

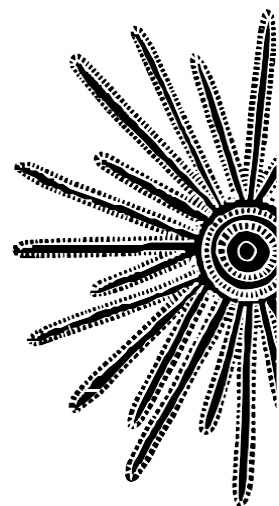


Monitoring Aboriginal and Torres Strait Islander mental health and wellbeing around the Voice to Parliament Referendum

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Content warning

We acknowledge the deep and ongoing repercussions of settler-colonisation and associated trauma, including the impacts of public discourse and Referendum-related stress; this understanding underpins and drives our work.

This report discusses concepts including experiences of discrimination, racism, psychological distress, mental health, and trauma. We understand that the findings presented in this report, along with the underlying ideas and concepts discussed, may cause sadness or distress. If you need to talk to someone, call [13YARN](tel:139276) on 13 92 76 (24 hours/7 days) to talk with an Aboriginal or Torres Strait Islander Crisis Support worker, or see <https://www.beyondblue.org.au/who-does-it-affect/aboriginal-and-torres-strait-islander-people/helpful-contacts-and-websites> for mental health resources, or see <https://www.naccho.org.au/naccho-map/> for a map of Aboriginal Community Controlled Health Organisations. Online resources for Aboriginal and Torres Strait Islander health and wellbeing service providers, including websites, apps, podcasts, videos, helplines, social media and online programs with a focus on social and emotional wellbeing can be found at <https://wellmob.org.au/>.

Acknowledgements

We acknowledge the Aboriginal and Torres Strait Islander peoples on whose lands we conduct our work and offer our respects to all Elders and their continuing care for Country and connection to culture.

We acknowledge and thank all Mayi Kuwayu Study survey participants, all who have contributed to study development and data collection. We acknowledge the assistance and guidance of the Mayi Kuwayu Study Data Governance Committee, the Study Chief Investigators and partners, and all members of the Mayi Kuwayu Study team.

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Table of contents

Content warning	2
Acknowledgements	2
Table of contents	3
List of acronyms and abbreviations	4
Executive Summary	5
Wellbeing in the lead up to the Referendum	5
Wellbeing in the 18 months following the Referendum	5
What do the results mean?	8
Background	9
Methods	10
Results 18 months Post-Referendum	14
Discrimination and racism	14
Health and wellbeing	15
Family and community support	17
Self-determination	18
Cultural connectedness	19
Health service use	20
Strengths and limitations	24
Concluding remarks	25
Appendix I: Detailed methods	26
Overview of the Mayi Kuwayu Study	26
Ethics	26
Data used for analysis for this Report	26
Variables	27
Weighting of Mayi Kuwayu Study data from Waves 1 & 2	32
Appendix II: Prevalence of outcomes in relation to demographic characteristics	33
References	49



List of acronyms and abbreviations

ACT	Australian Capital Territory
ANU	Australian National University
CI	Confidence Interval
HREC	Human Research Ethics Committee
MK-K5	The culturally modified 5-item Kessler Psychological Distress Scale
NSW	New South Wales
NT	Northern Territory
PTSD	Post-traumatic stress disorder
QLD	Queensland
SA	South Australia
SEWB	Social and Emotional Wellbeing
TAS	Tasmania
VIC	Victoria
WA	Western Australia



Executive Summary

This report is the eighth and final in a series concerned with mental health and wellbeing of Aboriginal and Torres Strait Islander peoples in the lead up to and beyond the Voice to Parliament Referendum. It compares levels of health and wellbeing before public discussion around the Voice Referendum was prominent, to the period of the Referendum campaign up until the vote, and to the 18 months following the Referendum vote, using data received from Mayi Kuwayu Study participants across the following periods:

- 'Baseline': June 2018–May 2021 (n=9,963)
- 'Pre-Referendum period': January 2022–January 2023 (n=2,176)
- 'Referendum period': 1 February 2023–14 October 2023 (n=1,286), and
- 'Post-Referendum period': 15 October 2023–14 April 2025 (n=1,536).

Results from the Mayi Kuwayu Study samples were weighted to generate estimates for the total Aboriginal and Torres Strait Islander adult population, across each time period (for details of methods see Appendix I). This report also includes analysis of the weighted results stratified by age, gender, and remoteness (Appendix II).

Wellbeing in the lead up to the Referendum

During the Referendum period, we identified worsening in numerous wellbeing exposures and outcomes within the Aboriginal and Torres Strait Islander adult population, compared with earlier period/s. The negative changes observed, compared with Baseline, (see *Figure 1*) include:

- increases in experiences of discrimination in everyday life (up 7 percentage points) and in healthcare settings (up 6 percentage points);
- increases in high/very high psychological distress (up 3 percentage points);
- decreases in measures of physical health and wellbeing (e.g. good general health down 12 percentage points);
- decreases across measures of family support (e.g. a 6 percentage point decrease in family talking with each other about things that matter); and
- decreases in some measures of self-determination (e.g. ability to get involved in community discussions down 3 percentage points).

Alongside these declines in wellbeing, vicarious racism was pervasive during the Pre-Referendum and Referendum periods, with around 70% hearing jokes and/or insulting comments about, and/or witnessing unfair treatment of, Aboriginal and/or Torres Strait Islander peoples.

Improvements, compared with Baseline, were observed in some measures of cultural connectedness. For example, there was a 6 percentage point reduction in feeling disconnected from Aboriginal and/or Torres Strait Islander culture/s in the lead up to the Referendum, compared with Baseline.

Wellbeing in the 18 months following the Referendum

In the 18 months after the Referendum, signs of improvement were seen for some outcomes. Feeling in control of one's life increased by 4 percentage points compared with the Referendum period, up to 80.6% in the Post-Referendum period, returning to a level similar to Baseline (79.5%).

The prevalence of high/very high psychological distress in the Post-Referendum period (42.9%) was similar to Baseline (41.0%). However, alongside this, we observe a significant increase in the prevalence of anxiety in the Post-Referendum period. One-in-three (33.5%) adults had a doctor diagnosis of, or took medication for, anxiety Post-Referendum, up almost 5 percentage points from Baseline (28.9%). Our measure of psychological distress (the MK-K5) reflects current symptoms of anxiety and depression (i.e.



in the past four weeks). High/very high levels of psychological distress based on the MK-K5 may indicate a risk of anxiety, and therefore would support further assessment, but does not represent a clinical diagnosis. In contrast, a diagnosis of anxiety would generally require consistent symptoms over a longer period (e.g. six months), and assessment by a health professional. The lag in increased prevalence of diagnosed anxiety could also reflect wait times for seeing a doctor. As such, the measure of psychological distress reflects a more sensitive measure, capturing experiences of distress in the month participants completed the survey, whereas the anxiety measure may show increases some months removed from increases in symptoms.

Findings from the first 18 months following the Referendum show continuing high levels—and worsening—of exposure to forms of discrimination and racism. More than half of adults reported experiences of healthcare discrimination (51.8%), a further increase of 6 percentage points from the Referendum period, representing an 11 percentage point increase from Baseline (40.4%). Experiences of vicarious racism are pervasive (78.8%) and have increased 10 percentage points since the Referendum period (69.2%). Experiences of everyday discrimination have remained elevated in the Post-Referendum period, at 74.4%, 10 percentage points above Baseline levels (64.0%).

Several measures of social and emotional wellbeing, general health, and family and community support that worsened from Baseline to the Referendum period remain worse in the Post-Referendum period. For example, good general health has dropped 13 percentage points from Baseline (to 60.3%), high happiness has dropped 5 percentage points from Baseline (to 82.9%), high life satisfaction has dropped 3 percentage points (to 67.6%) and people being accepted for who they are has dropped 8 percentage points from Baseline (to 74.2%).

While some improvements were identified in measures of cultural connection during the Referendum period compared with the Pre-Referendum period, we observed a concerning increase in feeling torn between cultures Post-Referendum. More than a quarter (27.8%) of adults experienced feeling torn between cultures, an increase of 7 percentage points from the Referendum period (21.0%), returning to levels higher than Baseline (22.1%) and the Pre-Referendum period (24.9%).

Some of the increases in cultural connectedness observed during the Referendum period have been maintained Post-Referendum. One-in-three (34.1%) adults felt disconnected from culture in the Post-Referendum period, similar to the Referendum period (31.0%), and still lower than Baseline (37.5%).



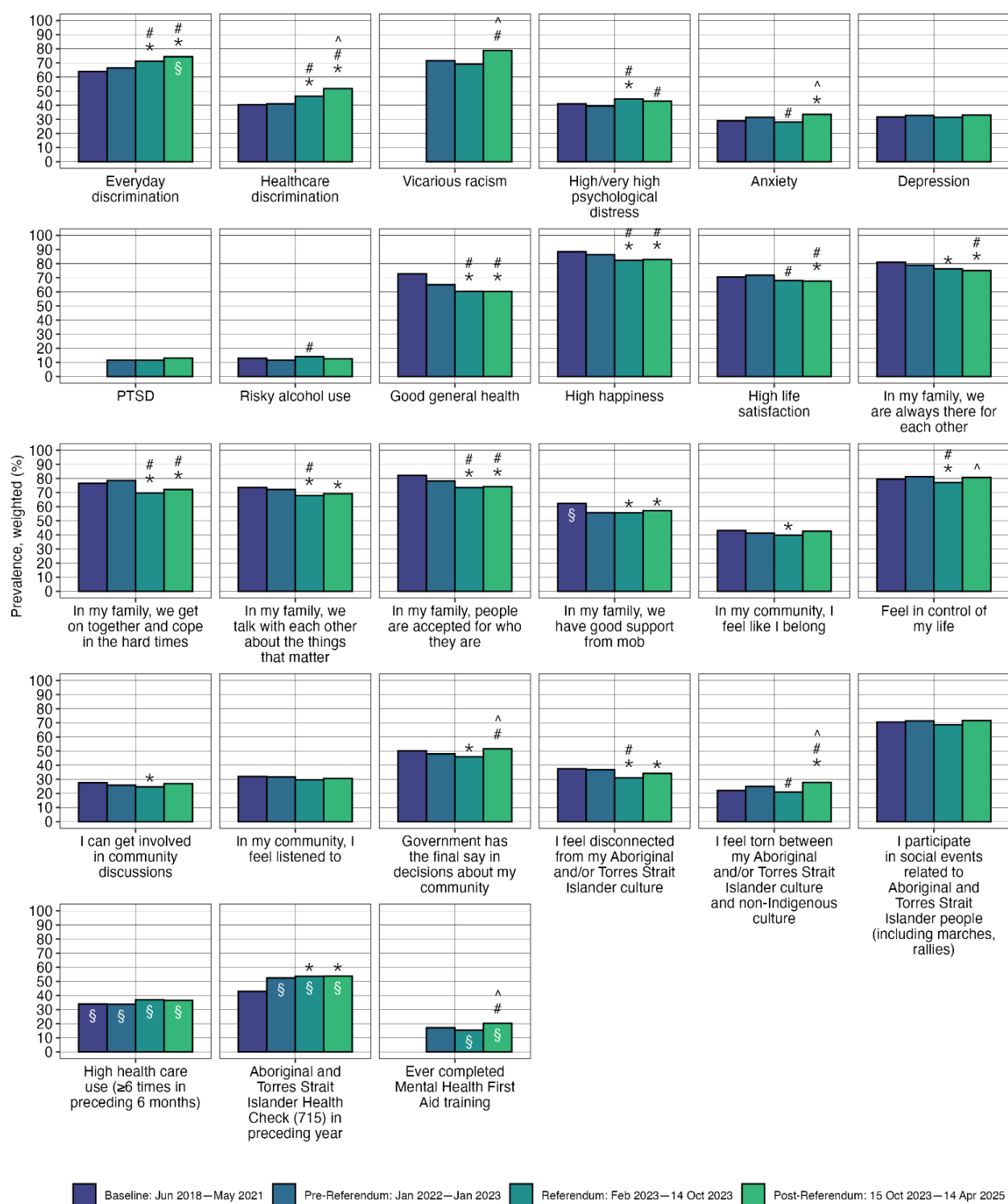


Figure 1: Weighted prevalence estimates for wellbeing outcomes over the four study periods

* significant change compared to Baseline.

significant change compared to Pre-Referendum period.

^ significant change compared to Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline 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.



What do the results mean?

The cross-sectional design of this project does not permit attribution of the results to any particular cause, however the discourse around the Referendum is likely to have contributed to the observed increases in racism, discrimination, and associated declines in health outcomes. It is not possible to disentangle other factors that may have contributed to the results observed, and there is no shortage of events and associated discourses that have negatively impacted—and continue to negatively impact—the wellbeing of Aboriginal and Torres Strait Islander peoples. Settler-colonial violence—in physical, structural, and discursive forms—continues to be pervasive internationally and in Australia, including: violent conflict in Gaza;¹ Indigenous deaths in custody;² and racist policies and positions being at the forefront of political debate in election campaigns in the US in 2024,³ in Aotearoa New Zealand in 2024,^{4–6} and in Australia at state/territory and federal levels in 2024 and 2025.^{7–9} For example, the Queensland and Northern Territory elections in 2024 saw escalations in structural racism via regressive youth crime legislation and associated public discourse (e.g. “adult crime, adult time”¹⁰), repeal of the *Path to Treaty Act 2023 (QLD)* and abolishing of Queensland's Truth-telling and Healing Inquiry. Backlash against Welcome to Country ceremonies and Acknowledgements of Country has been prominent,^{11,12} promoted by some politicians,^{13,14} and comprised part of the election platform for the Trumpet of Patriots party.¹⁵ These and other events at global, national, local, family, and interpersonal scales have affected the lives of Aboriginal and Torres Strait Islander peoples in recent times, and the results observed in this project may reflect various combinations of these events and the discourses surrounding them. Regardless of their causes, the observed increasing racism prevalence and declines in aspects of wellbeing are of deep concern.

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 13YARN increased by 40% during the Referendum campaign; Post-Referendum, over a quarter (26%) of calls have been from people experiencing distress caused by racism.¹⁶ Annual reporting from the Call It Out First Nations Racism Register is also consistent with our findings, with one in five validated reports of racism during the 2023–24 reporting period specifically mentioning the Voice and/or the Referendum.¹⁷

The racism, discrimination, and associated health harms observed over the Referendum period and following do not represent justifications for not pursuing structural change designed to eliminate racism or address injustices suffered by Aboriginal and Torres Strait Islander peoples. Justice must be pursued: this is a fundamental determinant of the health and wellbeing of Aboriginal and Torres Strait Islander peoples, families, and communities. Robust commitments to truth-telling and respectful discourse by politicians and media are fundamental for processes of structural change and enactment of Indigenous rights to proceed with minimal harm. Guidance is available in the Respectful Election Guidelines,¹⁸ Respectful Referendum Guidelines,¹⁹ and Good Yarns Guide.²⁰

The results of this project underscore the urgent need for action against all forms of racism and discrimination. Ongoing monitoring is but one part of this. While monitoring can enable visibility and validation for the lived experiences of Aboriginal and Torres Strait Islander peoples, meaningful action and accountability is required from governments, politicians, media, and public organisations. There is no shortage of recommendations from Aboriginal and Torres Strait Islander peoples on what such action should look like.^{21–30}

Whereas aspects of health and wellbeing remain strong in the face of escalating stressors—a testament to the strength of Aboriginal and Torres Strait Islander peoples and cultures—continued pressure on protective factors such as family and community support and strong connection to culture threatens to erode health and wellbeing. In addition to action against all forms of racism and discrimination, the results of this project highlight the need for additional measures to support self-determination and holistic health and wellbeing for Aboriginal and Torres Strait Islander peoples, families, and communities.



Background

In May 2022, the Prime Minister Anthony Albanese announced a referendum would be held about whether or not to alter the Constitution to embed an Aboriginal and Torres Strait Islander Voice to Parliament. This referendum was put forward as a part of the Australian Government's commitment to implementing the Uluru Statement from the Heart.³¹ The proposed Voice was intended to provide recognition of Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia, and to ensure that the Australian Parliament and Government consult with Aboriginal and Torres Strait Islander peoples about related matters.

Public debates, including referendums, are often employed by governments to obtain a public directive for a specific policy or issue. While they can be an important component of democracy, they can also carry risks for the psychological wellbeing of individuals and communities. Community members, peak organisations, and service providers raised concerns about the potential for public discourse around the Referendum to negatively impact the health and wellbeing of Aboriginal and Torres Strait Islander peoples in the lead up to vote.³² The vote was held 14 October 2023, and failed, with 60.6% voting 'no' at a national level.³³ The discourse around the Referendum included harmful and racist comments.¹⁷

The Department of Health and Aged care commissioned a project to understand Aboriginal and Torres Strait Islander peoples' concerns and wellbeing in the lead up to the Referendum; following the failure of the Referendum, the project was extended to continue monitoring levels of wellbeing for 18 months following the vote. The project comprised two main components. The first component involved conducting focus groups to gather input from Aboriginal and Torres Strait Islander youth (aged 16 years and over) and adults on their concerns and needs around the Referendum. These focus groups aimed to help identify what resources, services, and supports might be required, and what might help mitigate any negative impacts on people, families, and communities.³⁴ The project's second component was to monitor wellbeing outcomes before, during, and after the Referendum period, through analysis of data from *Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander wellbeing*. This Aboriginal-led and -governed study comprises over 10,000 adults across the country and is conducted in partnership with peak Aboriginal and Torres Strait Islander organisations, adhering to principles of Indigenous Data Sovereignty.³⁵

Overall, this project aimed to provide information about the mental health and wellbeing needs of Aboriginal and Torres Strait Islander peoples during the Voice to Parliament Referendum period. It sought to identify key concerns and services required to support Aboriginal and Torres Strait Islander peoples, monitor levels of mental health and wellbeing during the Referendum period and beyond, and capture any changes to wellbeing over this period. The purpose of the project was to provide ongoing, timely information to guide program and service delivery to support Aboriginal and Torres Strait Islander wellbeing.

This report is the final in the series, providing information on mental health and wellbeing up to 18 months after the Referendum.



Methods

This section provides an overview of the analysis conducted for this report. For full details, please see Appendix I: Detailed methods.

This report analysed data from the Mayi Kuwayu Study, using four samples of adult participants (18 years and over) based on dates they completed a Mayi Kuwayu Study questionnaire, corresponding to the study periods described in Table 1 and Figure 2. For the purposes of this report:

- The **Post-Referendum period** encompasses 15 October 2023 to 14 April 2025, the first 18 months after the vote.
- The **Referendum period** encompasses February 2023—when the National Week of Action marked the formal commencement of campaigning—up until the vote on 14 October 2023.
- The **Pre-Referendum period** encompasses the year immediately prior to the Referendum period from January 2022 to January 2023.
- The **Baseline period** includes the majority of Wave 1 data collection for the Mayi Kuwayu Study, spanning June 2018 to May 2021.

