

National Centre for
Aboriginal and
Torres Strait Islander
Wellbeing Research

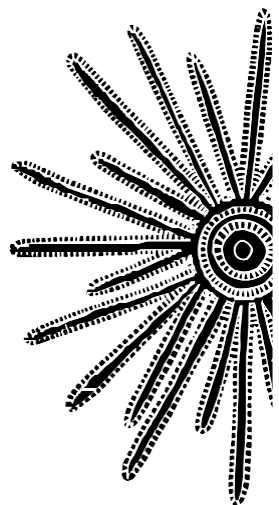


Research Summary: Aboriginal and Torres Strait Islander mental health and wellbeing in the lead up to the Voice to Parliament Referendum

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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 [13 YARN](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://nceph.anu.edu.au/voiceinfo>.

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 see <https://nceph.anu.edu.au/voiceinfo/factsheets>.

This Research Summary compares levels of health and wellbeing during the period of the Referendum campaign up until the vote ('Referendum period': February 2023–14 October 2023) to levels before public discussion around the Voice Referendum was prominent ('Baseline': 2018–2021, and 'Pre-Referendum period': the year immediately prior to the Referendum period); see Figure 1. Further reports are planned that will contain additional data collected during the post-Referendum period.

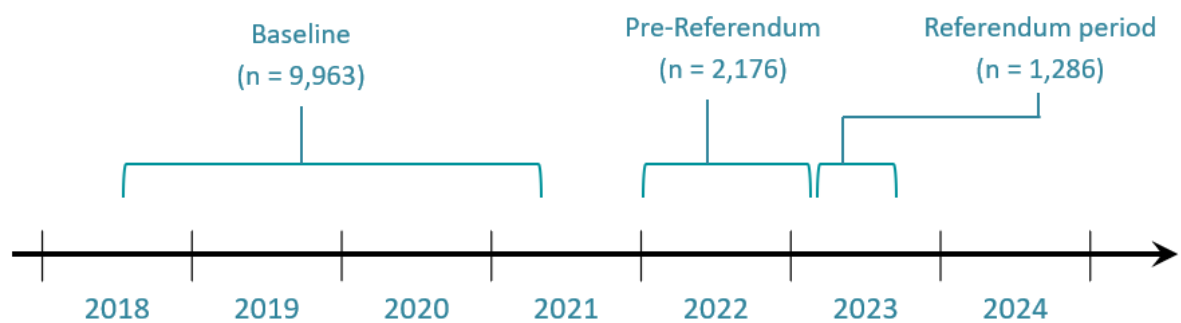


Figure 1: Study periods and participant numbers for this analysis

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 reported changes are statistically significant ($p < 0.05$); changes are reported with respect to the Baseline period unless stated otherwise.

Summary of findings

The analysis shows that exposure to discrimination has increased, and several aspects of health and wellbeing have declined over the Referendum period compared to Baseline. However, many aspects of health and wellbeing remain high for Aboriginal and Torres Strait Islander adults, despite widespread racism and discrimination. High levels of wellbeing are likely to be underpinned by high levels of family and community support and connection to culture, but it is concerning that these supports have been undermined in recent times.

Table 1 summarises the changes in health and wellbeing measures observed between the Referendum period and previous periods, and Figures 2 to 8 show these results graphically.



Table 1. Changes in prevalence of health and wellbeing measures among Aboriginal and Torres Strait Islander adults

