

Keyfacts - Social and emotional wellbeing

Social and emotional wellbeing workers web resource

What is social and emotional wellbeing?

The term social and emotional wellbeing is used by many Aboriginal and Torres Strait Islander people to describe the social, emotional, spiritual, and cultural wellbeing of a person. The term recognises that connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events.

Another term that is often used when discussing wellbeing is mental health. Mental health is a term that has been used a lot, mainly by non-Indigenous people, to describe how people think and feel, and how they cope with and take part in everyday life. People are often thought of as being mentally healthy when they don't have a mental illness (when people become unwell in the mind and it affects their thinking, feelings, and behaviour).

Many Aboriginal and Torres Strait Islander people believe that mental health and mental illness focus too much on problems and don't properly describe all the factors that make up and influence wellbeing. Because of this, most Aboriginal and Torres Strait Islander people prefer the term social and emotional wellbeing as it fits well with a holistic view of health. The best way to understand these different terms is to think of mental health and mental illness as part of a person's social and emotional wellbeing.

What are the factors impacting on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people?

There are many different factors that can impact on a person's social and emotional wellbeing. These can range from normal everyday stresses to major life events.

For Aboriginal and Torres Strait Islander people, a number of events in the past have had a serious ongoing impact on their social and emotional wellbeing. These include dispossession from their lands (loss of lands), and the impact of the policies and actions that followed, such as the forced removal of Aboriginal and Torres Strait Islander children from their families and homelands.

Professor Helen Milroy, an Indigenous psychiatrist, describes three important themes to come from an analysis of Aboriginal and Torres Strait Islander history. They include: 'the denial of humanity, the denial of existence and the denial of identity' (see Zubrick et al., 2005).

Also of importance to the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples are the general disadvantages experienced by Aboriginal and Torres Strait Islander children and adults in the areas of education, employment, income, and their overall position in Australian society. These areas, which are some of the important 'social determinants of health', are linked with many other external stresses. These stresses include serious illnesses and disability, higher levels of death in the family/community, overcrowded

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houses, substance use problems, violence, discrimination and racism, trouble with police, and being sent to jail and/or having a family member who has been sent to jail.

What are the mental health problems impacting on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people?

The most serious mental health problems impacting on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people are mental illnesses (also called mental disorders). There are many different mental illnesses that can affect a person's social and emotional wellbeing. These mental illnesses have been grouped together depending on their type. The main types of mental illnesses include:

- anxiety disorders - these are disorders where people worry a lot or often feel edgy and nervous. Examples include panic disorders and posttraumatic stress disorder (please see the key facts in the 'anxiety and stress' section for more information)
- mood disorders - these are disorders that affect a person's mood. People will often feel 'down' or 'low' in mood and some people also experience very 'high' moods. Depressive disorders and bipolar disorders are types of mood disorders (please see the key facts in the 'depression and other mood disorders' section for more information)
- psychotic disorders - these disorders occur when a person loses touch with reality and experiences unusual changes in their thinking, emotions, and behaviour. The person may have confused thoughts, hear voices, or see things that others can't. Schizophrenia is a type of psychotic disorder (please see the key facts in the 'schizophrenia' section for more information)
- substance use disorders - these disorders occur when a person's use of alcohol and/or other substances causes them problems but they continue to take the substance anyway (please see the key facts in the 'substance use issues' section for more information).

Only a trained and qualified health professional can confirm whether someone has a mental illness. This decision is based on the person meeting a strict set of criteria (the person must show a certain number of signs/symptoms for a certain period of time). It is common for people to show some signs of a mental illness but not enough for them to have a mental illness. It is important that these people are also offered help and support because the signs/symptoms could get worse and really affect their social and

emotional wellbeing.

In addition to mental illnesses/disorders, there are other problems that can impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people. These include:

- grief and loss
- trauma
- self-harm
- suicidal thoughts and behaviours.

While these problems are not mental illnesses, they can be a sign or symptom of a mental illness and have a serious impact on a person's social and emotional wellbeing.

How do you measure social and emotional wellbeing?

As with health generally, it is very difficult to provide an overall 'measure' of social and emotional wellbeing. Because of this, measurement tends to focus on the reasons why people are not mentally healthy, and the factors contributing to the reasons why their mental health is not so good.

Mental health problems - and the factors contributing to mental health problems - relate to individuals, but they are often measured by looking at their occurrence in a population. These measures attempt to give an overall picture of:

- how common various mental health problems and stressors are
- how mental health problems are managed in terms of primary health care and hospitalisation
- the impact of mental health problems, including death.

How common are mental health problems among Aboriginal and Torres Strait Islander people?