Table 1: Overview of study periods for the analysis presented in this report

Study Period	Baseline	Pre-Referendum	Referendum	Post-Referendum
Date range	Jun 2018–May 2021	Jan 2022–Jan 2023	Feb 2023–14 Oct 2023	15 Oct 2023–14 Apr 2025
Mayi Kuwayu Study data	Wave 1	Wave 2	Wave 2	Wave 2
Sample size in this report	9,963	2,176	1,286	1,536

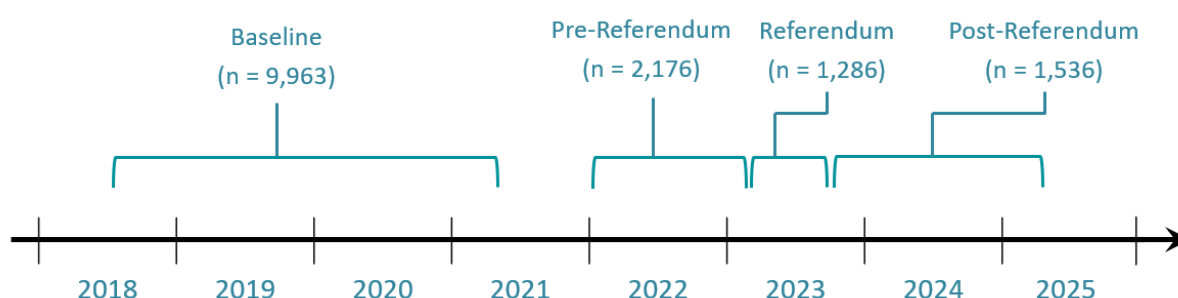


Figure 2: Timeframes and sample sizes for the four study periods in this analysis

Demographic characteristics of the samples used in this report are presented at Table 2. A post-stratification weighting approach was used to generate weighted prevalence outcomes from the sample to better reflect the total Aboriginal and Torres Strait Islander adult population (details at Appendix I). The same weighting approach was used across study periods, with the exception of a change in the categorisation of the remoteness variable used for weighting the Post-Referendum sample, due to small participant numbers in remote areas.

Weighted prevalence for each outcome, along with 95% Confidence Intervals, are estimated for the study periods. We compared the estimated weighted prevalence in the Referendum and Post-Referendum periods to earlier time points, based on weighted data from each sample, by



conducting two-proportions Z-tests, using a significance level of 0.05. Where we describe differences between time periods in this report, differences are statistically significantly different (i.e. p-value for difference <0.05). Not all outcomes measured in the Wave 2 survey were available in the Wave 1 survey; for these outcomes there is no Baseline data, however the Pre-Referendum period serves as a comparator. We did not compare prevalence of outcomes in the Pre-Referendum period with the Baseline period.



Table 2: Demographic characteristics of Mayi Kuwayu Study participants in samples used in this report, and distribution after weighting

	Baseline (n=9,963)		Pre-Referendum (n=2,176)		Referendum (n=1,286)		Post-Referendum (n=1,536)	
	% in sample (unweighted)	Weighted % (95%CI)	% in sample (unweighted)	Weighted % (95%CI)	% in sample (unweighted)	Weighted % (95%CI)	% in sample (unweighted)	Weighted % (95%CI)
Age								
18–39 years	29.4	51.0 (49.6-52.4)	21.3	50.4 (47.5-53.4)	18.6	46.7 (42.7-50.7)	29.4	49.6 (46.0-53.1)
40–59 years	38.4	30.6 (29.0-32.3)	32.0	30.3 (26.8-33.8)	30.6	29.1 (24.5-33.7)	30.1	28.7 (24.5-33.0)
60+ years	28.8	15.0 (13.2-16.8)	43.0	15.6 (11.7-19.5)	41.1	14.5 (0.0-19.6)	34.5	15.6 (11.0-20.2)
Missing	3.4	3.4 (1.5-5.4)	3.7	3.7 (0.0-7.8)	9.7	9.7 (0.0-14.9)	6.1	6.1 (1.2-10.9)
Gender								
Man	38.1	47.3 (45.9-48.7)	41.1	47.2 (44.1-50.2)	44.9	46.3 (42.3-50.3)	41.6	47.5 (43.9-51.1)
Woman	59.3	50.0 (48.7-51.4)	56.0	49.9 (47.0-52.9)	50.4	49.0 (45.1-52.9)	56.1	50.2 (46.7-53.8)
Identify as a gender other than man or woman	0.1	0.2 (0.0-2.1)	1.7	1.4 (0.0-5.6)	0.7	0.7 (0.0-6.2)	1.2	1.5 (0.0-6.4)
Missing	2.5	2.5 (0.5-4.4)	1.2	1.5 (0.0-5.6)	4.0	4.0 (0.0-9.3)	1.0	0.8 (0.0-5.8)
Remoteness								
Major city	39.8	39.8 (38.2-41.3)	45.1	40.5 (37.3-43.7)	47.0	40.1 (35.9-44.3)	45.4	39.9 (36.0-43.8)
Inner or outer regional	46.0	41.7 (40.2-43.2)	46.2	42.5 (39.3-45.7)	46.3	42.1 (37.9-46.3)	49.3	54.7 (51.3-58.1)
Remote or very remote	10.6	14.9 (13.1-16.7)	6.8	15.2 (11.3-19.1)	4.0	15.1 (10.0-20.1)	2.0	2.1 (0.0-7.1)
Missing	3.6	3.6 (1.7-5.5)	1.8	1.8 (0.0-6.0)	2.7	2.7 (0.0-8.1)	3.3	3.3 (0.0-8.2)
Identification as Aboriginal and/or Torres Strait Islander								
Aboriginal	90.6	90.5 (89.9-91.1)	91.3	86.3 (84.7-87.8)	92.2	92.0 (90.4-93.5)	93.3	94.0 (92.8-95.3)
Torres Strait Islander	3.4	3.4 (1.5-5.4)	4.0	7.4 (3.4-11.5)	2.1	2.2 (0.0-7.6)	2.0	1.8 (0.0-6.8)
Aboriginal and Torres Strait Islander	4.3	4.5 (2.6-6.4)	4.1	5.7 (1.6-9.8)	4.7	4.8 (0.0-10.1)	4.0	3.3 (0.0-8.2)
Missing	1.7	1.6 (0.0-3.5)	0.6	0.6 (0.0-4.8)	0.9	1.0 (0.0-6.4)	0.8	0.8 (0.0-5.8)
State/Territory								
NSW	32.8	31.0 (29.4-32.6)	31.3	25.3 (21.7-29.0)	32.2	26.3 (21.6-31.0)	35.2	34.9 (30.9-39.0)
VIC	9.4	8.5 (6.6-10.4)	10.9	9.0 (5.0-13.0)	7.9	4.8 (0.0-10.1)	5.9	4.9 (0.0-9.8)
QLD	28.6	27.9 (26.2-29.5)	30.5	34.1 (30.7-37.5)	31.6	32.4 (27.9-36.9)	28.3	28.1 (23.8-32.3)
WA	10.6	11.7 (9.9-13.6)	11.4	15.2 (11.3-19.0)	15.5	21.6 (16.7-26.4)	19.4	21.9 (17.5-26.4)
SA	4.2	3.8 (1.8-5.7)	5.4	4.7 (0.6-8.8)	3.6	2.7 (0.0-8.1)	2.0	1.6 (0.0-6.5)
TAS	5.0	4.2 (2.3-6.1)	6.2	5.8 (1.7-9.9)	5.2	5.1 (0.0-10.5)	3.5	2.9 (0.0-7.8)
NT	7.0	10.5 (8.7-12.4)	1.7	3.2 (0.0-7.3)	1.2	2.9 (0.0-8.3)	—	—

	Baseline (n=9,963)		Pre-Referendum (n=2,176)		Referendum (n=1,286)		Post-Referendum (n=1,536)	
	% in sample (unweighted)	Weighted % (95%CI)	% in sample (unweighted)	Weighted % (95%CI)	% in sample (unweighted)	Weighted % (95%CI)	% in sample (unweighted)	Weighted % (95%CI)
ACT	1.4	1.5 (0.0-3.5)	1.6	1.5 (0.6-5.7)	1.0	0.8 (0.0-6.2)	2.1	2.1 (0.0-7.0)
Missing	0.8	0.9 (0.0-2.9)	1.0	1.2 (0.9-5.4)	1.9	3.5 (0.0-8.9)	—	—
Financial security								
Run out of money or spend more than is earned	15.8§	16.7 (14.9-18.5)	11.6	13.6 (9.7-17.5)	17.9§	21.9 (17.1-26.8)	20.8	24.2 (19.9-28.6)
Just enough money	31.8§	31.7 (30.0-33.3)	28.1	29.8 (26.3-33.4)	28.8§	30.6 (26.0-35.1)	31.4	32.5 (28.4-36.6)
Some, or a lot, of savings	41.9§	39.0 (37.5-40.5)	51.9	46.8 (43.7-49.9)	41.9§	31.6 (27.1-36.1)	38.2	31.1 (27.0-35.3)
Missing	10.4§	12.6 (10.8-14.5)	8.4	9.7 (5.7-13.7)	11.4§	15.9 (10.8-20.9)	9.6	12.2 (7.5-16.9)
Highest formal education qualification								
Up to school year 10 or intermediate certificate	44.3	41.4 (39.9-42.9)	43.6	37.9 (34.6-41.2)	49.9	49.2 (45.3-53.1)	43.9	44.6 (40.8-48.3)
School year 12 or beyond, including certificate or diploma	53.7	56.2 (54.9-57.5)	53.6	59.0 (56.3-61.7)	44.1	44.9 (40.9-49.0)	54.4	53.6 (50.2-57.0)
Missing	2.0	2.4 (0.4-4.3)	2.8	3.1 (0.0-7.2)	6.0	5.8 (0.0-11.1)	1.7	1.9 (0.0-6.8)

§ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias. Results where missing data prevalence is >40% in the sample for the respective period are not reported due to risk of bias.

— indicates cell suppressed to protect confidentiality due to small underlying unweighted sample size.

Results 18 months Post-Referendum

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 3, Table 3). In the Post-Referendum period, an estimated 74.4% of Aboriginal and Torres Strait Islander adults had experienced everyday discrimination. This is similar to the percentage in the Referendum period (71.2%) and represents an increase of about 10 percentage points from the Baseline period (64.0%). This corresponds to an estimated 51,000 additional adults having experienced everyday discrimination in the Post-Referendum period compared to Baseline.

In the Post-Referendum period, over half (51.8%) of Aboriginal and Torres Strait Islander adults had experienced discrimination in healthcare settings, which represents an increase compared to both the Referendum period (46.3%) and the Baseline period (40.4%). The overall increase corresponds to an estimated 56,000 additional Aboriginal and Torres Strait Islander adults experiencing discrimination in healthcare settings in the Post-Referendum period compared to Baseline.

From Wave 2 onwards, the Mayi Kuwayu Study has measured aspects of vicarious racism, including the experience of hearing jokes or insulting comments about Aboriginal and Torres Strait Islander peoples, and witnessing unfair treatment of Aboriginal and Torres Strait Islander peoples. Experiencing vicarious racism was already pervasive in both the Pre-Referendum (71.5%) and Referendum (69.2%) periods, and became more so in the Post-Referendum period (78.8%). This corresponds to an estimated 36,000 additional Aboriginal and Torres Strait Islander adults experiencing vicarious racism in the Post-Referendum period compared to the Pre-Referendum period. No data are available for this measure at Baseline.

Results for the discrimination and racism variables by age, gender, and remoteness categories are provided at Table 7 in Appendix II.

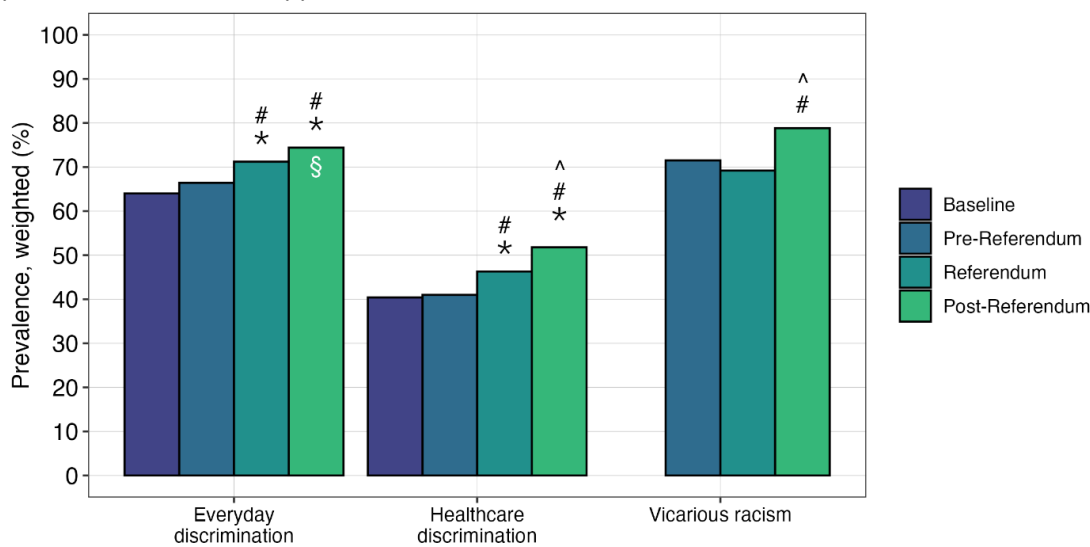


Figure 3: Weighted prevalence estimates for discrimination and racism variables over the four study periods.

** indicates significant change compared with Baseline.*

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

The vicarious racism measure was introduced in Wave 2, hence no data are available for the 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 the Pre-Referendum period, and anxiety is elevated compared to both Baseline and the Referendum period (Figure 4, Table 3). During the Post-Referendum period, 42.9% of Aboriginal and Torres Strait Islander adults experienced high or very high psychological distress. This is similar to the percentage in the Referendum period (44.4%) and Baseline (41.0%), but represents an increase compared to the Pre-Referendum period (39.5%). An estimated 17,000 additional Aboriginal and Torres Strait Islander adults experienced high or very high psychological distress in the Post-Referendum period compared to the Pre-Referendum period.

During the Post-Referendum period, 33.5% of Aboriginal and Torres Strait Islander adults had a doctor diagnosis of, and/or took medication for anxiety. This is higher than at Baseline (28.9%) and the Referendum period (28.1%), noting the prevalence during the Referendum period was lower than in the Pre-Referendum period (31.4%). Anxiety prevalence in the Post-Referendum period was over 4 percentage points above Baseline, representing an estimated 22,000 additional adults with anxiety.

Our measure of psychological distress (the MK-K5) reflects current symptoms of anxiety and depression (i.e. in the past four weeks). High/very high levels of psychological distress based on the MK-K5 may indicate a risk of anxiety, and therefore would support further assessment, but does not represent a clinical diagnosis.³⁶ In contrast, a diagnosis of anxiety would generally require consistent symptoms over a longer period (e.g. six months), and assessment by a health professional. The lag in increased prevalence of diagnosed anxiety could also reflect wait times for seeing a doctor. Similarly, a diagnosis of depression or PTSD would also require access to a doctor and/or a psychologist.

During the Post-Referendum period, 33.0% of Aboriginal and Torres Strait Islander adults had a doctor diagnosis of, and/or took medication for, depression, consistent with earlier time points: 31.7% at Baseline, 32.8% in the Pre-Referendum period, and 31.4% during the Referendum period.

The prevalence of post-traumatic stress disorder (PTSD) was similar across periods: 11.6% in the Pre-Referendum period, 11.5% in the Referendum period, and 13.0% in the Post-Referendum period. No data were collected on PTSD in the Baseline period.

Alcohol consumption is sometimes used as a coping mechanism in response to stress. 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 project, risky alcohol use was defined as consuming six or more drinks per day on a weekly or more frequent basis. The estimated prevalence of risky alcohol use was 12.9% at Baseline, 11.5% in the Pre-Referendum period, 14.1% in the Referendum period, and 12.5% in the Post-Referendum period.

Results for anxiety, depression, psychological distress, PTSD and risky alcohol use variables by age, gender, and remoteness categories are provided at Table 5 and Table 6 in Appendix II.



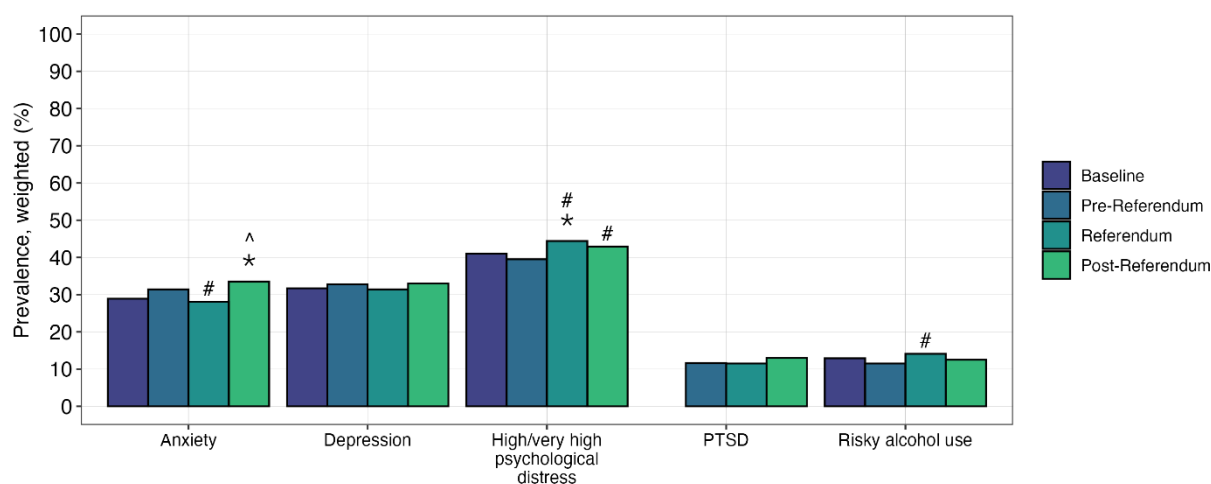


Figure 4: Weighted prevalence estimates for selected mental health & physical health variables over the four study periods.

* indicates significant change compared with Baseline.

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

PTSD measure was introduced in Wave 2, hence no data are available for the 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 5, Table 3). An estimated 60.3% of Aboriginal and Torres Strait Islander adults experienced good general health in the Post-Referendum period. This represents a 13 percentage point decline from Baseline (72.8%) and is similar to the prevalence in the Referendum period (60.4%). This corresponds to an estimated 62,000 fewer Aboriginal and Torres Strait Islander adults experiencing good general health during the Post-Referendum period compared to Baseline.

The prevalence of high happiness in the Post-Referendum period (82.9%) was lower than in the Baseline (88.4%) and Pre-Referendum (86.3%) periods and similar to levels during the Referendum period (82.3%). This represents an estimated 27,000 fewer Aboriginal and Torres Strait Islander adults experiencing high happiness during the Post-Referendum period compared to Baseline.

The prevalence of high life satisfaction in the Post-Referendum period was 67.6%, which was lower than the Pre-Referendum period (71.8%) and Baseline (70.6%), and similar to the Referendum (68.0%) period. This represents an estimated 15,000 fewer Aboriginal and Torres Strait Islander adults experiencing high life satisfaction during the Post-Referendum period compared to Baseline.