Outcome	Weighted %			Change since Baseline (*) and/or Pre-Referendum (#)	
	Baseline	Pre-Referendum	Referendum	Direction of change	Size of change (percentage points)
Discrimination and racism					
Any everyday discrimination	64.0	66.4	71.2	↑*#	7.2*
Any healthcare discrimination	40.4	41.0	46.3	↑*#	5.9*
Any vicarious racism [‡]	--	71.5	69.2	—	—
Health and wellbeing					
High/very high psychological distress	41.0	39.5	44.4	↑*#	4.9#
Anxiety	28.9	31.4	28.1	↓#	3.3#
Depression	31.7	32.8	31.4	—	—
PTSD [‡]	--	11.6	11.5	—	—
High life satisfaction	70.6	71.8	68.0	↓#	3.8#
Good general health	72.8	65.1	60.4	↓*#	12.4*
High happiness	88.4	86.3	82.3	↓*#	6.1*
Risky alcohol use (≥6 drinks/day at weekly or greater frequency)	12.9	11.5	14.1	↑#	2.6#
Family and community support					
In my family, we are always there for each other	81.0	78.9	76.3	↓*	4.7*
In my family, we get on together and cope in the hard times	76.5	78.5	69.7	↓*#	8.8#
In my family, we talk with each other about the things that matter	73.6	72.2	67.8	↓*#	5.8*
In my family, people are accepted for who they are	82.1	78.2	73.5	↓*#	8.6*
In my family, we have good support from mob	62.3	55.8	55.7	↓*	6.6*
In my community, I feel like I belong	43.1	41.2	39.8	↓*	3.3*
Self-determination					
Feel in control of my life	79.5	81.3	77.0	↓*#	4.3#
I can get involved in community discussions	27.6	25.8	24.7	↓*	2.9*
In my community, I feel listened to	32.0	31.7	29.6	—	—
Government has the final say in decisions about my community	50.2	48.0	45.9	↓*	4.3*
Cultural connectedness					
I feel disconnected from my Aboriginal and/or Torres Strait Islander culture	37.5	36.8	31.0	↓*#	6.5#
I feel torn between my Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture	22.1	24.9	21.0	↓#	3.9#
I participate in social events related to Aboriginal and Torres Strait Islander people (including marches, rallies)	70.5	71.4	68.6	—	—
Health service use					
High health care use (≥6 times in preceding 6 months)	34.0	33.8	36.9	—	—
Aboriginal and Torres Strait Islander Health Check (715) in preceding year	42.9	52.5	53.6	↑*	10.7*
Ever completed Mental Health First Aid training [‡]	--	17.2	15.4	—	—

* Significant change compared to Baseline; # significant change compared to Pre-Referendum period. [‡] data not collected in Baseline period.



Discrimination and racism

Discrimination and racism are widespread, and discrimination is increasing in daily life and in healthcare settings (Figure 2). In the Referendum period, nearly three-quarters (71.2%) of Aboriginal and Torres Strait Islander adults had experienced everyday discrimination. This is an increase of around 7 percentage points from the Baseline period, representing an additional 36,000 adults experiencing discrimination.

Discrimination in healthcare settings also increased in the Referendum period compared to Baseline, by about 6 percentage points to 46.3%.

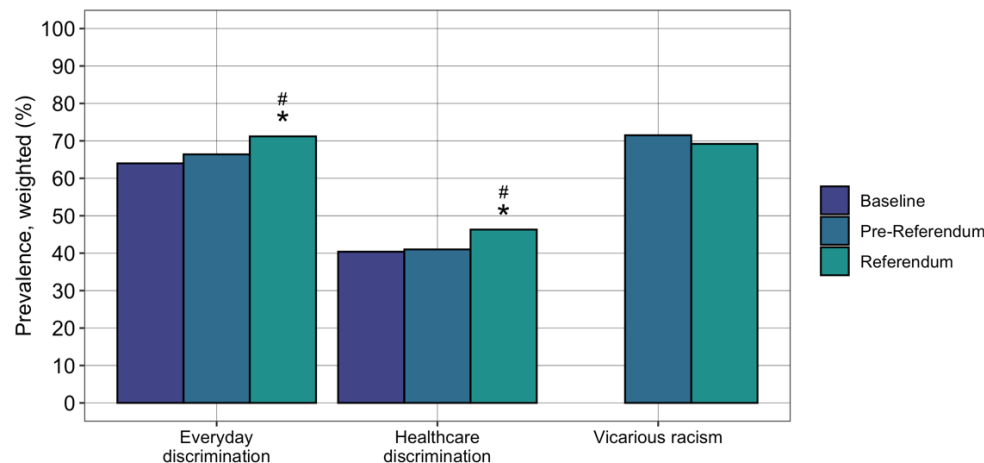


Figure 2. Weighted prevalence estimates for discrimination and racism variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period. Vicarious racism data not available for Baseline period.