The exact extent of mental health problems among Aboriginal and Torres Strait Islander people is not known, but there is evidence that:

- Aboriginal and Torres Strait Islander people aged 18 years or older are twice as likely as non-Indigenous people to feel high or very high levels of psychological distress
- in 2004-2005, almost four out of five Aboriginal and Torres Strait Islander people reported having experienced significant stress in the previous 12 months, compared with around three out of five people in the total population
- significant stresses, particularly 'death of a family member or

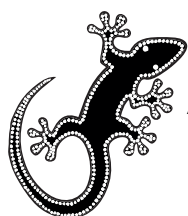
friend', 'alcohol or drug related problem', 'trouble with police', and 'witness to violence', are much more common among Aboriginal and Torres Strait Islander people than among the total population

- the Western Australian Aboriginal Child Health Survey found that around one in four Aboriginal and Torres Strait Islander children and young people aged 4-17 years were viewed by their parents as being at high risk of significant emotional or behavioural difficulties (serious emotional or behavioural problems that affect a person's day-to-day life) - this compares with less than one in six children and young people of the same age group in the general Australian population
- the Western Australian Aboriginal Child Health Survey also found that children of Aboriginal and Torres Strait Islander carers who had been forcibly separated from their families were more than twice as likely to be at high risk of significant emotional or behavioural difficulties, and had twice the rates of alcohol and other drug use than children whose carers had not been forcibly separated from their families
- the rate of admissions to hospital for Aboriginal and Torres Strait Islander people for 'mental and behavioural disorders' - the overall term used to classify different types of mental illnesses/disorders - is almost twice the rate for non-Indigenous people
- for the different 'mental and behavioural disorders' sub-categories, the hospital admission rates for Aboriginal and Torres Strait Islander people were:
 - 3-4 times higher for 'mental and behavioural disorders due to psychoactive substance use'
 - around two times higher for 'schizophrenia, schizotypal and delusional disorders' and 'organic mental disorders'
 - similar for 'disorders of adult personality and behaviour' and 'mood and neurotic disorders' when compared with the rates for the non-Indigenous population
- hospital admissions for intentional self-harm are 2-3 times more common for Aboriginal and Torres Strait Islander people than for non-Indigenous people
- rates of death from intentional self-harm are much higher for Aboriginal and Torres Strait Islander males than for non-Indigenous males; rates for Aboriginal and Torres Strait Islander females are also higher than those for non-Indigenous females
- the rates of death from 'mental and behavioural disorders' are 2-6 times higher for Aboriginal and Torres Strait Islander people than for non-Indigenous people across Australia (the ratios differ between states and territories).

Please note the term 'mental illness' has been used in place of 'mental disorder' and 'psychological disorder' because it is a more common term.

References and further reading

- Australian Health Ministers. (2003). National Mental Health Plan 2003-2008. Canberra: Australian Government
- Garvey, D. C. (2007). Indigenous identity in contemporary psychology: dilemmas, developments, directions (First ed.). Melbourne: Cengage Learning
- Garvey, D. (2008). A review of the social and emotional wellbeing of Indigenous Australian peoples - considerations, challenges and opportunities. Retrieved September 2011 from <http://www.healthinonet.ecu.edu.au/other-health-conditions/mental-health/reviews/our-review>
- Hunter, E. (1997). Double talk: changing and conflicting constructions of Indigenous mental health. Australian and New Zealand Journal of Psychiatry, 31, 820-827
- Hunter, E. (2004). Commonality, difference and confusion: changing constructions of Indigenous mental health [guest editorial], Australian e-Journal for the Advancement of Mental Health, 3(3)
- Swan, P., & Raphael, B. (1995). "Ways forward": national Aboriginal and Torres Strait Islander mental health policy national consultancy report. Canberra: Department of Health and Ageing, Australia
- Vicary, D., & Westerman, T. G. (2004). 'That's just the way he is': some implications of Aboriginal mental health beliefs, Australian e-Journal for the Advancement of Mental Health, 3(3)
- Zubrick, S. R., Silburn, S. R., Lawrence, D. M., Mitrou, F. G., Dalby, R. B., Blair, E. M., et al. (2005). The social and emotional wellbeing of Aboriginal children and young people: summary booklet (No. The Western Australian Aboriginal Child Health Survey, v. 2). Perth: Telethon Institute for Child Health Research and Curtin University of Technology



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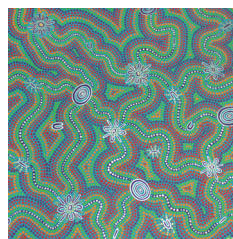
The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to 'closing the gap' in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet's work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet's work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource (www.healthinfonet.ecu.edu.au) is free and available to everyone.

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