Results for general health, happiness, and life satisfaction variables by age, gender, and remoteness categories are provided at Table 6 in Appendix II.



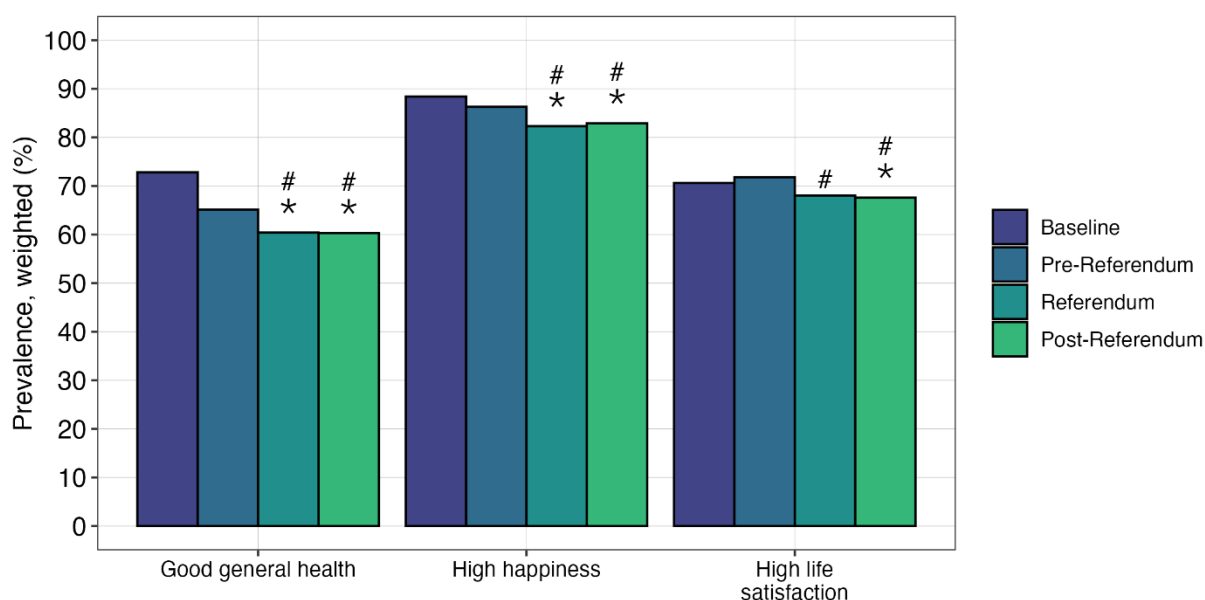


Figure 5: Weighted prevalence estimates for general health, happiness, and life satisfaction variables over the four study periods.

* indicates significant change compared with Baseline.

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

Family and community support

Family support is high, but many measures remain lower than at Baseline (Figure 6, Table 3). Across the measures of family and community support examined, we did not detect any significant differences between the Post-Referendum period and the Referendum period. In the Post-Referendum period it was less common for families to get on together and cope in hard times (72.2%), compared to both the Baseline (76.5%) and the Pre-Referendum (78.5%) periods. Similarly, Post-Referendum, there was a lower prevalence of being there for each other (75.0%) compared to the Baseline (81.0%) and the Pre-Referendum (78.9%) periods. There was also a lower prevalence of people being accepted for who they are in the Post-Referendum period (74.2%) compared to the Baseline period (82.1%) and the Pre-Referendum period (78.2%).

In the Post-Referendum period compared to Baseline, there remained a lower prevalence of talking with each other about the things that matter (69.2% compared to 73.6%) and having good support from mob (57.1% compared to 62.3%).

There was no significant change in the percentage of people who felt like they belonged in their Aboriginal and Torres Strait Islander community, which remained around 40% across survey periods.

Results for family and community support variables by age, gender, and remoteness categories are provided at Table 10 and Table 11 in Appendix II.



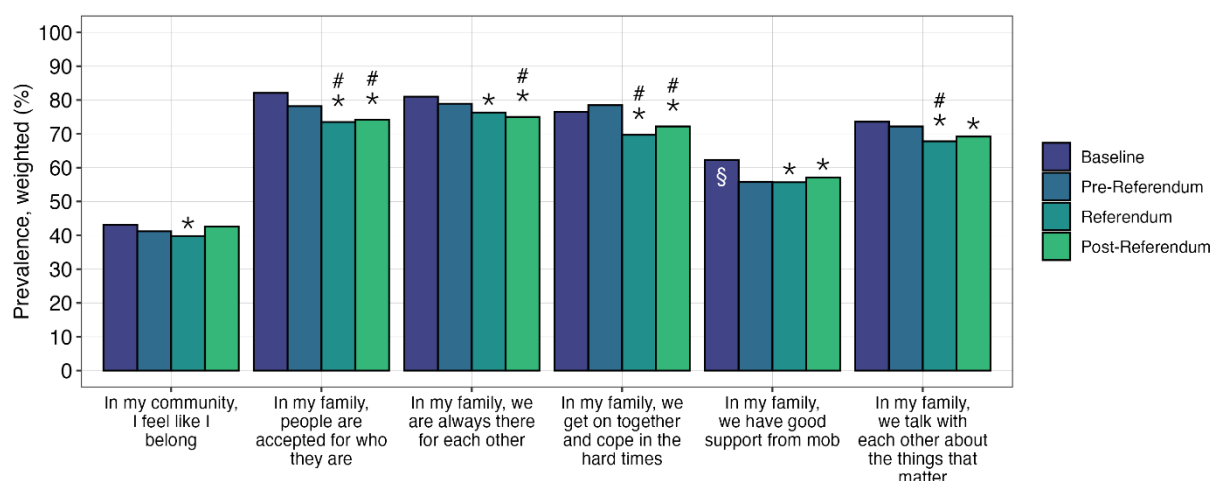


Figure 6: Weighted prevalence estimates for family and community support variables over the four study periods.

* indicates significant change compared with Baseline.

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and 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.

Self-determination

All included measures of self-determination are similar to Baseline levels (Figure 7, Table 3). During the Post-Referendum period, 80.6% of Aboriginal and Torres Strait Islander adults felt in control of their lives. This prevalence was consistent with levels at Baseline (79.5%), and the Pre-Referendum period (81.3%), and higher than levels during the Referendum period (77.0%) (which was lower than Baseline and the Pre-Referendum period). The percentage of Aboriginal and Torres Strait Islander adults who felt they could get involved in Aboriginal and Torres Strait Islander community discussions was 26.9% in the Post-Referendum period which was similar to the Baseline (27.6%), Pre-Referendum (25.8%), and Referendum (24.7%) periods (the Referendum period was lower than Baseline).

The prevalence of feeling listened to in community was similar across periods: 32.0% at Baseline, 31.7% in the Pre-Referendum period, 29.6% in the Referendum period, and 30.6% in the Post-Referendum period. The prevalence of Aboriginal and Torres Strait Islander adults who felt that government has the final say in Aboriginal and Torres Strait Islander community decisions was 51.6% during the Post-Referendum period, which was an increase from the Referendum period low of 45.9% and the Pre-Referendum level of 48.0%, but similar to the Baseline level of 50.2%.

Results for self-determination variables by age, gender, and remoteness categories are provided at Table 8 in Appendix II.



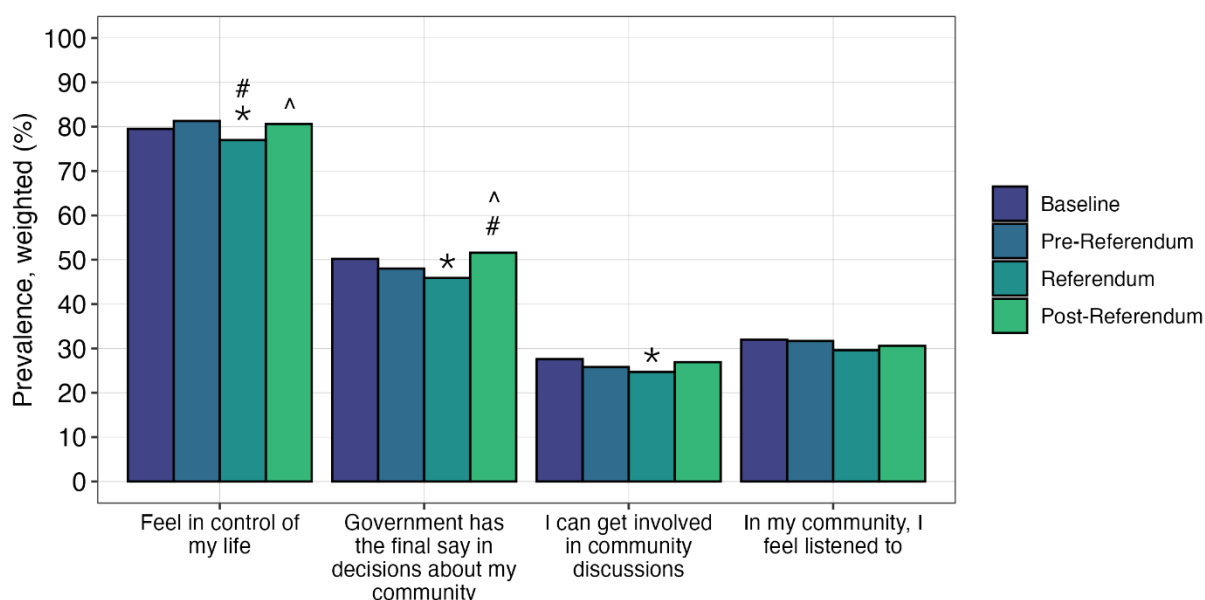


Figure 7: Weighted prevalence estimates for self-determination variables over the four study periods.

** indicates significant change compared with Baseline.*

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

Cultural connectedness

Feeling torn between cultures is increasing, but connection to Aboriginal and/or Torres Strait Islander culture is better than at Baseline (Figure 8, Table 3). Some measures of Aboriginal and Torres Strait Islander cultural connectedness had improved during the Referendum period compared to earlier period/s; some of these improvements were maintained but others were not.

It was less common to feel disconnected from Aboriginal and/or Torres Strait Islander cultures during the Referendum period (31.0%) compared to Baseline (37.5%), indicating improvements in connectedness to culture. In the Post-Referendum period the prevalence of feeling disconnected was 34.1%, which was similar to the Referendum and Pre-Referendum period, and lower than levels observed in the Baseline period.

During the Post-Referendum period, the percentage of Aboriginal and Torres Strait Islander adults who felt torn between their Aboriginal and/or Torres Strait Islander cultures and non-Indigenous culture was higher in the Post-Referendum period (27.8%) than in the Referendum (21.0%), Pre-Referendum (24.9%), and Baseline (22.1%) periods.

Participation in social events related to Aboriginal and Torres Strait Islander peoples has remained high. More than two-thirds of Aboriginal and Torres Strait Islander adults participated in these events across the Baseline (70.5%), Pre-Referendum (71.4%), Referendum (68.6%), and Post-Referendum (71.6%) periods.

Results for cultural connectedness variables by age, gender, and remoteness categories are provided at Table 9 in Appendix II.



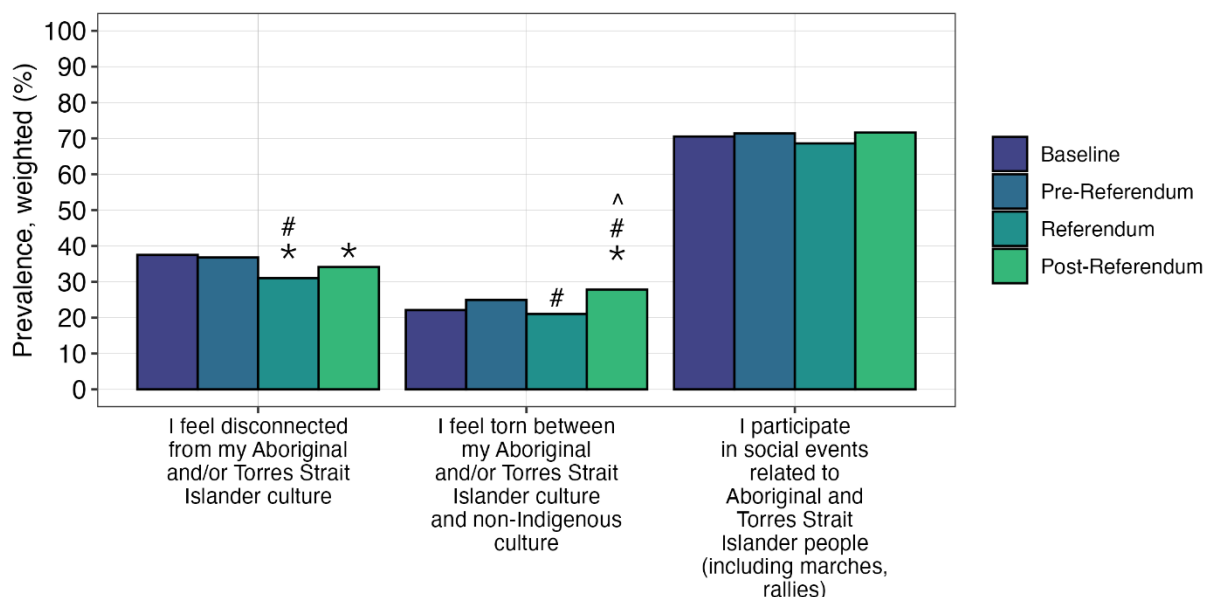


Figure 8: Weighted prevalence estimates for cultural connectedness variables over the four study periods.

* indicates significant change compared with Baseline.

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

Health service use

Comprehensive health checks and high healthcare service use remain common (Figure 9, Table 3). An estimated 36.6% of Aboriginal and Torres Strait Islander adults accessed healthcare services monthly or more frequently during the Post-Referendum period, consistent with 34.0% in the Baseline period, 33.8% in the Pre-Referendum period, and 36.9% in the Referendum period.

The Mayi Kuwayu Study survey collects data on participants' completion of an Aboriginal and Torres Strait Islander Health Check ("715 Health Check") within the last year. During the Post-Referendum period, an estimated 53.7% had recently completed a Health Check. This was an increase of almost 11 percentage points compared to Baseline (42.9%), and consistent with levels during the Referendum period (53.6%) and Pre-Referendum period (52.5%).

An estimated 20.3% of Aboriginal and Torres Strait Islander adults had completed Mental Health First Aid training during the Post-Referendum period. This was an increase compared to the Referendum period (15.4%) and the Pre-Referendum period (17.2%). No data were available for this measure at Baseline.

Results for health service use variables by age, gender, and remoteness categories are provided at Table 12 in Appendix II.



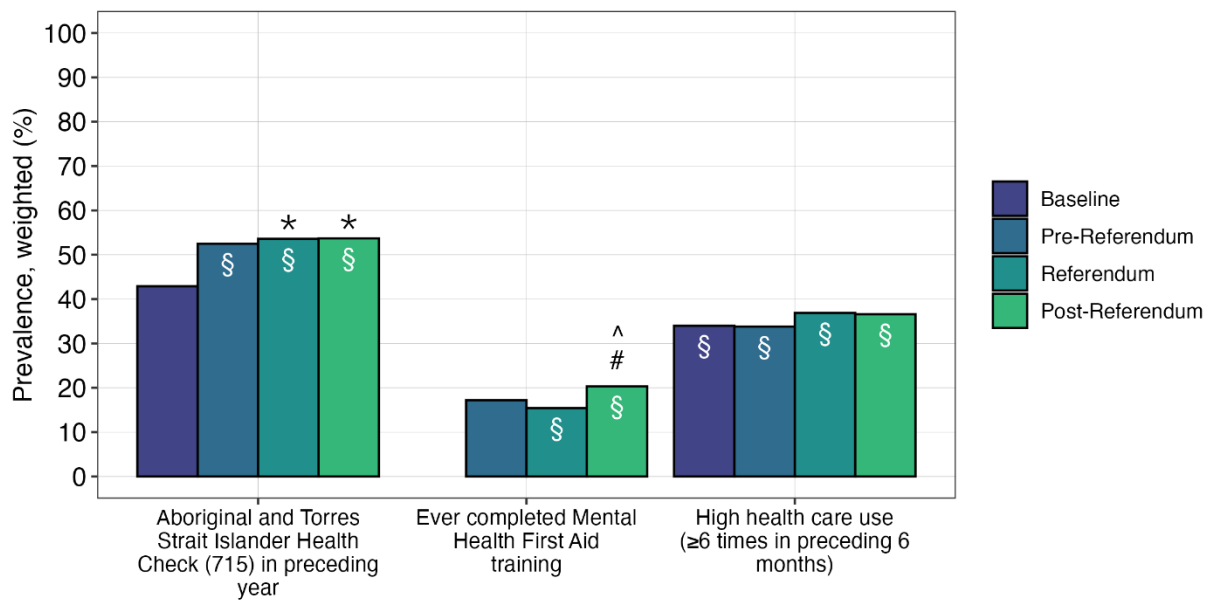


Figure 9: Weighted prevalence estimates for service use variables over the four study periods.

* indicates significant change compared with Baseline.

indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

The Mental Health First Aid training measure was introduced in Wave 2, hence no data are available for the 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.