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. These questions were introduced in the second wave of the Mayi Kuwayu Study, hence there is no Baseline data for this measure. Experiencing vicarious racism was very common in the Referendum period, with an estimated 69.2% of Aboriginal and Torres Strait Islander adults experiencing vicarious racism. This is comparable to levels of vicarious racism in the Pre-Referendum period (71.5%).

Health and Wellbeing

Psychological distress is common and increasing (Figure 3). Around four-in-ten (44.4%) Aboriginal and Torres Strait Islander adults had high or very high psychological distress in the Referendum period. This represents a significant increase compared with both Baseline (41.0%) and Pre-Referendum (39.5%) periods, with an estimated 17,000 more Aboriginal and Torres Strait Islander adults experiencing high or very high psychological distress in the 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, anxiety or depression across the three study periods. In the Referendum period, an estimated 31.4% of Aboriginal and Torres Strait Islander adults had depression, consistent with the prevalence at Baseline (31.7%). Similarly, 28.1% had anxiety in the Referendum period, which is consistent with the Baseline level (28.9%); however, this represents a decrease of about three percentage points compared with the Pre-Referendum level (31.4%). The prevalence of post-traumatic stress disorder (PTSD) was similar in the Referendum period (11.5%) and the Pre-Referendum period (11.6%). No data were collected on PTSD in the Baseline period.

Risky alcohol use has increased compared to the Pre-Referendum period (Figure 3). 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 14.1% in the Referendum period, which is not statistically significantly different from the Baseline period (12.9%), but was around 3 percentage points higher than in the Pre-Referendum period (11.5%). It is worth noting that the observed increase in risky alcohol use compared to the Pre-Referendum period is concurrent with an increase in everyday discrimination and an increase in high/very high psychological distress over the same comparison period (Referendum compared to Pre-Referendum).

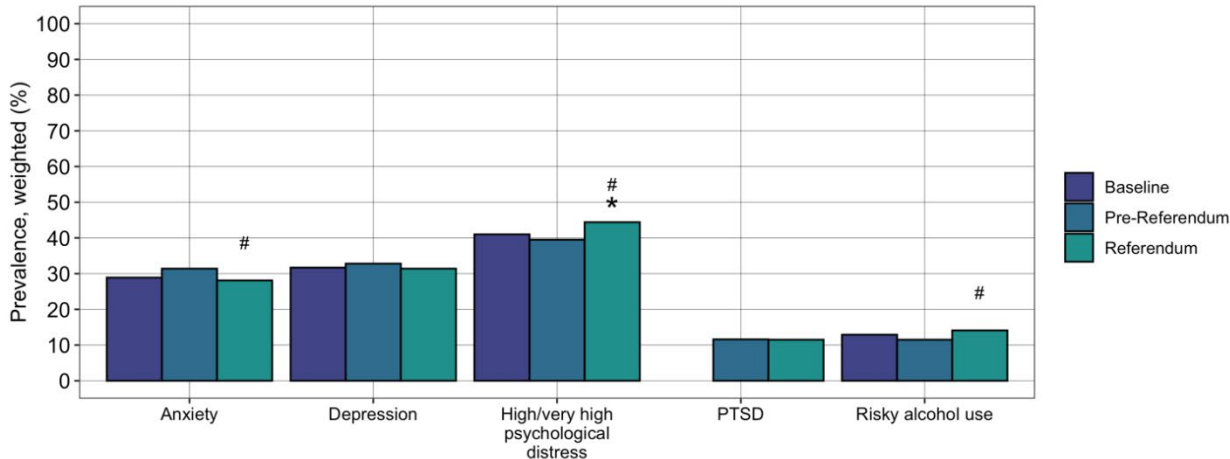


Figure 3. Weighted prevalence estimates for selected health and wellbeing variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period. PTSD data not available for Baseline period.

Overall wellbeing is high but has declined (Figure 4). The prevalence of good general health decreased by about 12 percentage points to 60.4%, which represents 62,000 fewer Aboriginal and Torres Strait Islander adults reporting good general health in the Referendum period compared to Baseline. Similarly, high happiness decreased by about 6 percentage points, to 82.3%, which corresponds to around 30,000 fewer adults reporting high happiness. The prevalence of high life satisfaction in the Referendum period was 68.0%, which is comparable with the Baseline level (70.6%), but significantly lower than the Pre-Referendum period (71.8%).

