adults accessed healthcare services monthly or more frequently during the Post-Referendum period, consistent with earlier study periods. During the Post-Referendum period, an estimated 54.4% of adults had recently completed a Health Check. This was a significant increase of almost 12 percentage points compared to Baseline, and was similar to Referendum levels. An estimated 19.7% of Aboriginal and Torres Strait Islander adults had completed Mental Health First Aid training during the Post-Referendum period. This was a significant increase of about 4 percentage points compared to the Referendum period, and similar to Pre-Referendum period; no data were available for this measure at Baseline.



**Figure 9. Weighted prevalence estimates for service use variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

The Mental Health First Aid training measure was introduced in Wave 2, hence no data are available for Baseline period (which uses Wave 1 data).

§ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.





## Concluding remarks

The current report provides insight into wellbeing outcomes in the first twelve months following the Referendum vote. A future report will expand the Post-Referendum analysis to cover a longer time window (e.g. 18 months) and include additional participants.

Previous reports in this series identified significant and substantial threats to wellbeing during the Referendum period, with increases in experiences of discrimination and psychological distress, and decreases in health and wellbeing, family support, and self-determination, compared to earlier periods.

The current analysis identifies that wellbeing has not improved twelve months Post-Referendum, and in some cases, it has worsened. Experiences of discrimination, psychological distress, general health, happiness, and family and community wellbeing remain worse Post-Referendum compared to Baseline. Experiences of healthcare discrimination, vicarious racism and doctor-diagnosed anxiety have continued to increase from levels observed during the Referendum period. We observe that some measures of cultural connectedness have improved Post-Referendum while others have worsened. Any enduringly high levels of wellbeing may be under threat as the impact of the erosion of these key supports is increasingly felt. Although overall wellbeing among Aboriginal and Torres Strait Islander peoples has remained relatively high, the gradual erosion of the key factors that sustain this wellbeing—such as family and community support and cultural connectedness—signals a growing threat to wellbeing. These foundational supports, which have traditionally acted as buffers against the burdens of discrimination and racism, have been weakened, leaving wellbeing at significant risk in the current context.

These quantitative findings are consistent with concerns expressed by Aboriginal and Torres Strait Islander participants in focus groups conducted earlier in this project (Report and summary factsheets available online: <https://yardhurawalani.com.au/mental-health-and-wellbeing-around-the-voice-to-parliament-referendum/>). The results emphasize the need for additional supports to be made available to Aboriginal and Torres Strait Islander peoples beyond the Referendum period. Holistic services to support family and community wellbeing and connection to culture are essential components, in addition to services focused on individual wellbeing.

In addition, there is a critical need for elevated action to eliminate discrimination and racism. Our findings on discrimination and racism align with reports from the national helpline 13YARN, a First Nations crisis support service. Aboriginal and/or Torres Strait Islander people's calls to the helpline increased by 40% during the Referendum campaign; Post-Referendum, over a quarter of calls have been from people experiencing distress caused by racism.

The totality of evidence on the continuing escalation of racism prevalence, combined with known negative impacts on the wellbeing of individuals and communities, supports the notion that racism is a public health crisis in Australia. It is important to acknowledge the pervasiveness of racism and discrimination experienced by Aboriginal and Torres Strait Islander peoples, and to recognise that these experiences have increased since the Referendum campaign began.

Action by non-Indigenous people and organisations to eliminate racism and discrimination is imperative to remove this escalating stressor from the load being carried by Aboriginal and Torres Strait Islander peoples and to ensure access to culturally safe healthcare and high levels of wellbeing.