Table 3: Prevalence of outcomes among Aboriginal and Torres Strait Islander adults in Baseline (Wave 1, 2018–2021), Pre Referendum (Wave 2, Jan 2022–Jan 2023), Referendum period (Wave 2, 1 Feb 2023–14 Oct 2023), and Post-Referendum period (Wave 2, 15 Oct 2023–14 Apr 2025)

Outcome	Baseline (n=9,963)		Pre-Referendum (n=2,176)		Referendum (n=1,286)		Post-Referendum (n=1,536)	
	Weighted % (95% CI)	[Pop. #]	Weighted % (95% CI)	[Pop. #]	Weighted % (95% CI)	[Pop. #]	Weighted % (95% CI)	[Pop. #]
Experiences of discrimination and racism								
Any everyday discrimination	64.0 (62.8-65.3)	[316,000]	66.4 (63.9-68.9)	[328,000]	71.2 (68.1-74.2)*#	[352,000]	74.4 (71.7-77.0)\$*#	[367,000]
Any healthcare discrimination	40.4 (38.8-41.9)	[200,000]	41.0 (37.7-44.3)	[202,000]	46.3 (42.2-50.4)*#	[229,000]	51.8 (48.2-55.5)*#^	[256,000]
Any vicarious racism [‡]	‡	‡	71.5 (69.2-73.8)	[353,000]	69.2 (66.1-72.3)	[342,000]	78.8 (76.4-81.2)#^	[389,000]
Mental health, SEWB, and physical health								
High/very high psychological distress	41.0 (39.4-42.5)	[202,000]	39.5 (36.0-42.9)	[195,000]	44.4 (40.1-48.6)*#	[219,000]	42.9 (39.0-46.9)#	[212,000]
Anxiety	28.9 (27.2-30.5)	[143,000]	31.4 (27.9-34.9)	[155,000]	28.1 (23.5-32.8)#	[139,000]	33.5 (29.4-37.5)*^	[165,000]
Depression	31.7 (30.1-33.4)	[157,000]	32.8 (29.4-36.3)	[162,000]	31.4 (26.8-35.9)	[155,000]	33.0 (28.9-37.1)	[163,000]
PTSD [‡]	‡	‡	11.6 (7.6-15.5)	[57,000]	11.5 (6.4-16.7)	[57,000]	13.0 (8.4-17.7)	[64,000]
Risky alcohol use (≥6 drinks/day at weekly or greater frequency)	12.9 (11.0-14.8)	[64,000]	11.5 (7.5-15.6)	[57,000]	14.1 (8.9-19.3)#	[70,000]	12.5 (7.7-17.3)	[62,000]
Good general health	72.8 (71.8-73.9)	[360,000]	65.1 (62.6-67.6)	[321,000]	60.4 (56.9-63.9)*#	[298,000]	60.3 (57.1-63.4)*#	[298,000]
High happiness	88.4 (87.7-89.1)	[437,000]	86.3 (84.7-87.8)	[426,000]	82.3 (80.0-84.7)*#	[407,000]	82.9 (80.8-85.0)*#	[410,000]
High life satisfaction	70.6 (69.6-71.7)	[349,000]	71.8 (69.6-74.1)	[355,000]	68.0 (64.9-71.1)#	[336,000]	67.6 (64.7-70.5)*#	[334,000]
Family and community support								
In my family, we are always there for each other	81.0 (80.1-81.8)	[400,000]	78.9 (76.9-80.9)	[390,000]	76.3 (73.5-79.0)*	[377,000]	75.0 (72.4-77.6)*#	[370,000]
In my family, we get on together and cope in the hard times	76.5 (75.6-77.5)	[378,000]	78.5 (76.5-80.5)	[388,000]	69.7 (66.6-72.8)*#	[344,000]	72.2 (69.4-74.9)*#	[357,000]
In my family, we talk with each other about the things that matter	73.6 (72.6-74.7)	[364,000]	72.2 (70.0-74.5)	[357,000]	67.8 (64.6-71.0)*#	[335,000]	69.2 (66.3-72.1)*	[342,000]
In my family, people are accepted for who they are	82.1 (81.3-83.0)	[406,000]	78.2 (76.2-80.2)	[386,000]	73.5 (70.5-76.4)*#	[363,000]	74.2 (71.5-76.8)*#	[366,000]
In my family, we have good support from mob	62.3 (61.0-63.6)\$	[308,000]	55.8 (52.9-58.7)	[276,000]	55.7 (52.0-59.5)*	[275,000]	57.1 (53.7-60.5)*	[282,000]
In my community, I feel like I belong	43.1 (41.6-44.7)	[213,000]	41.2 (38.0-44.5)	[204,000]	39.8 (35.4-44.2)*	[197,000]	42.6 (38.7-46.5)	[210,000]
Self-determination								
Feel in control of my life	79.5 (78.6-80.4)	[393,000]	81.3 (79.4-83.1)	[401,000]	77.0 (74.4-79.7)*#	[381,000]	80.6 (78.4-82.9)^	[398,000]

I can get involved in community discussions	27.6 (25.9-29.4)	[136,000]	25.8 (22.1-29.5)	[127,000]	24.7 (19.8-29.6)*	[122,000]	26.9 (22.5-31.3)	[133,000]
In my community, I feel listened to	32.0 (30.3-33.7)	[158,000]	31.7 (28.2-35.3)	[157,000]	29.6 (24.8-34.3)	[146,000]	30.6 (26.4-34.9)	[151,000]
Government has the final say in decisions about my community	50.2 (48.8-51.6)	[248,000]	48.0 (44.8-51.1)	[237,000]	45.9 (41.8-50.1)*	[227,000]	51.6 (48.1-55.2)#^	[255,000]
Cultural connectedness								
I feel disconnected from my Aboriginal and/or Torres Strait Islander culture	37.5 (35.9-39.1)	[185,000]	36.8 (33.5-40.2)	[182,000]	31.0 (26.4-35.7)*#	[153,000]	34.1 (30.0-38.2)*	[169,000]
I feel torn between my Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture	22.1 (20.4-23.9)	[109,000]	24.9 (21.2-28.5)	[123,000]	21.0 (16.1-25.9)#	[104,000]	27.8 (23.5-32.1)*#^	[137,000]
I participate in social events related to Aboriginal and Torres Strait Islander people (including marches, rallies)	70.5 (69.4-71.6)	[348,000]	71.4 (69.1-73.6)	[352,000]	68.6 (65.5-71.8)	[339,000]	71.6 (68.9-74.3)	[354,000]
Service use								
High health care use (≥6 times in preceding 6 months)	34.0 (32.0-35.9)§	[168,000]	33.8 (30.1-37.5)§	[167,000]	36.9 (32.0-41.7)§	[182,000]	36.6 (32.2-41.0)§	[181,000]
Aboriginal and Torres Strait Islander Health Check (715) in preceding year	42.9 (41.4-44.4)	[212,000]	52.5 (49.5-55.6)§	[260,000]	53.6 (49.6-57.7)*§	[265,000]	53.7 (49.9-57.4)*§	[265,000]
Ever completed Mental Health First Aid training‡	‡	‡	17.2 (13.3-21.2)	[85,000]	15.4 (10.1-20.7)§	[76,000]	20.3 (15.6-25.0)#^§	[100,000]

The same post-stratification weighting approach was used across study periods, with the exception of a change in the categorisation of the remoteness variable used for weighting the Post-Referendum sample, due to small participant numbers in remote areas (details at Appendix I).

Pop. # = Population Number. This Table is based on participants with data on the outcome of interest; missing data are excluded.

* indicates a significant difference between weighted prevalence estimate compared to the Baseline period, with p-value for Z-test <0.05.

indicates a significant difference between weighted prevalence estimate compared to the Pre-Referendum period, with p-value for Z-test <0.05.

^ indicates a significant difference between weighted prevalence estimate compared to the Referendum period, with p-value for Z-test <0.05.

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

‡ indicates an outcome variable not available in Wave 1; 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. Results where missing data prevalence is >40% in the sample for the respective period are not reported due to risk of bias.

Strengths and limitations

This analysis is based on data from the Mayi Kuwayu Study, an Aboriginal-led and -governed study that adheres to principles of Indigenous Data Sovereignty and includes over 10,000 Aboriginal and Torres Strait Islander adult participants.³⁷ The Study includes a holistic range of wellbeing outcomes, developed through community-based processes.

The intention of the Mayi Kuwayu Study is to capture diversity across participants, while enabling individual and community-level self-determination in participation.^{38,39} As such, the sampling design is non-random. Accordingly, the sample is not intended to be representative of the whole Aboriginal and Torres Strait Islander population. However, survey weights have been developed and applied to the sample, to improve our ability to make whole-of-population inferences based on the study sample. The weighting applied in this project was based on three benchmark variables (age, gender/sex, remoteness). The estimates of outcomes presented in the main text reflect the whole population; however, we acknowledge variation within the population and in Appendix II estimates of outcomes are presented by categories of age, gender, and remoteness. We note that all prevalence estimates are estimates only, and we have provided confidence intervals for all estimates to assist in interpretation. In particular, estimates should be interpreted with caution if confidence intervals are wide.

All variables analysed in the current project are based on self-report, with the exception of remoteness which is based on geocoding of addresses. Some of the experiences, such as discrimination, may be under-reported as participants may not have wanted to disclose their experiences.

Where we identify significant change in prevalence estimates over the study periods, this does not provide evidence of causal attribution to impacts related to the Referendum; rather it broadly identifies changes in the prevalence of the outcomes across the study periods. The changes observed across study periods in this analysis could result from multiple different causes and their interactions. Any observed difference (or lack of difference) should also be interpreted in the context of the slight modification to the weighting approach used for the Post-Referendum sample compared to previous samples (see Appendix I).

Discourse around the Referendum is just one of many stressors faced by Aboriginal and Torres Strait Islander peoples over the study periods. Other stressors may include major events that have occurred over the study periods such as the COVID-19 pandemic and responses to it; increasing cost of living pressures; extreme weather events (such as bushfires, floods, droughts); and other significant societal issues highlighted in the media, including those related to Indigenous social justice and community safety. Activities such as jurisdictional level treaty and truth-telling processes may also impact many of the outcomes analysed in this report. Regardless of the specific causes of the observed changes in outcomes, there is a need to address the impacts of the changes, including through providing services and supports to meet the needs of Aboriginal and Torres Strait Islander peoples.

This project is not about the views of Aboriginal and Torres Strait Islander peoples on the Referendum and did not collect or analyse any data about voting intentions.



Concluding remarks

The current report provides insight into wellbeing outcomes for Aboriginal and Torres Strait Islander adults in the lead up to and in the first eighteen months following the Referendum vote. 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.⁴⁰

In the eighteen months Post-Referendum, experiences of discrimination, general health, happiness, and family wellbeing remain worse than at Baseline. Experiences of healthcare discrimination, vicarious racism and doctor-diagnosed anxiety have continued to increase from levels observed during the Referendum period. Whereas some aspects of wellbeing have remained relatively high, these may be under threat as the impacts of escalating racism and the erosion of key supports that promote this wellbeing (including family support and connection to culture) are increasingly felt.

These quantitative findings are consistent with concerns expressed by Aboriginal and Torres Strait Islander participants in focus groups conducted earlier in this project.³⁴ Our findings 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 (26%) have been from people experiencing distress caused by racism – up from 16% in 2022 and 19% in 2023.⁴¹ While our results do not provide evidence of causality, the observed contemporaneous increases in discrimination/racism and psychological distress/anxiety are consistent with a causal contribution of racism to the increasing burden of poor mental health.⁴²

The cross-sectional design of this analysis does not permit attribution of the results to any particular cause, however the discourse around the Referendum is likely to have contributed to the observed increases in racism, discrimination, and associated declines in health outcomes. It is not possible to disentangle other factors that may have contributed to the results observed, and there is no shortage of events and associated discourses that have negatively impacted—and continue to negatively impact—the wellbeing of Aboriginal and Torres Strait Islander peoples. Settler-colonial violence—in physical, structural, and discursive forms—continues to be pervasive internationally and in Australia.

The available 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.⁴³ 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.¹⁶ Continued and urgent attention is needed to address racism and discrimination.

The racism, discrimination, and associated health harms observed over the Referendum period and following do not represent justifications for not pursuing structural change designed to eliminate racism or address injustices suffered by Aboriginal and Torres Strait Islander peoples. Justice must be pursued: this is a fundamental determinant of the health and wellbeing of Aboriginal and Torres Strait Islander peoples, families, and communities. Robust commitments to truth-telling and respectful discourse by politicians and media are fundamental for processes of structural change and enactment of Indigenous rights to proceed with minimal harm.

The results of this project underscore the urgent need for action against all forms of racism. While ongoing monitoring and reporting can enable visibility and validation for the lived experiences of Aboriginal and Torres Strait Islander peoples, meaningful action and accountability is required from governments, politicians, media, and public organisations. There is no shortage of recommendations from Aboriginal and Torres Strait Islander peoples on what such action should look like.^{21–30}



Appendix I: Detailed methods

Overview of the Mayi Kuwayu Study

Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing, is currently the largest longitudinal study of Aboriginal and Torres Strait Islander adults, with over 10,000 participants to date.³⁷ The Mayi Kuwayu Study is an Aboriginal and Torres Strait Islander-led and -governed data resource designed to provide evidence on culture and its relationship to wellbeing. All individuals aged 16 years and older identifying as Aboriginal and/or Torres Strait Islander are eligible to participate.

Participants can complete the survey on paper, online, or face-to-face with a community researcher, as part of the longitudinal Mayi Kuwayu Study. Participants in the Wave 1 (baseline) survey will be followed up by survey every few years, and new participants are able to join the study at any time. Wave 1 (baseline) surveys were completed between June 2018 and May 2021. This project also analyses data from Mayi Kuwayu Study Wave 2 commencing January 2022.

The key aims of the Mayi Kuwayu Study sampling design are (1) to maximise participation, while ensuring individual and community self-determination in participation; and (2) to maximise diversity of participation across demographic, social, geographic, and cultural factors.^{38,39} The baseline sample has broad representation from across Australia, with more than 150 communities represented.³⁸

Mayi Kuwayu Study surveys include items measuring demographic factors; cultural practice and expression; wellbeing, health conditions, medications use, health behaviours, and health service use; and environments and experiences.³⁸ Survey items for the baseline questionnaire were developed based on literature review and extensive community consultation with almost 200 Aboriginal and Torres Strait Islander people attending over 20 focus groups across Australia from 2014 to 2017.^{37,44} The aim of the survey development process was to develop robust measures of wellbeing that capture important concepts as determined by Aboriginal and Torres Strait Islander peoples, capturing heterogeneity within the population.³⁷ Follow-up surveys maintain the core components of the baseline survey.⁴⁴ Modifications to the survey are made through an Aboriginal-led survey redesign process, incorporating feedback from participants and community researchers, evidence of psychometric validity of measures, and evolving community priorities.

Ethics

The Mayi Kuwayu Study is Aboriginal and Torres Strait Islander-led and -governed, and is underpinned by principles of Indigenous Data Sovereignty.³⁵ Participation is voluntary and requires written informed consent. The Mayi Kuwayu Study is conducted with ethics approvals from national, State, and Territory Human Research Ethics Committees (HRECs) and from relevant Aboriginal and Torres Strait Islander organisations. The analysis for this Report was done under The Australian National University HREC protocol 2016/767 and with approval from the Mayi Kuwayu Data Governance Committee (Reference Number: D230319). All variables and analyses were pre-specified in the approved application to the Data Governance Committee. Aboriginal or Torres Strait Islander peoples were involved through all stages of this research.

Data used for analysis for this Report

This analysis is intended to provide a snapshot of health and wellbeing during the Post-Referendum period (15 October 2023–14 April 2025), in comparison to the Referendum period (February 2023–14 October 2023), Pre-Referendum period (January 2022–January 2023), Baseline (June 2018–May 2021) and. This report focuses on participants aged 18 years and over, as some benchmark variables (that



enable weighting of the sample) were only available for the population aged 18 years and over, and there was a relatively small number of participants aged 16–17 years.

Data used for analysis for this report are from both Wave 1 and Wave 2 of the Mayi Kuwayu Study. The Wave 1 sample includes 9,963 Aboriginal and/or Torres Strait Islander adults who completed the Wave 1 Mayi Kuwayu Study survey in 2018–2021 and who were 18 years or over at the time of survey. The Pre-Referendum sample includes 2,176 Aboriginal and/or Torres Strait Islander adults who completed the Wave 2 Mayi Kuwayu Study survey between January 2022 and January 2023 and who were 18 years or over at the time of survey. The Referendum period sample includes 1,286 Aboriginal and/or Torres Strait Islander adults who completed the Wave 2 Mayi Kuwayu Study survey between 1 February 2023 and 14 October 2023 and who were 18 years or over at the time of survey. The Post-Referendum period sample includes 1,536 Aboriginal and/or Torres Strait Islander adults who completed the Wave 2 Mayi Kuwayu Study survey between 15 October 2023 and 14 April 2025 and who were 18 years or over at the time of survey. The analysis conducted for this report involved comparing the estimated population prevalence across time points, based on weighted data from each sample. This was not a longitudinal analysis; that is, we did not examine changes within individuals across periods.

Variables

This report analyses data across a broad range of health and wellbeing and service use variables, and demographic characteristics. Variable selection was informed by literature review and stakeholder engagement (Report 1).³⁴ The aim was to include a diversity of positive and negative wellbeing-related outcomes that might be impacted by the Referendum, and to provide insight into what services and/or resources might be needed to support Aboriginal and Torres Strait Islander adults. Table 4 provides details and definitions of each variable.

Table 4: Definition of variables used for analysis

Variable	Survey question	Response options and categorisation	Question #	
			W1	W2
Demographic factors				
Age group	Participants are asked to fill in their Date of birth (day/month/year).	Age in years is calculated based on ‘date of entry’ (i.e. date of completion of the survey) minus ‘date of birth, rounded to the nearest year. Implausible values are recoded to missing (.) in the continuous variable. Age group is categorised as: (0) 18-39 years; (1) 40-59 years; (2) ≥60 years.	Q29	Q37
Gender	In Wave 1, participants are asked, ‘What is your gender?’	Response options in Wave 1 are: (1) male, (2) female, (3) other; (.) indicates missing responses. Response options in Wave 2 are: (1) a man, (2) a woman, (3) transgender, (4) non-binary, (5) I identify another way, as ..., (6) prefer not to say.	Q28	Q35
	In Wave 2, participants are asked, ‘I am...’ (select all that apply).	There are a small number of persons identifying as a gender other than man or woman. To protect their privacy, we cannot present data for this group on their own, and we cannot include this category when gender is used as a stratification variable. A variable including those identifying as men and women only is used for all stratified and adjusted analyses: (0) man, (1) woman. However, participants identifying as another gender are included in analyses of the overall sample and any analyses that are not adjusted for or stratified by gender.		