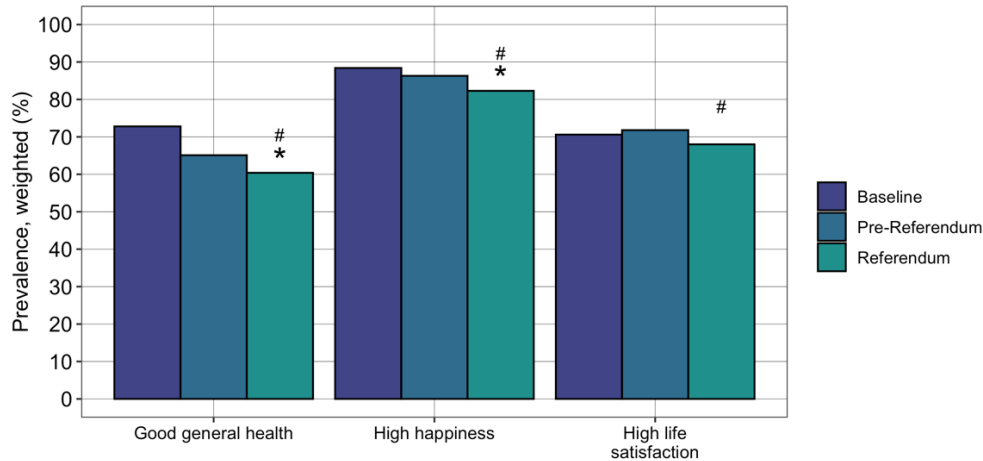


Figure 4. Weighted prevalence estimates for general health and happiness variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period.



Family and community support

Family support is generally high but decreasing (Figure 5). Decreases were observed in all of the measures of family and community support that we analysed: always being there for each other; getting on and coping in the hard times; talking with each other about things that matter; accepting people for who they are; having good support from mob; and feeling of belonging in one’s community.

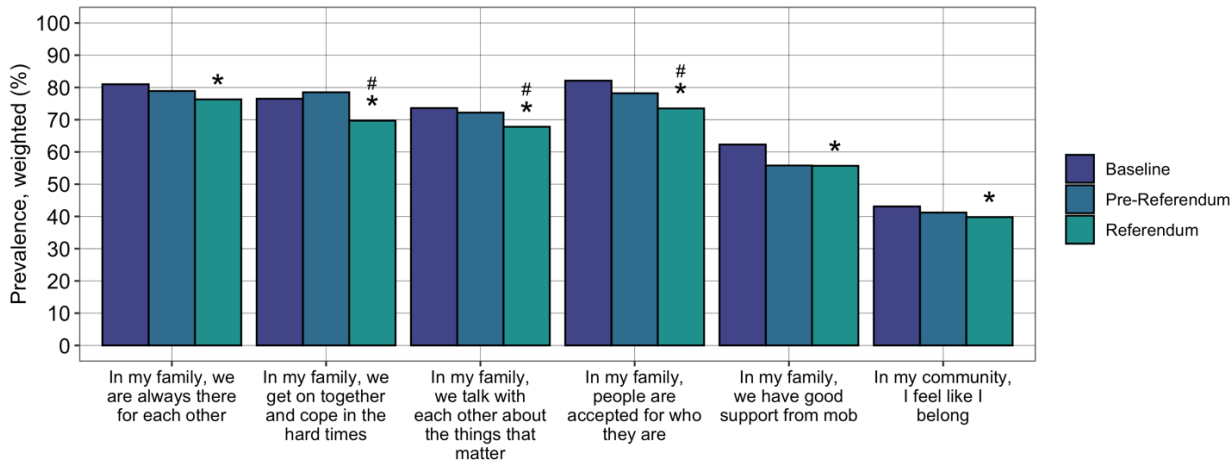


Figure 5. Weighted prevalence estimates for family and community support variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period.