Variable	Survey question	Response options and categorisation	Question #	
			W1	W2
Remoteness	Participants are asked to fill in their home address (Suburb/Town, State/Territory, Postcode).	Remoteness is derived based on geocoded address data, categorised according to Australian Statistical Geography Standard remoteness categories: major cities, inner regional, outer regional, remote, and very remote. To create relatively equal groupings, these five categories are collapsed into three: (0) major cities; (1) inner or outer regional areas; (2) remote or very remote areas.	--	--
State/Territory	Participants are asked to fill in their home address (Suburb/Town, State/Territory, Postcode).	State/Territory is based on geocoded address.	--	--
Identification as Aboriginal and/or Torres Strait Islander	Participants are asked to identify as Aboriginal and/or Torres Strait Islander.	Response options are: Aboriginal, Torres Strait Islander, Both Aboriginal and Torres Strait Islander, Neither Aboriginal or Torres Strait Islander. Each response is coded as its own category. Participants identifying as Neither Aboriginal or Torres Strait Islander are asked to discontinue.	Q1	--
Highest formal education qualification	Participants are asked, 'What is the highest education you have completed?'	Response options are: 'No school', 'Primary school', 'Some high school', 'Year 10 (School or Intermediate certificate)', 'Year 12 (Higher school, leaving certificate, College)', 'Certificate or diploma (such as child care worker, mechanic)', 'University'. Coded as (0) Up to school year 10 or intermediate certificate (1) School year 12 or beyond, including certificate or diploma.	Q41	Q54
Family financial security	Participants are asked, 'which words best describe your family's money situation?'	Response options: 'We have a lot of savings', 'We have some savings' – categorised as (1) Some, or a lot, of savings; 'We have just enough to get us to the next payday' – categorised as (2) Just enough money; 'We run out of money before payday', 'We are spending more than we get' – categorised as (3) Run out of money or spend more than is earned; 'Unsure' – categorised as (4) Unsure.	Q43	Q61
Mental health, SEWB, and physical health outcomes				
Psychological distress	<p>The Kessler Psychological Distress Scale is designed to identify generalised psychological distress, based on a set of items about anxiety and depressive symptoms over the preceding four weeks. The Mayi Kuwayu Study includes a modified Kessler-5 scale (MK-K5), which has been validated for use within the population. Participants are asked, 'In the last 4 weeks about how often did you ...' for 8 prompts (bolded prompts indicate the MK-K5 questions):</p> <ol style="list-style-type: none"> 1. ... feel happy? 2. ... feel worried? 3. ... feel nervous? 4. ... feel hopeless (have no hope)? [original K5 wording: "without hope"] 5. ... feel restless or jumpy? 6. ... feel everything was an effort (have no energy)? [original K5 wording does not include clarifier (have no energy)] 7. ... feel sad? [K5 wording: "so sad that nothing could cheer you up?"] 8. ... feel pain? (If yes, what kind of pain:_____) 	<p>Response options are: 'All of the time' (5), 'Most of the time' (4), 'Some of the time' (3), 'A little of the time' (2), or 'None of the time' (1). This is the same response option and response ordering as used in the ABS survey.</p> <p>The MK-K5 total score is a sum of the 5 MK-K5 items, range: 5-25. MK-K5 total score is missing in the original sample if any of the individual items were missing.</p> <p>A binary MK-K5 distress variable is created: Low or moderate distress (5-11) (coded as 0); High or very high psychological distress (12-25) (coded as 1). Participants with scores of 12 or above are categorised as having high or very high psychological distress, according to commonly-used K5 cut-offs.</p>	Q50	Q65



Variable	Survey question	Response options and categorisation	Question #	
			W1	W2
Anxiety	Participants are asked to state if they regularly took any medicine in the last month, and what the medicine is for. They were then asked to state if a Doctor had ever told them that they had a range of health-related conditions. For each medication and each condition, participants ticked the box if they had ever used the medication or ever had the condition.	Anxiety was listed as one of the response options on both questions. Those who did not select anxiety in either question are coded as 0, noting that this represents participants who answered no as well as participants who did not answer the question – it is not possible to distinguish between the two. Those who selected anxiety in either question (i.e. indicating ever taking medications for anxiety, or ever being diagnosed with anxiety by a Doctor) are coded as 1.	Q52, Q53	Q67, Q68
Depression	Participants are asked to state if they regularly took any medicine in the last month, and what the medicine is for. They were then asked to state if a Doctor had ever told them that they had a range of health-related conditions. For each medication and each condition, participants ticked the box if they had ever used the medication or ever had the condition.	Depression was listed as one of the response options on both questions. Those who selected depression in either question (i.e. indicating ever taking medications for depression, or ever being diagnosed with depression by a Doctor) are coded as 1. Those who did not select Depression in either question are coded as 0, noting that this represents participants who answered no as well as participants who did not answer the question – it is not possible to distinguish between the two.	Q52, Q53	Q67, Q68
Post-traumatic stress disorder (PTSD)	W2 only: Participants are asked to state if they regularly took any medicine in the last month, and what the medicines for. They were then asked to state if a Doctor had ever told them that they had a range of health-related conditions. For each medication and each condition, participants ticked the box if they had ever used the medication or ever had the condition.	Post-traumatic stress disorder (PTSD) was listed as one of the response options on both questions. Those who selected depression in either question (i.e. indicating ever taking medications for PTSD, or ever being diagnosed with PTSD by a Doctor) are coded as 1. Those who did not select PTSD in either question are coded as 0, noting that this represents participants who answered no as well as participants who did not answer the question – it is not possible to distinguish between the two.	Not asked in W1	Q67, Q68
Life satisfaction	Participants are asked, 'How satisfied are you with your life?'	Response options are: 'A lot', 'A fair bit' – categorized as high satisfaction; 'A little bit', 'Not at all' – categorized as low satisfaction.	Q48	Q63
General health	Participants are asked, 'How would you rate your general health?'	Response options are: (1) excellent (2) very good (3) good – categorised as 'good health' (4) fair (5) poor – categorised as 'not good health'.	Q47	Q62
Happiness	Prompt 1 in the Kessler Psychological Distress Scale (refer to 'psychological distress' variable)	Response options are: 'All of the time' (5), 'Most of the time' (4), 'Some of the time' (3) – categorised as 'High happiness'; 'A little of the time' (2), or 'None of the time' (1) – categorised as 'low happiness'.	Q50	Q65
Risky alcohol use	Participants are asked, 'Do you drink alcohol?' If they state Yes, they are then asked, 'How often do you have six or more drinks in one day?'	Response options for the first question are: 'Yes', 'I drank in the past, but don't drink now', 'I have never been a drinker'. Those who answered 'Yes' were directed to the second question. Response options for the second question are: 'Never', 'Less than once a month', 'Monthly', 'Weekly', 'Daily or most of the days'. Participants who selected 'I drank in the past, but don't drink now', or 'I have never been a drinker' to the first question, or selected 'Never', 'Less than once a month', 'Monthly' to the second question – categorised as 'No risky alcohol use'. Participants who selected 'Weekly' or 'Daily or most of the days' to the second question – categorised as 'Risky alcohol use'.	Q60, Q63	Q81, Q81c
Experiences of discrimination & racism				



Variable	Survey question	Response options and categorisation	Question #	
			W1	W2
Experience of discrimination in everyday life	<p>Participants are asked, 'How often do these things happen to you?' [note: no time window provided].</p> <p>There are 8 prompts: [1] I am treated with less respect than other people; [2] I receive worse service than other people (including at restaurants, stores, Centrelink, housing); [3] People act like I am not smart; [4] People act like they are afraid of me; [5] I am called names, insulted, or yelled at; [6] I am followed around in shops; [7] I am watched more closely than others at work or school; [8] Police unfairly bother me. The measure used in W1 has been validated for use within the population. Slight modifications were made to the wording of items in W2, and additional items were added (analysed separately as vicarious racism, below).</p>	<p>The response options for each item are 'not at all' (0), 'a little bit' (1), 'a fair bit' (2), or 'a lot' (3). Items are coded as '.' if missing data.</p> <p>The total score is calculated by summing responses to all 8 items (range: 0 to 24); the total score is only created for participants with complete data across the items. For the current analysis, participants are coded as experiencing 'any' (score=1-24/24) versus no (score=0) everyday discrimination.</p>	Q95	Q90
Experience of discrimination in health care	<p>Participants are asked, 'How often do these things happen to you when you receive health care?'</p> <p>There are 4 prompts: [1] Health care providers do not listen to what I say. [2] I have to wait longer than other people. [3] I receive poorer health care than other people. [4] I go home without the care I need.</p> <p>The measure used in W1 has been validated for use within the population. Slight modifications were made to the wording of items in W2, and additional items were added (not analysed in the current report).</p>	<p>The response options for each item are 'not at all' (0), 'a little bit' (1), 'a fair bit' (2), or 'a lot' (3).</p> <p>The total score is calculated by summing responses to all 4 items (range: 0 to 12); the total score is only created for participants with complete data across the items. For the current analysis, participants are coded as experiencing 'any' (score=1-12/12) versus no (score=0) discrimination in health care</p>	Q98	Q93
Vicarious racism	<p>W2 only: Participants are asked, 'How often do these things happen to you?'</p> <p>There are 3 prompts related to this variable: [1] People make jokes about Aboriginal/Torres Strait Islander people in front of me. [2] People make insulting comments about Aboriginal/Torres Strait Islander people in front of me. [3] I witness other Aboriginal/Torres Strait Islander people being treated unfairly.</p>	<p>The response options for each item are 'not at all' (0), 'a little bit' (1), 'a fair bit' (2), or 'a lot' (3).</p> <p>The total score is calculated by summing responses to all 3 items (range: 0 to 9); the total score is only created for participants with complete data across the items. For the current analysis, participants are coded as experiencing 'any' (score=1-9/9) versus no (score=0) vicarious racism.</p>	Not asked in W1	Q90
Self-determination				
Feel in control of my life	Participants are asked, 'How much are you in control of your life?'	<p>Response options are:</p> <p>'A lot', 'A fair bit' – categorized as 'Feel control'; 'A little bit', 'Not at all' – categorized as 'no control'.</p>	Q49	Q64
I can get involved in community discussions	Participants are asked, 'In the Aboriginal/Torres Strait Islander community where I live now...' for a set of prompts. The prompt for this variable is 'I can get involved in community discussions.'	<p>Responses options are:</p> <p>'A lot', 'A fair bit' – categorized as 'Participate'; 'Not at all', 'A little bit', 'Unsure' – categorized as 'No participation'</p>	Q27	Q34
In my community, I feel listened to	Participants are asked, 'In the Aboriginal/Torres Strait Islander community where I live now...' for a set of prompts. The prompt for this variable is 'I feel listened to.'	<p>Responses options are:</p> <p>'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit', 'Unsure' – categorized as 'No'</p>	Q27	Q34
Government has the final say in decisions about my community	Participants are asked, 'In the Aboriginal/Torres Strait Islander community where I live now...' for a set of prompts. The prompt for this variable is 'government has the final say in decisions about the community.'	<p>Responses options are:</p> <p>'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit', 'Unsure' – categorized as 'No'.</p>	Q27	Q34
Cultural connectedness				
Feeling disconnected from your Aboriginal and/or Torres Strait Islander culture	Participants are asked, 'Have you ever felt disconnected from Aboriginal/Torres Strait Islander culture?'	<p>Responses options are:</p> <p>'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit', 'Unsure' – categorized as 'No'.</p>	Q26	Q32



Variable	Survey question	Response options and categorisation	Question #	
			W1	W2
Feeling torn between your Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture	Participants are asked, 'Do you feel torn between your culture and non-Indigenous culture?'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit', 'Unsure' – categorized as 'No'.	Q17	Q15
I participate in social events related to Aboriginal and Torres Strait Islander people (including marches, rallies)	The prompt for this item is: 'These are things that Aboriginal/Torres Strait Islander people have said are important to their culture. Not all people do these things, and that doesn't make you more or less Aboriginal/Torres Strait Islander.' Participants are asked, 'How much time do you spend...' for a set of prompts, The prompt for this variable is 'Participating in social events related to Aboriginal/Torres Strait Islander people (such as NAIDOC week, Sorry Day events, cultural festivals, corroboree, marches or rallies)?'	Responses options are: 'A little bit', 'A fair bit', 'A lot' – categorized as 'Yes'; 'Want to but can't', 'Not at all' – categorized as 'No'	Q25	Q29
Family and community support				
In my family, people are always there for each other	Participants are asked, 'In my family...' for a set of prompts. The prompt for this variable is 'We are always there for each other.'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit' – categorized as 'No'.	Q103	Q98
In my family, we get on together and cope in the hard times	Participants are asked, 'In my family...' for a set of prompts. The prompt for this variable is 'We get on together and cope in the hard times.'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit' – categorized as 'No'.	Q103	Q98
In my family, we talk with each other about the things that matter	Participants are asked, 'In my family...' for a set of prompts. The prompt for this variable is 'We talk with each other about the things that matter.'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit' – categorized as 'No'.	Q103	Q98
In my family, people are accepted for who they are	Participants are asked, 'In my family...' for a set of prompts. The prompt for this variable is 'People are accepted for who they are.'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit' – categorized as 'No'.	Q103	Q98
In my family, we have good support from mob	Participants are asked, 'In my family...' for a set of prompts. The prompt for this variable is 'We have good support from mob.'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit' – categorized as 'No'.	Q103	Q98
In my community, I feel like I belong	Participants are asked, 'In the Aboriginal/Torres Strait Islander community where I live now...' for a set of prompts. The prompt for this variable is 'I feel like I belong.'	Responses options are: 'A lot', 'A fair bit' – categorized as 'Yes'; 'Not at all', 'A little bit', 'Unsure' – categorized as 'No'.	Q27	Q34
Service use and programs				
High health care use (≥6 times in preceding six months)	Participants are asked, 'In The last 6 months, how many times have you seen a health provider about your health?'	Responses categorised as (0) 0-5; (1) 6 or more.	Q58	Q78
Aboriginal and Torres Strait Islander Health Check (715) in preceding year	Participants are asked, 'Have you had an Aboriginal/Torres Strait Islander Health Check in the last year? Also called an Adult Health Check or 715.'	Response options are: 'Yes' – categorised as 'Yes'; 'No' – categorised as 'No'.	Q59	Q75
Ever completed Mental Health First Aid training	W2: Participants are asked, 'Have you ever participated in... Mental health first aid training?'	Response options are: 'Yes' – categorised as 'Yes'; 'No', 'want to but can't' – categorised as 'No'.	Not asked in W1	Q77

Weighted prevalence for these variables, along with 95% Confidence Intervals, are estimated for the study periods. *Non-overlapping* confidence intervals (e.g. the 95% confidence intervals reported in individual prevalence estimates) provide evidence of significant differences. In addition, in some cases a difference can still be significant even when the confidence intervals overlap; a Z-test can be used to



detect these differences.⁴⁵ Weighted prevalence estimates from the Referendum period were compared to those from the Baseline period and the Pre-Referendum period by conducting two-proportions Z-tests, using a significance level of 0.05. Similarly, weighted prevalence estimates from the Post-Referendum period were compared to those from the Baseline period, the Pre-Referendum period and the Referendum period, using the same approach. Results are shown with symbols in the Figures and Tables (as described in the relevant Figure legend or Table caption).

Where participants are missing data on a variable of interest, a separate category is included for missing, or participants who are missing data on the variable are excluded from the specific analysis, as indicated. To protect confidentiality, all cells representing fewer than five people are suppressed, except for the missing category, which poses no risk to identification.

Analysis was conducted using R (version 4.3.0) and RStudio (Build 576).

Weighting of Mayi Kuwayu Study data from Waves 1 & 2

The Mayi Kuwayu Study sample is not intended to be representative of the total Aboriginal and Torres Strait Islander population. Longitudinal survey samples are generally not designed to be representative of the population of interest, but are intended to capture diversity within the population that is often missed in other survey designs.⁴⁴

A statistical approach to weighting has been applied to the Mayi Kuwayu Study sample to generate population-representative estimates from the survey sample. We also generated 95% confidence intervals around each estimate, to provide a plausible range of values for the weighted estimate. Compared to crude prevalence estimates (i.e. the observed prevalence in the sample), use of survey weighting improves our ability to make inferences about outcomes at the whole-of-population level. The benchmark variables selected for use in weighting in this analysis were age, gender/sex, and remoteness, as they were considered to represent key sources of variation in outcomes. The same benchmark variables are used for weighting each dataset across Reports (Wave 1, and each Wave 2 data cut). Given expected sample size for the Wave 2 data cuts, and associated statistical power, we selected three variables to use as benchmark variables; inclusion of additional benchmark variables would require a larger sample size to generate robust results. These benchmark variables were based on population distributions according to the 2021 Census.

Across study periods, remoteness was included as a benchmark variable for weighting. In the first three periods, a three-category variable for remoteness was used (major cities, inner regional and outer regional areas, and remote and very remote areas); in the Post-Referendum period, a collapsed two-category variable (major cities, regional and remote/very remote) was employed due to small participant numbers within remote areas. This difference in weighting approach should be considered when interpreting differences between the Post-Referendum period and other study periods.

Weighted prevalence estimates were applied to population counts to generate an estimated total number of Aboriginal and Torres Strait Islander adults nationally with each outcome of interest. Population estimates were based on the 2021 Census: a total population size of 494,000 Aboriginal and Torres Strait Islander adults aged 18 years and over. The population number for each outcome is generated by applying a scale factor to the weighted number from the Mayi Kuwayu Study sample (the ratio of total Aboriginal and/or Torres Strait Islander population in 2021 aged 18 years and over to the Mayi Kuwayu Study sample size for the respective period). All population figures reported are rounded to the nearest thousand.



Appendix II: Prevalence of outcomes in relation to demographic characteristics

Each of the following tables are based on participants with data on the relevant outcome variable; missing outcome variable data are excluded, but missing data on the exposure variable are presented. Z-tests were not conducted for the 'missing' category for demographic factors, and therefore the below symbols do not apply to the missing category. There are a small number of persons in the Mayi Kuwayu Study Wave 1 and Wave 2 sample who identify as a gender other than man or woman. To protect confidentiality, we combine this group with the missing category when gender is used as a stratification variable. However, participants identifying as another gender are included in analyses of the overall sample.

In each of the following tables:

* indicates a significant change compared with Baseline, with p-value for Z-test <0.05 .

indicates a significant change compared with Pre-Referendum period, with p-value for Z-test <0.05 .

^ indicates a significant change compared with Referendum period, with p-value for Z-test <0.05 .

Note: comparisons were not made between the Pre-Referendum period and the Baseline period.

d indicates conditions for conducting Z-test were not met, hence comparison with other periods not possible.

‡ indicates an outcome variable not available in Wave 1; accordingly, no comparisons are made to the Baseline period.

— indicates cell suppressed to protect confidentiality due to small underlying unweighted sample size.

c indicates estimate may not be reliable due to Relative Standard Error $>25\%$ (but less than 50%); interpret with caution.

np indicates estimate considered too unreliable for general use based on Relative Standard Error; estimate not presented.

† in the demographic group's description row indicates a significant association between the demographic characteristic and the outcome, with p-value for Rao-Scott chi-squared test <0.05 .

§ indicates missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias. Results with missing data prevalence $>40\%$ in the sample for the respective period are not presented due to risk of bias.

Table 5: Prevalence of mental health outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

Weighted prevalence (95% CI) of outcome and estimated population number [n]								
	High/very high psychological distress				Anxiety			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†	†	†	†	†	†	†	†
18-39 years	44.0 (42.6-45.4) [112,000]	43.7 (40.6-46.7) [111,000]	49.6 (45.5-53.7)*# [118,000]	48.3 (44.6-51.9)* [118,000]	31.7 (30.4-33.0) [80,000]	34.1 (31.3-36.9) [85,000]	31.4 (27.7-35.1) [72,000]	36.3 (32.9-39.7)* [89,000]
40-59 years	40.9 (39.1-42.7) [63,000]	36.1 (32.3-39.9) [54,000]	47.7 (42.4-52.9)*# [70,000]	42.5 (37.7-47.30# [60,000]	28.9 (27.3-30.5) [44,000]	30.5 (27.0-34.1) [46,000]	28.1 (23.5-32.6) [40,000]	36.3 (31.8-40.8)*#^ [51,000]
60+ years	30.5 (28.0-32.9) [22,000]	30.0 (24.8-35.1) [23,000]	28.3 (21.5-35.0) [20,000]	28.7 (22.8-34.5) [23,000]	21.7 (19.6-23.8) [16,000]	25.4 (20.8-30.0) [20,000]	22.9 (16.9-29.0) [16,000]	23.6 (18.2-28.9) [18,000]
Missing	41.3 (35.1-47.5) [5,000]	50.1 (37.5-62.8) [8,000]	29.7 (20.4-39.0) [12,000]	38.9 (28.5-49.3) [11,000]	18.3 (14.2-22.3) [3,000]	27.0 (17.3-36.8) [5,000]	20.2 (13.2-27.3) [10,000]	22.2 (13.7-30.6) [7,000]
Gender	†	†		†	†	†	†	†
Men	37.8 (36.3-39.2) [89,000]	32.5 (29.6-35.5) [76,000]	42.5 (38.4-46.6)*# [99,000]	36.5 (32.9-40.1)^ [86,000]	20.7 (19.6-21.9) [48,000]	23.2 (20.7-25.8) [54,000]	21.6 (18.3-25.0) [50,000]	22.7 (19.6-25.7) [53,000]
Women	43.8 (42.4-45.3) [110,000]	45.8 (42.7-48.9) [114,000]	45.2 (41.2-49.2) [112,000]	48.6 (44.9-52.2)* [121,000]	37.3 (35.9-38.6) [92,000]	39.3 (36.4-42.2) [97,000]	35.2 (31.5-39.0) [85,000]	42.7 (39.2-46.2)*^ [106,000]
Missing~	41.3 (33.8-48.7) [4,000]	42.8 (28.7-57.0) [5,000]	61.1 (44.2-78.1) [8,000]	54.9 (36.4-73.5) [5,000]	11.9 (7.9-16.0) [1,000]	27.5 (16.5-38.6) [4,000]	17.7 (8.0-27.3) [4,000]	55.2 (38.8-71.7) [6,000]
Remoteness	†		†		†	†	†	†
Major Cities	41.9 (40.3-43.5) [84,000]	41.2 (37.8-44.5) [83,000]	45.5 (41.0-50.0) [90,000]	43.3 (39.3-47.4) [86,000]	35.5 (34.0-37.0) [70,000]	35.5 (32.3-38.6) [71,000]	37.9 (33.7-42.1) [75,000]	31.3 (27.7-35.0)*^ [62,000]
Regional	41.7 (40.1-43.2) [86,000]	38.9 (35.6-42.2) [81,000]	39.0 (34.6-43.3) [80,000]	43.9 (40.4-47.4)# [118,000]	29.7 (28.3-31.1) [61,000]	34.4 (31.4-37.5) [72,000]	25.6 (21.9-29.3)*# [53,000]	36.2 (33.0-39.5)*^ [98,000]
Remote or very remote	35.6 (33.0-38.2) [25,000]	36.2 (30.8-41.6) [28,000]	58.1 (50.9-65.2)*# [45,000]	—	8.0 (6.6-9.3) [6,000]	13.2 (9.5-16.8) [10,000]	—	—
Missing	44.0 (38.6-49.4) [8,000]	41.9 (24.7-59.2) [3,000]	30.9 (14.1-47.7) [4,000]	36.0 (22.1-49.8) [6,000]	32.6 (27.7-37.4) [6,000]	21.4 (8.5-34.2) [2,000]	—	28.1 (15.6-40.6) [5,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 5 continued

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	Depression				PTSD [#]			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†			†				†
18-39 years	31.3 (30.0-32.6) [79,000]	31.1 (28.4-33.9) [78,000]	29.7 (26.0-33.3) [68,000]	32.9 (29.6-36.3) [81,000]	≠	12.5 (10.6-14.5) [31,000]	12.7 (10.0-15.3) [29,000]	13.8 (11.3-16.2) [34,000]
40-59 years	35.4 (33.7-37.1) [53,000]	34.7 (31.1-38.3) [52,000]	35.1 (30.2-39.9) [50,000]	38.2 (33.7-42.7) [54,000]	≠	11.9 (9.4-14.4) [18,000]	11.9 (8.6-15.1) [17,000]	15.2 (11.8-18.5) [22,000]
60+ years	27.9 (25.7-30.2) [21,000]	35.2 (30.1-40.3) [27,000]	30.4 (23.8-37.0) [22,000]	28.2 (22.5-33.9) [22,000]	≠	8.2 (5.3-11.1) ^d [6,000]	10.0 (5.7-14.3) ^d [7,000]	8.7 (5.1-12.3) ^d [7,000]
Missing	22.3 (17.9-26.7) [4,000]	30.2 (20.1-40.2) [5,000]	29.7 (21.7-37.7) [14,000]	20.6 (12.4-28.8) [6,000]	≠	10.0 (3.4-16.6) [2,000]	7.3 (2.8-11.9) [4,000]	7.9 (2.4-13.4) [2,000]
Gender	†	†	†	†		†	†	†
Men	25.4 (24.1-26.6) [59,000]	26.9 (24.2-29.6) [63,000]	25.9 (22.4-29.4) [59,000]	25.0 (21.8-28.1) [59,000]	≠	8.4 (6.7-10.0) [19,000]	7.7 (5.5-9.8) ^d [18,000]	7.7 (5.7- 9.6) ^d [18,000]
Women	38.3 (37.0-39.7) [95,000]	38.8 (35.9-41.7) [96,000]	37.1 (33.4-40.9) [90,000]	40.0 (36.5-43.4) [99,000]	≠	14.3 (12.3-16.4) [35,000]	15.4 (12.6-18.2) [37,000]	17.4 (14.7-20.1) [43,000]
Missing~	17.3 (12.6-22.1) [2,000]	26.9 (16.0-37.9) [4,000]	25.3 (14.3-36.3) [6,000]	44.9 (28.5-61.4) [5,000]	≠	16.0 (6.9-25.0) [2,000]	9.3 (2.0-16.7) [2,000]	29.1 (14.0-44.1) [3,000]
Remoteness	†	†	†	†		†	†	
Major Cities	38.3 (36.7-39.8) [75,000]	36.9 (33.8-40.1) [74,000]	40.6 (36.4-44.9) [81,000]	30.9 (27.2-34.5)* [#] [^] [61,000]	≠	13.2 (11.0-15.5) [26,000]	15.3 (12.2-18.4) [30,000]	12.3 (9.7-14.9) [24,000]
Regional	33.7 (32.2-35.1) [69,000]	36.7 (33.6-39.8) [77,000]	27.4 (23.7-31.2)* [#] [57,000]	36.1 (32.9-39.4) [^] [98,000]	≠	12.3 (10.2-14.4) [26,000]	8.8 (6.4-11.2) ^d [18,000]	14.1 (11.8-16.5) [^] [38,000]
Remote or very remote	8.8 (7.4-10.2) [6,000]	12.1 (8.6-15.7) [9,000]	18.4 (13.0-23.9)* [#] [14,000]	—	≠	5.3 (2.9- 7.7) ^d [4,000]	—	—
Missing	32.1 (27.2-36.9) [6,000]	24.0 (10.6-37.5) [2,000]	26.5 (11.9-41.2) [4,000]	19.4 (8.4-30.3) [3,000]	≠	9.6 (0.3-18.8) [1,000]	—	—

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 6: Prevalence of SEWB and physical health outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	High life satisfaction				Good general health			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†		†	†	†	†	†	†
18-39 years	69.4 (68.2-70.7) [175,000]	72.1 (69.5-74.8) [181,000]	63.2 (59.3-67.0)*## [149,000]	65.9 (62.5-69.3)# [162,000]	80.4 (79.3-81.5) [203,000]	74.3 (71.7-76.9) [186,000]	67.9 (64.2-71.7)*## [159,000]	65.2 (61.8-68.6)*## [160,000]
40-59 years	68.8 (67.2-70.5) [105,000]	69.7 (66.2-73.2) [105,000]	69.2 (64.5-73.8) [102,000]	64.0 (59.5-68.6)*## [90,000]	67.3 (65.6-68.9) [103,000]	58.9 (55.1-62.6) [89,000]	55.2 (50.2-60.3)* [81,000]	54.5 (49.8-59.2)* [77,000]
60+ years	78.5 (76.4-80.6) [58,000]	76.5 (71.9-81.0) [59,000]	75.2 (69.0-81.4) [55,000]	79.4 (74.2-84.6) [61,000]	59.4 (56.9-61.9) [44,000]	50.9 (45.6-56.3) [39,000]	50.2 (43.0-57.4)* [37,000]	55.9 (49.6-62.2) [44,000]
Missing	70.6 (65.3-76.0) [10,000]	64.9 (53.5-76.2) [10,000]	79.7 (71.6-87.7) [30,000]	67.5 (57.8-77.2) [20,000]	69.3 (63.9-74.6) [10,000]	48.4 (36.7-60.1) [8,000]	53.7 (43.8-63.5) [21,000]	58.6 (48.5-68.7) [17,000]
Gender	†	†	†	†	†	†	†	†
Men	70.1 (68.8-71.5) [165,000]	74.3 (71.6-77.0) [174,000]	65.7 (61.8-69.5)*## [153,000]	67.8 (64.4-71.2)# [160,000]	71.0 (69.7-72.3) [167,000]	66.4 (63.5-69.3) [155,000]	59.6 (55.6-63.5)*## [140,000]	62.4 (58.9-66.0)* [147,000]
Women	71.2 (69.9-72.5) [178,000]	70.1 (67.3-72.8) [173,000]	71.4 (67.9-74.9) [177,000]	67.5 (64.2-70.9)* [167,000]	74.7 (73.4-75.9) [186,000]	64.3 (61.4-67.1) [159,000]	61.0 (57.2-64.9)* [150,000]	58.3 (54.8-61.8)*## [144,000]
Missing~	70.5 (63.9-77.1) [7,000]	60.8 (47.5-74.0) [7,000]	45.9 (29.1-62.7) [6,000]	62.7 (45.9-79.4) [7,000]	73.4 (67.0-79.8) [7,000]	56.1 (43.0-69.2) [7,000]	62.1 (45.7-78.4) [8,000]	58.6 (41.6-75.5) [6,000]
Remoteness	†	†	†	†	†	†	†	†
Major Cities	70.1 (68.6-71.5) [139,000]	68.8 (65.7-71.9) [139,000]	64.9 (60.7-69.1)* [128,000]	66.4 (62.6-70.1) [131,000]	70.9 (69.4-72.3) [140,000]	63.7 (60.5-66.9) [128,000]	58.7 (54.4-63.0)* [115,000]	60.2 (56.3-64.1)* [120,000]
Regional	70.0 (68.6-71.4) [145,000]	71.1 (68.2-74.1) [148,000]	71.9 (68.0-75.7) [150,000]	69.3 (66.2-72.5) [187,000]	71.6 (70.2-73.0) [148,000]	62.0 (58.8-65.2) [130,000]	58.0 (53.8-62.2)* [121,000]	60.1 (56.7-63.4)* [161,000]
Remote or very remote	75.7 (73.5-78.0) [53,000]	83.9 (80.0-87.9) [63,000]	66.2 (59.5-73.0)*## [50,000]	65.0 (48.2-81.7)# [7,000]	83.0 (81.1-85.0) [60,000]	78.9 (74.4-83.3) [59,000]	67.5 (60.8-74.2)*## [51,000]	56.3 (39.1-73.6)*## [6,000]
Missing	63.8 (58.6-68.9) [11,000]	54.1 (37.7-70.5) [4,000]	63.7 (47.1-80.2) [8,000]	54.4 (40.4-68.5) [9,000]	68.5 (63.6-73.4) [12,000]	51.1 (35.0-67.3) [4,000]	83.0 (70.1-95.9) [11,000]	66.7 (53.5-79.8) [11,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 6 continued

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	High happiness				Risky alcohol use			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†	†			†	†	†	
18-39 years	89.0 (88.1-89.8) [225,000]	87.2 (85.2-89.2) [220,000]	84.0 (81.1-87.0)* [199,000]	84.2 (81.6-86.9)* [206,000]	10.6 (9.8-11.5) [27,000]	9.5 (7.7-11.2) [24,000]	13.1 (10.4-15.8)# [31,000]	12.7 (10.2-15.1)# [31,000]
40-59 years	86.3 (85.0-87.5) [132,000]	86.3 (83.7-89.0) [130,000]	79.1 (74.9-83.3)*## [115,000]	79.8 (75.9-83.6)*## [113,000]	17.1 (15.7-18.4) [26,000]	14.8 (12.0-17.5) [22,000]	18.2 (14.2-22.3) [26,000]	13.5 (10.2-16.8) [19,000]
60+ years	90.2 (88.7-91.8) [67,000]	85.4 (81.6-89.2) [65,000]	81.6 (76.0-87.2)* [60,000]	85.5 (81.0-90.0)* [67,000]	11.6 (10.0-13.3) [9,000]	12.3 (8.7-15.9) ^d [9,000]	10.9 (6.4-15.5) ^d [8,000]	12.5 (8.2-16.8) ^d [10,000]
Missing	92.0 (88.7-95.2) [13,000]	75.0 (64.7-85.3) [12,000]	85.3 (78.2-92.4) [32,000]	80.3 (72.0-88.5) [24,000]	14.5 (10.4-18.7) [2,000]	9.9 (2.5-17.4) [1,000]	10.6 (4.4-16.8) [4,000]	—
Gender		†			†	†	†	†
Men	88.6 (87.6-89.5) [208,000]	87.7 (85.7-89.7) [205,000]	82.8 (79.8-85.9)*## [192,000]	83.0 (80.3-85.8)*## [196,000]	19.3 (18.2-20.5) [45,000]	17.4 (15.0-19.7) [41,000]	20.3 (17.0-23.6) [48,000]	19.4 (16.4-22.3) [46,000]
Women	88.3 (87.4-89.2) [221,000]	85.5 (83.4-87.6) [212,000]	82.4 (79.4-85.4)* [205,000]	83.1 (80.4-85.8)* [205,000]	6.9 (6.2-7.7) [17,000]	6.1 (4.6-7.5) ^d [15,000]	8.4 (6.2-10.6) ^d [21,000]	6.4 (4.6- 8.2) ^d [16,000]
Missing~	89.6 (85.1-94.1) [8,000]	73.8 (62.1-85.6) [9,000]	71.8 (56.5-87.2) [9,000]	76.4 (61.7-91.2) [8,000]	11.2 (6.7-15.7) [1,000]	9.7 (1.5-17.9) [1,000]	—	—
Remoteness	†	†			†		†	†
Major Cities	87.3 (86.2-88.3) [173,000]	84.6 (82.2-87.0) [170,000]	82.3 (78.9-85.6)* [163,000]	82.0 (78.9-85.1)* [164,000]	11.6 (10.6-12.6) [23,000]	12.8 (10.6-15.0) [26,000]	10.2 (7.6-12.9) [20,000]	9.8 (7.4-12.3) [20,000]
Regional	88.0 (87.0-89.0) [182,000]	85.3 (83.0-87.6) [178,000]	83.9 (80.7-87.0)* [174,000]	84.3 (81.8-86.9)* [225,000]	13.4 (12.4-14.5) [28,000]	10.7 (8.6-12.7) [22,000]	16.0 (12.8-19.2)# [33,000]	14.2 (11.7-16.6)# [38,000]
Remote or very remote	92.9 (91.6-94.2) [67,000]	93.7 (91.0-96.3) [71,000]	79.5 (73.8-85.3)*## [60,000]	75.3 (60.2-90.4)*## [8,000]	15.0 (13.1-16.9) [11,000]	10.7 (7.3-14.1) ^d [8,000]	17.8 (12.2-23.3) [13,000]	—
Missing	87.0 (83.3-90.6) [15,000]	85.4 (73.9-97.0) [7,000]	74.2 (59.0-89.4) [9,000]	75.8 (63.9-87.6) [13,000]	12.3 (8.8-15.9) [2,000]	—	—	21.8 (10.1-33.5) [4,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 7: Prevalence of discrimination and racism outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	Everyday discrimination				Healthcare discrimination			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†	†	†	†	†	†	†	†
18-39 years	68.6 (67.3-70.0) [176,000]	70.5 (67.7-73.2) [178,000]	74.8 (71.3-78.3)* [180,000]	77.1 (73.9-80.2)*# [191,000]	43.0 (41.6-44.4) [110,000]	40.4 (37.4-43.4) [101,000]	48.1 (44.1-52.1)*# [115,000]	53.3 (49.6-57.0)*# [130,000]
40-59 years	66.6 (64.9-68.3) [101,000]	70.3 (66.8-73.9) [106,000]	75.8 (71.4-80.3)* [111,000]	79.0 (75.0-83.1)*# [112,000]	42.2 (40.4-44.0) [64,000]	46.0 (42.2-49.9) [70,000]	51.7 (46.5-56.8)* [75,000]	57.2 (52.4-62.0)*# [82,000]
60+ years	42.4 (39.8-45.1) [31,000]	46.7 (41.3-52.1) [36,000]	55.1 (47.7-62.5)* [39,000]	56.8 (50.2-63.4)*# [44,000]	27.3 (25.0-29.6) [20,000]	31.7 (26.6-36.7) [25,000]	33.2 (26.3-40.2) [24,000]	37.3 (31.0-43.6)* [29,000]
Missing	64.2 (58.3-70.1) [9,000]	59.5 (47.3-71.6) [9,000]	59.8 (49.5-70.1) [21,000]	75.1 (65.6-84.6) [21,000]	41.9 (35.9-47.8) [6,000]	47.2 (35.2-59.1) [7,000]	38.9 (28.9-48.9) [14,000]	52.6 (41.6-63.6) [15,000]
Gender	†							
Men	64.5 (63.1-65.9) [151,000]	64.8 (61.9-67.8) [152,000]	72.3 (68.6-76.0)*# [167,000]	73.3 (69.9-76.7)*# [171,000]	39.2 (37.8-40.6) [92,000]	37.2 (34.2-40.2) [87,000]	45.5 (41.4-49.5)*# [106,000]	48.6 (44.8-52.4)*# [114,000]
Women	63.6 (62.3-65.0) [160,000]	67.2 (64.4-70.1) [167,000]	70.0 (66.4-73.7)* [175,000]	75.4 (72.2-78.6)*#^ [188,000]	41.2 (39.8-42.6) [103,000]	44.2 (41.2-47.2) [110,000]	47.2 (43.3-51.2)* [118,000]	54.6 (50.9-58.2)*#^ [135,000]
Missing~	63.4 (56.4-70.4) [6,000]	79.4 (68.4-90.5) [10,000]	72.0 (56.1-88.0) [9,000]	74.5 (59.3-89.6) [8,000]	44.8 (37.6-52.1) [4,000]	46.5 (32.9-60.1) [6,000]	43.0 (25.2-60.8) [5,000]	60.1 (42.8-77.3) [6,000]
Remoteness	†				†	†	†	
Major Cities	65.7 (64.2-67.2) [131,000]	67.7 (64.5-70.8) [137,000]	70.6 (66.5-74.7)* [140,000]	74.2 (70.6-77.8)*# [150,000]	38.4 (36.9-39.9) [76,000]	36.4 (33.2-39.6) [74,000]	44.1 (39.7-48.4)*# [88,000]	50.3 (46.3-54.3)*#^ [103,000]
Regional	61.3 (59.8-62.9) [127,000]	66.8 (63.7-70.0) [138,000]	70.3 (66.2-74.3)* [144,000]	74.4 (71.3-77.5)*# [199,000]	38.6 (37.1-40.1) [80,000]	42.9 (39.6-46.2) [89,000]	51.7 (47.4-56.1)*# [107,000]	53.1 (49.6-56.7)*# [139,000]
Remote or very remote	66.6 (64.0-69.2) [46,000]	62.1 (56.8-67.4) [48,000]	76.0 (69.9-82.0)*# [60,000]	75.2 (58.9-91.4) ^d [7,000]	51.4 (48.7-54.0) [37,000]	46.9 (41.5-52.4) [36,000]	36.9 (30.0-43.8)*# [28,000]	48.6 (30.4-66.8) [5,000]
Missing	67.0 (61.9-72.2) [11,000]	64.9 (49.3-80.5) [6,000]	64.1 (46.2-82.0) [7,000]	75.0 (62.1-88.0) [12,000]	39.8 (34.4-45.1) [7,000]	50.5 (33.4-67.7) [4,000]	50.0 (32.0-67.9) [6,000]	52.7 (38.5-66.8) [9,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 7 continued