Self-determination

Some measures of self-determination have decreased (Figure 6). In the Referendum period, 77% of Aboriginal and Torres Strait Islander adults felt in control of their lives, which is significantly lower than in both the Baseline (79.5%) and Pre-Referendum (81.3%) periods. There was also a significant decrease in the percentage who felt they could get involved in community discussions (24.7% in the Referendum period) compared to Baseline (27.6%). Around one-in-three Aboriginal and Torres Strait Islander adults felt listened to in their community in the Referendum (29.6%), Pre-Referendum (31.7%), and Baseline (32.0%) periods.

During the Referendum period, a significantly lower percentage of Aboriginal and Torres Strait Islander adults felt that government has the final say in community decisions (45.9%) than at the Baseline (50.2%). This may reflect perceptions during the Referendum period that the non-Indigenous voting public had more influence in such decisions than government.

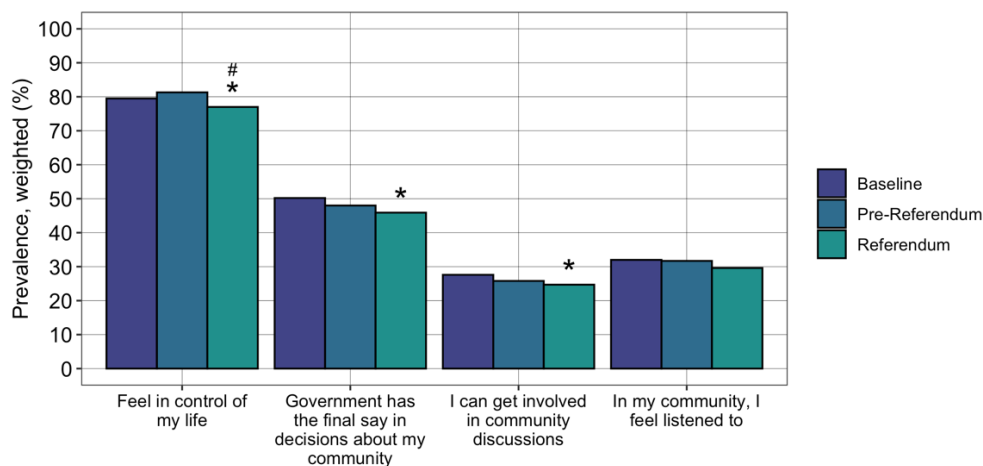


Figure 6. Weighted prevalence estimates for self-determination variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period.



Cultural connectedness

Some improvement has been seen in connectedness to culture (Figure 7). Fewer adults felt disconnected from their Aboriginal and/or Torres Strait Islander culture in the Referendum period (31.0%) compared to the Baseline (37.5%) and Pre-Referendum periods (36.8%). The percentage of Aboriginal and Torres Strait Islander adults who felt torn between their Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture in the Referendum period (21.0%) was similar to that at Baseline (22.1%), however it was significantly lower than in the Pre-Referendum period (24.9%). Participation in social events related to Aboriginal and Torres Strait Islander peoples remained high over the three study periods, with more than two-in-three Aboriginal and Torres Strait Islander adults participating in events in the Baseline (70.5%), Pre-Referendum (71.4%), and Referendum (68.6%) periods.

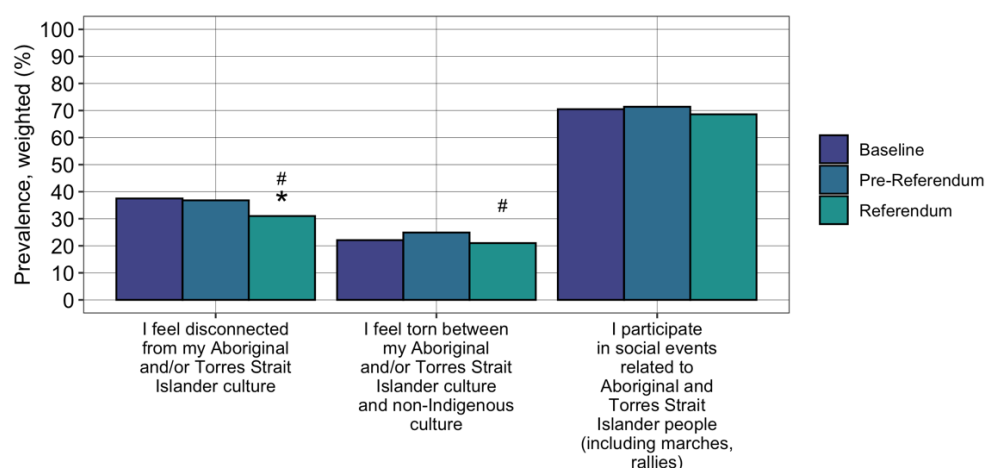


Figure 7. Weighted prevalence estimates for cultural connectedness variables over the three study periods.