		Weighted prevalence (95% CI) of outcome and estimated population number [n]			
		Vicarious racism‡			
		Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group		†	†		
18-39 years	‡	72.4 (69.7-75.1) [182,000]	65.8 (61.9-69.6)# [156,000]	78.6 (75.6-81.6)#^ [195,000]	
40-59 years	‡	73.6 (70.2-77.0) [110,000]	76.7 (72.3-81.0) [112,000]	81.8 (78.1-85.5)# [116,000]	
60+ years	‡	65.3 (60.1-70.4) [51,000]	66.6 (59.7-73.5) [49,000]	74.6 (68.9-80.3)# [57,000]	
Missing	‡	68.5 (57.2-79.7) [11,000]	67.2 (57.5-76.8) [25,000]	76.9 (67.7-86.0) [22,000]	
Gender		†		†	
Men	‡	68.1 (65.2-71.0) [160,000]	69.7 (65.9-73.5) [161,000]	76.5 (73.3-79.7)#^ [180,000]	
Women	‡	74.6 (71.9-77.2) [185,000]	68.9 (65.3-72.6)# [172,000]	81.7 (78.8-84.5)#^ [202,000]	
Missing~	‡	76.0 (64.2-87.9) [9,000]	66.2 (49.5-83.0) [8,000]	64.5 (47.9-81.1) [7,000]	
Remoteness		†	†		
Major Cities	‡	78.1 (75.3-80.9) [158,000]	74.0 (70.1-77.9) [147,000]	79.7 (76.4-82.9)^ [162,000]	
Regional	‡	71.6 (68.6-74.6) [149,000]	69.4 (65.4-73.5) [142,000]	77.7 (74.8-80.7)#^ [205,000]	
Remote or very remote	‡	54.9 (49.5-60.4) ^c [42,000]	56.0 (49.0-63.1) [43,000]	80.5 (66.2-94.9) ^d [8,000]	
Missing	‡	62.3 (46.3-78.3) [5,000]	71.6 (55.4-87.8) [9,000]	84.8 (74.6-95.0) [14,000]	

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 8: Prevalence of self-determination outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	Feel in control of my life				I can get involved in community decisions			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†		†	†	†	†	†	
18-39 years	78.9 (77.8-80.0) [198,000]	80.5 (78.1-82.9) [202,000]	74.3 (70.8-77.8)*# [175,000]	81.1 (78.3-84.0)^ [198,000]	27.5 (26.3-28.8) [72,000]	26.1 (23.4-28.7) [66,000]	18.3 (15.1-21.5)*# [43,000]	25.1 (22.0-28.3)^ [62,000]
40-59 years	77.0 (75.5-78.6) [118,000]	80.2 (77.1-83.2) [121,000]	76.3 (71.9-80.6) [112,000]	76.5 (72.5-80.5) [108,000]	29.5 (27.8-31.2) [45,000]	27.9 (24.4-31.4) [43,000]	33.9 (29.0-38.8)# [50,000]	31.5 (27.0-35.9) [45,000]
60+ years	86.5 (84.8-88.3) [65,000]	86.0 (82.2-89.7) [66,000]	81.9 (76.4-87.5) [60,000]	88.0 (83.8-92.1) [69,000]	23.4 (21.1-25.7) [16,000]	19.5 (15.0-24.0) [14,000]	23.7 (17.3-30.1) [17,000]	24.0 (18.4-29.6) [18,000]
Missing	80.4 (75.8-85.1) [11,000]	80.6 (71.2-90.1) [13,000]	87.5 (80.9-94.1) [33,000]	77.1 (68.4-85.7) [23,000]	32.3 (24.9-39.6) [3,000]	28.5 (17.7-39.2) [5,000]	29.7 (20.6-38.9) [12,000]	27.1 (17.7-36.6) [8,000]
Gender	†	†			†			
Men	78.1 (76.9-79.3) [183,000]	81.4 (79.1-83.8) [190,000]	77.0 (73.6-80.4)# [179,000]	80.6 (77.7-83.5) [190,000]	30.4 (29.1-31.8) [72,000]	26.9 (24.1-29.6) [62,000]	23.7 (20.2-27.2)* [56,000]	27.9 (24.6-31.3) [66,000]
Women	81.0 (79.9-82.1) [203,000]	81.9 (79.6-84.2) [203,000]	77.9 (74.6-81.1)# [193,000]	81.1 (78.3-83.9) [201,000]	24.8 (23.6-26.1) [63,000]	24.3 (21.7-26.9) [61,000]	25.5 (22.1-29.0) [64,000]	26.2 (23.0-29.4) [65,000]
Missing~	78.0 (72.0-84.1) [7,000]	65.2 (52.4-78.0) [8,000]	61.2 (44.7-77.6) [8,000]	70.9 (55.2-86.5) [8,000]	45.1 (33.5-56.7) [2,000]	36.5 (23.0-50.0) [4,000]	25.3 (7.5-43.1) [2,000]	20.1 (5.9-34.3) [2,000]
Remoteness		†	†		†	†	†	†
Major Cities	79.3 (78.0-80.6) [157,000]	77.3 (74.5-80.0) [156,000]	72.0 (68.1-75.9)*# [142,000]	82.3 (79.3-85.4)#^ [163,000]	21.6 (20.2-22.9) [42,000]	21.0 (18.3-23.7) [42,000]	19.0 (15.5-22.5) [38,000]	23.7 (20.3-27.1) [48,000]
Regional	79.6 (78.3-80.8) [165,000]	82.4 (79.9-84.9) [172,000]	82.3 (79.0-85.5) [171,000]	79.3 (76.5-82.1) [213,000]	25.9 (24.5-27.3) [53,000]	24.3 (21.4-27.1) [50,000]	26.5 (22.6-30.3) [56,000]	28.6 (25.4-31.7)# [76,000]
Remote or very remote	80.7 (78.6-82.8) [57,000]	89.4 (86.1-92.8) [68,000]	74.7 (68.6-80.9)# [56,000]	81.8 (68.4-95.3) ^d [9,000]	49.7 (47.0-52.3) [37,000]	41.7 (36.3-47.1) [32,000]	34.5 (27.5-41.5)* [25,000]	54.5 (37.0-72.0)^ [6,000]
Missing	76.2 (71.6-80.8) [13,000]	75.5 (61.3-89.6) [6,000]	82.8 (69.8-95.8) [11,000]	81.8 (71.0-92.6) [13,000]	22.1 (17.6-26.7) [4,000]	31.9 (15.6-48.2) [2,000]	26.6 (10.8-42.3) [3,000]	21.2 (9.8-32.5) [4,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 8 continued

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	In my community, I feel listened to				Government has the final say in decisions about my community			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†	†			†	†	†	†
18-39 years	33.5 (32.2-34.9) [88,000]	35.7 (32.8-38.5) [91,000]	28.5 (24.8-32.2)*# [67,000]	28.7 (25.4-32.0)*# [71,000]	49.4 (48.0-50.9) [130,000]	50.0 (47.0-53.0) [127,000]	41.0 (37.0-45.0)*# [98,000]	48.0 (44.4-51.6)^ [118,000]
40-59 years	31.2 (29.5-32.9) [48,000]	28.0 (24.5-31.5) [43,000]	32.3 (27.5-37.1) [48,000]	33.9 (29.4-38.5)# [48,000]	52.2 (50.4-54.1) [80,000]	48.4 (44.5-52.2) [74,000]	48.9 (43.7-54.0) [73,000]	57.8 (53.1-62.5)*#^ [82,000]
60+ years	28.0 (25.6-30.5) [19,000]	25.9 (21.0-30.9) [19,000]	25.2 (18.7-31.7) [18,000]	29.4 (23.5-35.3) [23,000]	48.2 (45.5-50.9) [34,000]	40.6 (35.0-46.1) [29,000]	49.4 (41.8-56.9) [34,000]	54.0 (47.5-60.5)# [41,000]
Missing	29.7 (22.5-36.9) [2,000]	30.1 (19.2-40.9) [5,000]	33.6 (24.1-43.0) [13,000]	34.2 (24.0-44.3) [10,000]	52.8 (44.9-60.6) [4,000]	44.5 (32.4-56.6) [7,000]	58.2 (48.3-68.1) [23,000]	46.1 (35.6-56.5) [14,000]
Gender	†	†			†			
Men	34.5 (33.1-36.0) [82,000]	33.8 (30.8-36.7) [78,000]	27.9 (24.2-31.6)*# [65,000]	27.9 (24.6-31.3)*# [66,000]	52.6 (51.1-54.1) [125,000]	47.7 (44.6-50.8) [111,000]	48.1 (44.0-52.2)* [113,000]	50.2 (46.5-53.8) [119,000]
Women	29.4 (28.1-30.7) [74,000]	29.4 (26.6-32.1) [74,000]	31.1 (27.4-34.8) [79,000]	33.1 (29.7-36.5)* [82,000]	47.8 (46.3-49.2) [121,000]	48.0 (45.0-51.1) [120,000]	43.5 (39.5-47.4)* [109,000]	53.6 (49.9-57.2)*#^ [132,000]
Missing~	45.4 (33.7-57.0) [2,000]	41.4 (27.5-55.3) [5,000]	29.6 (11.5-47.8) [3,000]	31.7 (15.5-47.9) [3,000]	63.6 (52.6-74.7) [3,000]	50.7 (36.7-64.8) [6,000]	56.0 (36.2-75.7) [6,000]	39.3 (22.0-56.5) [4,000]
Remoteness	†	†	†	†	†	†		†
Major Cities	24.8 (23.4-26.2) [49,000]	26.9 (23.9-29.9) [54,000]	25.5 (21.6-29.4) [51,000]	29.3 (25.7-33.0)* [59,000]	49.7 (48.0-51.3) [97,000]	46.9 (43.6-50.3) [95,000]	44.0 (39.6-48.5)* [87,000]	51.0 (47.0-55.0)^ [102,000]
Regional	28.9 (27.5-30.4) [59,000]	25.4 (22.5-28.3) [53,000]	28.2 (24.3-32.0) [59,000]	31.4 (28.1-34.6)# [84,000]	47.5 (45.9-49.1) [98,000]	46.0 (42.7-49.3) [95,000]	48.3 (44.0-52.7) [102,000]	52.3 (48.8-55.8)*# [140,000]
Remote or very remote	58.1 (55.5-60.7) [43,000]	58.2 (52.9-63.6) [45,000]	45.7 (38.2-53.1)*# [33,000]	53.7 (36.4-71.0) [6,000]	59.3 (56.7-61.9) [45,000]	55.9 (50.5-61.4) [43,000]	44.7 (37.5-51.9)*# [33,000]	68.6 (52.5-84.7)^ [7,000]
Missing	36.6 (31.3-41.8) [6,000]	61.2 (44.2-78.3) [5,000]	26.6 (10.8-42.3) [3,000]	19.4 (8.2-30.5) [3,000]	48.7 (43.2-54.1) [8,000]	49.5 (32.1-66.9) [4,000]	42.3 (24.7-59.9) [5,000]	37.2 (23.7-50.7) [6,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 9: Prevalence of cultural connectedness outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	I feel torn between my Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture				I feel disconnected from my Aboriginal and/or Torres Strait Islander culture			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†				†			†
18-39 years	23.2 (22.0-24.4) [59,000]	25.0 (22.4-27.6) [63,000]	19.8 (16.6-23.0)# [46,000]	26.8 (23.7-30.0)*^ [66,000]	37.8 (36.4-39.2) [96,000]	37.9 (35.0-40.8) [94,000]	29.6 (25.9-33.3)*# [70,000]	32.4 (29.0-35.7)*# [79,000]
40-59 years	23.4 (21.9-25.0) [36,000]	26.4 (23.0-29.8) [39,000]	22.6 (18.4-26.9) [33,000]	32.2 (27.8-36.6)*#^ [46,000]	39.6 (37.8-41.4) [62,000]	36.0 (32.3-39.7) [54,000]	31.9 (27.1-36.7)* [46,000]	32.4 (28.0-36.8)*# [46,000]
60+ years	16.1 (14.2-17.9) [12,000]	21.8 (17.3-26.2) [17,000]	17.5 (12.0-23.0) [13,000]	25.3 (19.7-30.8)* [20,000]	33.4 (30.9-35.9) [25,000]	36.2 (31.0-41.3) [28,000]	32.5 (25.6-39.3) [24,000]	46.7 (40.4-53.1)*#^ [36,000]
Missing	20.5 (15.2-25.8) [2,000]	23.2 (13.7-32.8) [4,000]	28.0 (19.8-36.3) [12,000]	21.5 (12.9-30.0) [6,000]	26.8 (19.9-33.6) [2,000]	32.0 (21.3-42.7) [5,000]	33.6 (24.2-43.1) [13,000]	24.0 (15.2-32.9) [7,000]
Gender	†				†	†	†	
Men	20.7 (19.6-21.9) [49,000]	24.1 (21.4-26.7) [56,000]	19.3 (16.1-22.5)# [44,000]	25.9 (22.7-29.1)*^ [60,000]	30.5 (29.1-31.8) [72,000]	31.8 (28.9-34.7) [74,000]	25.9 (22.4-29.5)*# [61,000]	31.8 (28.4-35.2)^ [74,000]
Women	23.4 (22.2-24.5) [59,000]	25.7 (23.1-28.3) [63,000]	23.2 (19.8-26.5) [56,000]	30.0 (26.8-33.3)*#^ [75,000]	44.2 (42.8-45.6) [113,000]	41.7 (38.8-44.7) [104,000]	35.4 (31.6-39.2)*# [88,000]	35.8 (32.4-39.3)*# [89,000]
Missing~	22.7 (15.3-30.0) [1,000]	22.7 (12.1-33.4) [3,000]	15.3 (5.5-25.1) [3,000]	19.1 (6.1-32.1) [2,000]	17.2 (7.9-26.6) [1,000]	32.6 (19.7-45.4) [4,000]	40.7 (21.7-59.6) [4,000]	44.7 (27.9-61.4) [5,000]
Remoteness	†	†			†	†	†	†
Major Cities	25.4 (24.0-26.8) [50,000]	27.1 (24.2-30.1) [54,000]	21.9 (18.3-25.6)# [44,000]	30.3 (26.7-34.0)*^ [60,000]	47.8 (46.2-49.4) [97,000]	44.4 (41.1-47.7) [89,000]	35.7 (31.5-40.0)*# [71,000]	35.8 (32.0-39.7)*# [71,000]
Regional	20.8 (19.5-22.0) [43,000]	25.7 (22.8-28.5) [54,000]	20.9 (17.4-24.4)# [43,000]	25.9 (23.0-28.9)*^ [70,000]	35.9 (34.4-37.4) [74,000]	38.8 (35.7-42.0) [81,000]	29.9 (26.0-33.9)*# [62,000]	34.4 (31.2-37.7) [93,000]
Remote or very remote	17.7 (15.7-19.7) [13,000]	17.4 (13.3-21.5) [13,000]	18.7 (13.2-24.2) [14,000]	—	13.7 (11.8-15.6) [9,000]	11.7 (8.2-15.2) ^d [9,000]	23.1 (17.0-29.2)* [17,000]	—
Missing	19.0 (14.8-23.2) [3,000]	18.5 (6.1-30.8) [2,000]	23.2 (8.6-37.7) [3,000]	32.2 (18.8-45.6) [5,000]	30.5 (25.5-35.5) [5,000]	34.9 (19.5-50.4) [3,000]	21.7 (7.5-36.0) [3,000]	23.8 (11.9-35.8) [4,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 9 continued

	Weighted prevalence (95% CI) of outcome and estimated population number [n]			
	I participate in social events related to Aboriginal and Torres Strait Islander peoples			
	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†	†		†
18-39 years	74.4 (73.2-75.6) [191,000]	74.3 (71.7-76.9) [189,000]	70.6 (66.9-74.3)* [167,000]	73.6 (70.4-76.8) [180,000]
40-59 years	69.9 (68.3-71.6) [107,000]	73.1 (69.6-76.5) [108,000]	68.5 (63.6-73.3) [99,000]	74.4 (70.3-78.6) [106,000]
60+ years	58.0 (55.4-60.6) [42,000]	58.8 (53.4-64.1) [45,000]	64.3 (57.2-71.3) [46,000]	61.4 (55.1-67.6) [47,000]
Missing	70.0 (63.9-76.1) [8,000]	69.1 (57.9-80.2) [11,000]	65.6 (56.5-74.7) [28,000]	68.5 (58.9-78.1) [20,000]
Gender	†	†	†	†
Men	66.0 (64.6-67.4) [157,000]	66.0 (63.1-69.0) [154,000]	63.7 (59.7-67.6) [148,000]	63.4 (59.9-67.0) [149,000]
Women	74.6 (73.4-75.8) [186,000]	76.7 (74.2-79.3) [191,000]	74.1 (70.6-77.6) [182,000]	79.2 (76.3-82.1)*^ [197,000]
Missing~	73.5 (65.8-81.2) [5,000]	63.3 (49.8-76.9) [7,000]	56.8 (40.7-72.9) [8,000]	75.2 (59.9-90.4) [8,000]
Remoteness	†	†	†	†
Major Cities	70.1 (68.6-71.5) [139,000]	70.2 (67.1-73.3) [141,000]	65.8 (61.6-70.0) [129,000]	72.8 (69.2-76.3)^ [146,000]
Regional	67.9 (66.5-69.4) [139,000]	68.2 (65.1-71.3) [143,000]	67.3 (63.3-71.3) [143,000]	70.9 (67.7-74.0) [189,000]
Remote or very remote	78.1 (75.9-80.2) [57,000]	85.3 (81.5-89.2) [65,000]	78.3 (72.3-84.3)# [57,000]	88.1 (76.8-99.3)^d [9,000]
Missing	73.2 (68.5-77.9) [13,000]	50.6 (33.8-67.4) [4,000]	79.2 (65.1-93.3) [10,000]	58.4 (44.4-72.4) [9,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 10: Prevalence of family support outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	In my family, we are always there for each other				In my family, we get on together and cope in the hard times			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†			†	†			†
18-39 years	80.2 (79.1-81.3) [203,000]	80.0 (77.6-82.4) [201,000]	74.1 (70.6-77.7)*# [177,000]	73.0 (69.7-76.3)*# [179,000]	75.2 (74.0-76.4) [191,000]	78.9 (76.5-81.4) [198,000]	67.6 (63.8-71.4)*# [160,000]	69.7 (66.3-73.1)*# [171,000]
40-59 years	80.8 (79.4-82.3) [123,000]	76.5 (73.2-79.7) [115,000]	78.2 (73.9-82.5) [114,000]	75.0 (70.8-79.2)* [107,000]	76.6 (75.0-78.1) [117,000]	77.0 (73.7-80.2) [116,000]	68.8 (64.0-73.6)*# [101,000]	72.0 (67.6-76.3)* [102,000]
60+ years	83.8 (81.9-85.7) [62,000]	81.0 (76.8-85.3) [62,000]	80.8 (74.9-86.6) [59,000]	82.4 (77.4-87.4) [64,000]	80.7 (78.6-82.7) [59,000]	80.0 (75.6-84.3) [62,000]	77.2 (71.0-83.3) [56,000]	80.0 (74.8-85.3) [62,000]
Missing	81.0 (76.5-85.6) [12,000]	74.9 (64.4-85.4) [12,000]	73.8 (64.8-82.7) [28,000]	71.5 (61.7-81.3) [20,000]	78.7 (73.9-83.5) [12,000]	78.4 (68.5-88.3) [12,000]	72.5 (63.4-81.5) [28,000]	73.4 (63.9-82.9) [21,000]
Gender	†				†	†		
Men	80.8 (79.7-82.0) [188,000]	78.3 (75.7-80.9) [181,000]	79.2 (75.9-82.6) [184,000]	73.1 (69.7-76.4)*#^ [172,000]	75.6 (74.4-76.9) [175,000]	75.9 (73.2-78.6) [176,000]	71.1 (67.4-74.8)*# [166,000]	71.0 (67.6-74.5)*# [166,000]
Women	81.2 (80.1-82.3) [204,000]	79.3 (76.9-81.8) [198,000]	73.5 (70.0-77.0)*# [184,000]	76.4 (73.3-79.6)* [189,000]	77.6 (76.4-78.7) [195,000]	80.9 (78.5-83.2) [202,000]	68.8 (65.1-72.4)*# [171,000]	73.7 (70.5-76.9)*#^ [184,000]
Missing~	79.6 (74.0-85.2) [8,000]	82.1 (71.7-92.5) [10,000]	77.0 (61.1-92.9) [8,000]	83.4 (70.3-96.4) [9,000]	73.6 (67.4-79.7) [8,000]	78.2 (67.1-89.3) [10,000]	62.4 (44.4-80.3) [7,000]	61.5 (44.4-78.6) [7,000]
Remoteness	†		†		†		†	†
Major Cities	80.2 (78.9-81.4) [160,000]	79.7 (77.0-82.4) [160,000]	71.8 (67.8-75.8)*# [143,000]	71.6 (68.0-75.3)*# [146,000]	76.7 (75.3-78.0) [153,000]	79.3 (76.6-82.0) [160,000]	63.9 (59.6-68.1)*# [127,000]	68.3 (64.5-72.1)*# [139,000]
Regional	79.4 (78.1-80.6) [163,000]	77.3 (74.5-80.1) [163,000]	77.2 (73.6-80.9) [160,000]	77.0 (74.0-80.0) [203,000]	75.3 (74.0-76.7) [155,000]	77.6 (74.8-80.3) [163,000]	74.6 (70.8-78.4) [154,000]	75.6 (72.5-78.7) [198,000]
Remote or very remote	87.3 (85.5-89.0) [63,000]	81.3 (77.0-85.6) [60,000]	85.6 (80.6-90.7) [65,000]	84.4 (71.3-97.6) ^d [9,000]	79.6 (77.5-81.7) [58,000]	78.6 (74.1-83.2) [58,000]	72.7 (66.2-79.1)* [55,000]	72.1 (55.8-88.3) [7,000]
Missing	82.3 (78.2-86.4) [14,000]	80.2 (67.2-93.2) [7,000]	75.1 (60.0-90.1) [10,000]	78.4 (66.6-90.1) [13,000]	76.5 (71.9-81.1) [13,000]	79.2 (66.0-92.4) [7,000]	65.0 (48.9-81.2) [9,000]	66.4 (53.2-79.6) [11,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 10 continued

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	In my family, we talk with each other about the things that matter				In my family, people are accepted for who they are			
	Baseline	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†			†	†		†	†
18-39 years	72.9 (71.6-74.1) [184,000]	70.6 (67.8-73.3) [177,000]	65.6 (61.8-69.5)*# [155,000]	67.9 (64.4-71.3)* [166,000]	80.4 (79.3-81.5) [204,000]	76.9 (74.4-79.5) [192,000]	68.1 (64.3-71.9)*# [161,000]	71.3 (68.0-74.7)*# [175,000]
40-59 years	73.7 (72.1-75.3) [112,000]	73.2 (69.8-76.6) [111,000]	69.0 (64.2-73.8) [101,000]	68.3 (63.8-72.8)* [98,000]	82.3 (80.9-83.7) [125,000]	78.4 (75.2-81.6) [119,000]	78.9 (74.7-83.1) [116,000]	72.8 (68.5-77.1)*#^ [104,000]
60+ years	76.2 (74.0-78.4) [56,000]	76.0 (71.4-80.7) [59,000]	72.3 (65.7-78.8) [52,000]	77.7 (72.2-83.1) [61,000]	88.4 (86.7-90.1) [65,000]	83.0 (79.0-87.1) [64,000]	80.4 (74.6-86.3)* [58,000]	84.0 (79.2-88.8) [65,000]
Missing	72.5 (67.3-77.7) [11,000]	71.0 (60.0-82.0) [11,000]	68.5 (59.1-78.0) [26,000]	61.9 (51.4-72.4) [18,000]	78.3 (73.5-83.1) [12,000]	72.6 (61.8-83.4) [11,000]	72.6 (63.5-81.6) [28,000]	78.7 (69.9-87.5) [23,000]
Gender	†				†		†	
Men	72.4 (71.1-73.7) [168,000]	71.1 (68.3-73.9) [165,000]	69.9 (66.2-73.7) [163,000]	67.3 (63.8-70.8)* [158,000]	82.1 (81.0-83.2) [191,000]	77.0 (74.4-79.7) [179,000]	77.7 (74.3-81.2)* [181,000]	73.7 (70.4-77.0)* [174,000]
Women	74.9 (73.7-76.1) [188,000]	73.2 (70.6-75.9) [183,000]	66.0 (62.3-69.8)*# [165,000]	71.2 (67.9-74.5)*^ [177,000]	82.4 (81.4-83.5) [207,000]	79.8 (77.4-82.2) [199,000]	69.8 (66.2-73.5)*# [174,000]	74.5 (71.3-77.8)*# [185,000]
Missing~	69.0 (62.5-75.4) [7,000]	73.0 (61.0-85.0) [9,000]	65.1 (47.5-82.8) [7,000]	64.1 (47.2-80.9) [7,000]	76.4 (70.3-82.4) [8,000]	67.5 (54.9-80.2) [8,000]	65.0 (47.3-82.7) [7,000]	75.7 (60.6-90.7) [8,000]
Remoteness	†		†		†	†		
Major Cities	72.0 (70.6-73.4) [144,000]	73.3 (70.3-76.2) [147,000]	59.7 (55.4-64.0)*# [119,000]	67.3 (63.5-71.1)*#^ [137,000]	82.6 (81.4-83.8) [165,000]	79.9 (77.2-82.6) [161,000]	70.1 (66.1-74.2)*# [140,000]	72.0 (68.4-75.7)*# [146,000]
Regional	71.9 (70.5-73.3) [148,000]	69.9 (66.9-72.9) [147,000]	70.1 (66.2-74.1) [145,000]	70.4 (67.2-73.7) [185,000]	81.3 (80.0-82.5) [167,000]	76.1 (73.3-78.9) [160,000]	75.8 (72.0-79.5)* [156,000]	75.2 (72.2-78.3)* [199,000]
Remote or very remote	83.0 (81.0-84.9) [60,000]	76.6 (72.0-81.3) [57,000]	82.3 (76.8-87.8) [62,000]	76.5 (61.2-91.9) [8,000]	83.0 (81.0-85.0) [60,000]	81.0 (76.6-85.3) [60,000]	76.7 (70.6-82.8)* [58,000]	88.0 (76.2-99.7) ^d [9,000]
Missing	73.2 (68.5-78.0) [13,000]	66.3 (50.9-81.7) [6,000]	71.8 (56.1-87.5) [9,000]	67.7 (54.7-80.8) [12,000]	83.5 (79.5-87.5) [14,000]	65.4 (49.9-80.9) [6,000]	68.9 (52.8-85.0) [9,000]	74.9 (62.6-87.2) [12,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 11: Prevalence of community support outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	In my family, we have good support from mob				In my community, I feel like I belong			
	Baseline§	Pre-Referendum	Referendum	Post-Referendum	Baseline	Pre-Referendum	Referendum	Post-Referendum
Age group	†	†	†	†	†	†		
18-39 years	65.4 (64.0-66.8) [169,000]	60.8 (57.8-63.7) [153,000]	57.1 (53.1-61.2)* [136,000]	60.8 (57.2-64.4)* [150,000]	44.7 (43.3-46.1) [117,000]	46.2 (43.2-49.2) [117,000]	40.0 (36.0-43.9)*## [95,000]	41.0 (37.5-44.6)# [101,000]
40-59 years	59.1 (57.2-61.0) [90,000]	52.6 (48.7-56.5) [79,000]	59.2 (54.2-64.3)# [87,000]	56.5 (51.7-61.3) [80,000]	41.8 (40.0-43.6) [64,000]	36.3 (32.6-40.0) [55,000]	40.1 (35.1-45.2) [59,000]	44.1 (39.4-48.8)# [63,000]
60+ years	57.3 (54.5-60.2) [39,000]	46.1 (40.7-51.6) [35,000]	49.5 (42.1-56.9) [35,000]	47.4 (40.8-54.0)* [36,000]	40.2 (37.5-42.9) [28,000]	34.0 (28.7-39.3) [25,000]	37.0 (29.8-44.2) [26,000]	40.7 (34.3-47.1) [31,000]
Missing	64.9 (59.2-70.6) [10,000]	53.2 (41.1-65.3) [8,000]	45.1 (34.9-55.2) [17,000]	54.4 (43.5-65.3) [15,000]	40.7 (33.0-48.4) [3,000]	42.4 (30.7-54.1) [7,000]	42.8 (32.8-52.9) [16,000]	53.7 (43.1-64.4) [15,000]
Gender				†	†			
Men	62.1 (60.6-63.6) [147,000]	53.8 (50.6-56.9) [125,000]	56.8 (52.8-60.9)* [133,000]	53.0 (49.2-56.8)* [124,000]	46.3 (44.8-47.7) [110,000]	40.4 (37.4-43.5) [94,000]	40.6 (36.6-44.6)* [95,000]	44.5 (40.9-48.2) [106,000]
Women	62.5 (61.0-63.9) [154,000]	57.4 (54.3-60.4) [143,000]	55.2 (51.2-59.1)* [138,000]	61.0 (57.4-64.6)^ [152,000]	39.9 (38.5-41.3) [101,000]	41.4 (38.4-44.3) [104,000]	39.6 (35.7-43.4) [99,000]	40.7 (37.2-44.3) [100,000]
Missing~	65.2 (58.3-72.1) [7,000]	62.3 (49.1-75.4) [8,000]	45.6 (26.8-64.4) [5,000]	56.3 (38.9-73.7) [6,000]	65.3 (54.2-76.4) [2,000]	54.8 (40.8-68.7) [6,000]	27.5 (9.8-45.3) [3,000]	42.0 (25.1-59.0) [5,000]
Remoteness	†	†	†	†	†	†	†	
Major Cities	56.4 (54.7-58.1) [109,000]	54.9 (51.6-58.3) [111,000]	50.8 (46.3-55.2)* [102,000]	51.9 (47.8-55.9)* [106,000]	34.4 (32.8-35.9) [67,000]	35.3 (32.1-38.6) [71,000]	33.8 (29.6-38.0) [67,000]	41.9 (37.9-45.9)*##^ [84,000]
Regional	60.4 (58.8-62.0) [123,000]	50.0 (46.6-53.3) [105,000]	56.6 (52.3-61.0)# [116,000]	59.8 (56.3-63.3)# [157,000]	40.0 (38.5-41.6) [82,000]	35.2 (32.0-38.3) [73,000]	41.9 (37.6-46.1)# [88,000]	43.2 (39.7-46.6)# [115,000]
Remote or very remote	79.4 (77.2-81.5) [63,000]	73.4 (68.5-78.3) [55,000]	65.2 (58.3-72.1)* [49,000]	84.4 (71.3-97.6) ^d [9,000]	74.1 (71.8-76.4) [56,000]	70.8 (65.9-75.7) [55,000]	52.9 (45.7-60.1)*## [40,000]	59.0 (41.9-76.0) [6,000]
Missing	72.0 (66.9-77.0) [13,000]	66.4 (49.9-82.9) [5,000]	63.0 (46.2-79.8) [8,000]	61.0 (47.4-74.6) [11,000]	44.8 (39.3-50.2) [8,000]	62.4 (45.5-79.3) [5,000]	—	31.0 (18.1-43.8) [5,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 12: Prevalence of health service use outcomes among Aboriginal and Torres Strait Islander adults based on weighted estimates from the Mayi Kuwayu Study over Baseline, Pre-Referendum, Referendum and Post-Referendum periods, by demographic characteristics

	Weighted prevalence (95% CI) of outcome and estimated population number [n]							
	High health care use				Health Check in preceding year			
	Baseline\$	Pre-Referendum\$	Referendum\$	Post-Referendum\$	Baseline	Pre-Referendum\$	Referendum \$	Post-Referendum\$
Age group	†		†		†		†	†
18-39 years	28.5 (26.9-30.1) [65,000]	33.6 (30.6-36.6) [82,000]	32.1 (27.7-36.5) [68,000]	34.2 (30.4-38.1)* [79,000]	41.0 (39.7-42.4) [103,000]	54.2 (51.0-57.4) [131,000]	49.1 (44.7-53.4)* [109,000]	49.2 (45.2-53.1)* [117,000]
40-59 years	35.8 (33.8-37.7) [59,000]	31.0 (27.3-34.7) [48,000]	38.9 (33.6-44.1)# [62,000]	40.0 (35.1-45.0)# [59,000]	45.7 (43.9-47.4) [70,000]	51.9 (47.9-55.9) [80,000]	59.5 (54.2-64.7)*# [91,000]	60.1 (55.1-65.0)*# [87,000]
60+ years	43.9 (41.1-46.7) [39,000]	38.4 (33.0-43.8) [31,000]	43.8 (36.4-51.2) [36,000]	37.9 (31.5-44.3) [33,000]	43.4 (40.9-45.9) [32,000]	47.9 (42.4-53.4) [39,000]	51.0 (43.5-58.4) [39,000]	53.9 (47.2-60.6)* [44,000]
Missing	38.1 (31.3-45.0) [5,000]	41.3 (28.6-54.0) [6,000]	39.9 (29.3-50.5) [16,000]	34.0 (23.0-44.9) [10,000]	43.6 (38.0-49.3) [7,000]	57.7 (45.4-70.0) [9,000]	61.9 (52.0-71.9) [25,000]	57.3 (46.2-68.4) [17,000]
Gender	†		†	†			†	†
Men	31.3 (29.7-32.9) [72,000]	32.8 (29.7-36.0) [73,000]	34.0 (29.7-38.2) [79,000]	32.2 (28.4-36.0) [74,000]	42.1 (40.6-43.5) [99,000]	50.1 (46.8-53.3) [115,000]	51.6 (47.3-55.9)* [120,000]	50.2 (46.2-54.2)* [116,000]
Women	36.1 (34.6-37.7) [92,000]	34.3 (31.3-37.2) [88,000]	38.7 (34.5-42.8) [98,000]	39.9 (36.1-43.6)# [101,000]	43.6 (42.2-45.0) [109,000]	54.2 (51.1-57.4) [136,000]	54.3 (50.2-58.4)* [135,000]	56.2 (52.3-60.0)* [141,000]
Missing~	41.0 (32.1-49.9) [4,000]	41.3 (27.7-54.9) [5,000]	58.7 (37.6-79.8) [6,000]	55.1 (36.0-74.3) [6,000]	46.5 (39.5-53.5) [5,000]	64.1 (50.6-77.5) [8,000]	76.5 (61.1-91.9) [10,000]	68.8 (52.0-85.6) [8,000]
Remoteness	†		†		†	†	†	†
Major Cities	37.1 (35.4-38.9) [81,000]	33.9 (30.5-37.2) [69,000]	37.2 (32.6-41.7) [78,000]	36.4 (32.2-40.5) [74,000]	35.3 (33.8-36.8) [70,000]	45.9 (42.4-49.4) [94,000]	52.8 (48.2-57.4)*# [108,000]	47.4 (43.1-51.7)* [96,000]
Regional	33.2 (31.5-35.0) [69,000]	33.7 (30.5-37.0) [71,000]	32.4 (28.0-36.8) [67,000]	36.2 (32.6-39.8) [97,000]	43.0 (41.4-44.5) [89,000]	52.7 (49.3-56.2) [112,000]	50.9 (46.3-55.4)* [106,000]	57.2 (53.5-60.8)*^ [154,000]
Remote or very remote	24.5 (21.4-27.6) [13,000]	35.1 (29.4-40.8) [25,000]	49.3 (40.9-57.7)*# [32,000]	39.3 (20.2-58.5) ^d [4,000]	58.3 (55.7-60.9) [42,000]	71.7 (66.4-77.0) [50,000]	58.9 (51.1-66.7)# [41,000]	78.9 (62.3-95.5) ^d [7,000]
Missing	32.8 (26.1-39.5) [4,000]	24.1 (9.4-38.8) [2,000]	41.7 (21.9-61.6) [5,000]	46.8 (30.3-63.4) [6,000]	64.9 (59.8-69.9) [11,000]	48.7 (31.7-65.7) [4,000]	86.7 (73.5-99.8) [10,000]	60.0 (44.1-75.8) [8,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

Table 12 continued

		Weighted prevalence (95% CI) of outcome and estimated population number [n]		
		Mental Health First Aid Training [‡]		
		Baseline	Pre-Referendum	Referendum § Post-Referendum§
Age group		†	†	†
18-39 years	‡	16.4 (14.1-18.6) [41,000]	12.7 (10.0-15.5)# [31,000]	17.0 (14.2-19.8)^ [42,000]
40-59 years	‡	21.1 (17.9-24.3) [32,000]	17.9 (13.8-21.9) [27,000]	27.3 (22.9-31.6)#^ [39,000]
60+ years	‡	12.5 (8.8-16.2) ^d [9,000]	13.0 (7.7-18.2) ^d [9,000]	18.7 (13.5-23.9) [14,000]
Missing	‡	16.4 (6.9-26.0) [2,000]	27.2 (17.7-36.6) [10,000]	18.0 (9.5-26.5) [5,000]
Gender		†	†	†
Men	‡	13.7 (11.5-15.9) [32,000]	12.8 (10.0-15.6) [30,000]	17.0 (14.1-19.9)^ [40,000]
Women	‡	20.4 (18.0-22.9) [52,000]	16.6 (13.5-19.7) [41,000]	22.7 (19.6-25.8)^ [57,000]
Missing~	‡	16.7 (5.9-27.4) [2,000]	38.2 (21.2-55.2) [5,000]	35.2 (18.4-52.0) [4,000]
Remoteness		†	†	
Major Cities	‡	16.9 (14.4-19.5) [34,000]	13.9 (10.8-17.1) [28,000]	19.8 (16.5-23.0)^ [41,000]
Regional	‡	19.4 (16.7-22.0) [41,000]	19.0 (15.5-22.5) [39,000]	20.8 (17.8-23.7) [55,000]
Remote or very remote	‡	12.8 (9.0-16.5) ^d [10,000]	—	—
Missing	‡	—	—	22.6 (10.1-35.2) [3,000]

~Missing category for gender includes people who identify as a gender other than a man or woman, due to relatively small sample size, we cannot report outcomes separately for this group.

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