* significant change compared with Baseline; # significant change compared with Pre-Referendum period.

Health service use

High healthcare service use remains common and uptake of comprehensive health checks has increased (Figure 8). An estimated 36.9% of Aboriginal and Torres Strait Islander adults accessed healthcare services monthly or more frequently during the Referendum period, consistent with 34.0% in the Baseline period and 33.8% in the Pre-Referendum period. During the Referendum period, an estimated 53.6% of adults had recently completed a Health Check. This was a significant increase of almost 11 percentage points compared to Baseline (42.9%), representing an estimated 53,000 additional Aboriginal and Torres Strait Islander adults recently completing a comprehensive health check. No change was observed in the percentage of Aboriginal and Torres Strait Islander adults who had completed mental health first aid training in the Referendum period (15.4%) compared to the Pre-Referendum period (17.2%); Baseline data were not available for this measure.



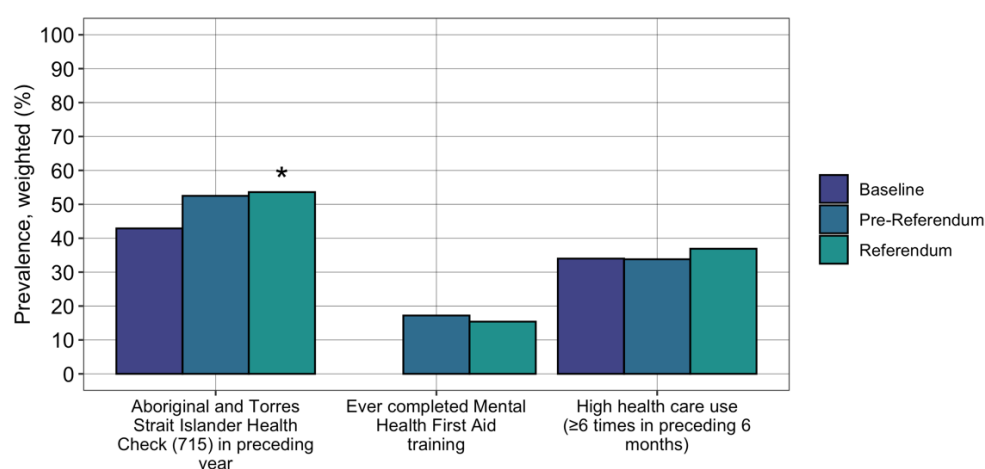


Figure 8. Weighted prevalence estimates for service use variables over the three study periods.

* significant change compared with Baseline; # significant change compared with Pre-Referendum period; Mental Health First Aid data not available for Baseline period.

Concluding remarks

Collectively, the results presented here are consistent with findings from focus groups conducted earlier in this project (summary factsheets available here: <https://nceph.anu.edu.au/voiceinfo/factsheets>). We have observed increases in discrimination and psychological distress, widespread racism, and concurrent declines in several measures of wellbeing. Notably, the prevalence of good general health decreased by about 12 percentage points between the Baseline and Referendum periods.

Levels of wellbeing are generally high within the Aboriginal and Torres Strait Islander adult population, despite high burdens of discrimination, racism, and psychological distress. The observed resilience of wellbeing is likely to be underpinned by high levels of family and community support and strong connection to culture. However, this report shows decreases in family support measures at the same time as increases to stressors to wellbeing, such as discrimination. This concerning combination may lead to continued declines in measures of wellbeing, and increased need for healthcare and wellbeing support.

These 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 of such supports, in addition to services focused on individual wellbeing.

In addition, there is a critical need for elevated action to eliminate discrimination and racism. 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.

