RESTORING & SUPPORTING THE MENTAL HEALTH & WELLBEING OF FIRST NATIONS CHILDREN & YOUTH

A SYSTEMIC APPROACH TO CREATING POSITIVE CHANGE

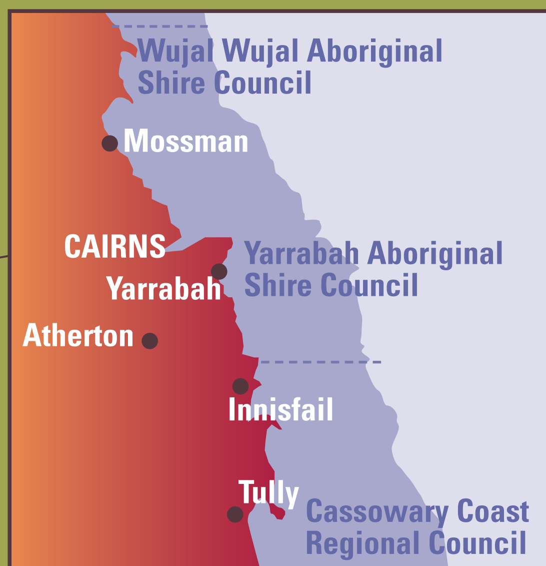
ACKNOWLEDGEMENT OF COUNTRY

We respectfully acknowledge the Traditional Custodians of Yarrabah and Gimuy/Cairns, the Gurubana Gunggandji, Gungandji, Gunggandji-Mandingalbay Yidinji, Gimuy Walubara Yidinji, and Yirrganydji Peoples. We pay our respects to the First Nations peoples and their Elders, past, present and future.

COVER ARTWORK

Billabong Camp depicts time-worn tracks that lead to a shady place of water, where clans gather under paperbark trees after a long, hot journey. The design places people at its centre, referencing students, researchers, people and community. Tracks to a place by water and paperbark trees symbolises the energising, holistic values of the learning journey. The motifs depict people, tracks and meeting places; a story that relates to each individual, on a journey that holds limitless pathways of learning, growth and connection.

Front cover photograph: by Leanne Hardy. Photographs of Reneisha Smith (LHS), and Nahkezia Mundraby (RHS) provided with consent of their parents, Bagiram Mundraby and Geraldine Choikee.



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EXECUTIVE SUMMARY

The Closing the Gap targets are unattainable without a specific focus on children and youth who constitute more than half of the First Nations population (51 percent are aged <25 years). Without appropriate investment in these critical developmental phases, current health and socio-economic inequalities evidenced across all indicators of life for First Nations Australians will not be reduced. However, evidence shows that the mental health and wellbeing of First Nations young people continues to worsen, indicating that different approaches are needed than currently being provided.

The Systems Integration project aimed to improve the services providing support for these young people. Whilst initially focussed on mental health, research findings soon showed that restoring and supporting mental health and wellbeing required change across multiple sectors including primary healthcare, child protection, youth justice, education and social sectors. It also showed that there was an urgent need for culturally appropriate and trauma-informed preventive services able to ensure these young people did not end up in crisis care. Core to the achievement of these changes however was the need for deeper structural change: changes in decision making processes, leadership, funding timelines, and accountability procedures both within and between services, as well as at government levels.

The project showed that without these structural changes, the culturally responsive, trauma-informed, holistic and whole-spectrum approaches First Nations children and youth require for a positive life trajectory will not be achieved. This report shows both what is needed and introduces a change framework able to support such equity-focussed multi-sector and multi-level complex change.

INTRODUCTION

THE SYSTEMS INTEGRATION PROJECT

This research brief presents the findings of the Systems Integration Project, a five year NHMRC (GNT1164251) funded collaborative research program (2019-2024) focused on improving the systems providing support for the mental health and wellbeing of First Nations children and youth (aged 5-18 years). The project was implemented through close partnership arrangements between CQUniversity's Jawun Research Centre, Gurriny Yealamucka Health Services Aboriginal Corporation (Gurriny) and Deadly Inspiring Youth Doing Good (DIYDG). Like most participatory research projects, the aims and research activities flexed and shifted to the needs and opportunities of our partners across the five years of the project.

WITH GRATITUDE

We thank everybody who contributed to the project, as well as our participants, local First Nations youth and service providers. Other research groups also generously collaborated with us in the project: the AMSANT group, who delivered Culturally Responsive Trauma Informed Care (CRTIC) training and the CRTIC-Organisational Systems Assessment Tool (CRTIC-OSAT) reflective evaluation tool, and University of Canberra's Health Research Institute team who collaborated with the Jawun team and partners to develop the Integrated Atlases of social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Cairns and Yarrabah[1,2].

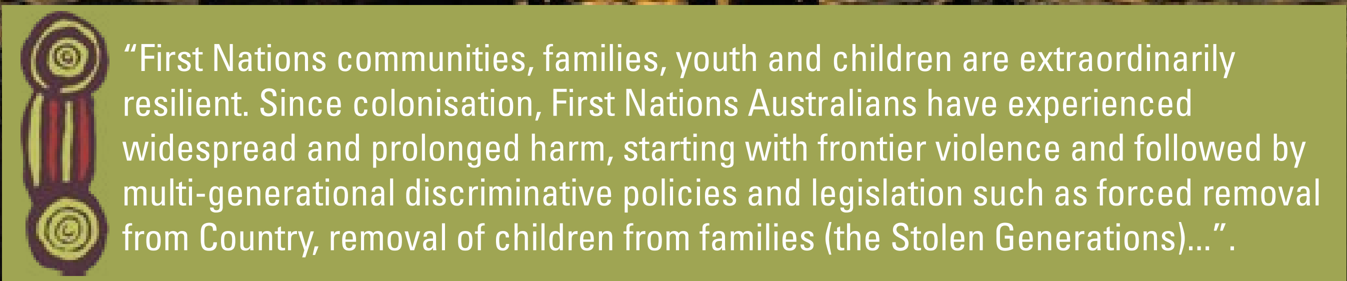
THE PARTNERS

Gurriny is an Aboriginal community-controlled primary health care service delivering healthcare for the Yarrabah community in Far North Queensland. Gurriny provides community-focused, culturally sensitive, multipurpose primary health care services and programs with a particular focus on preventative health care and early intervention. The service employs up to 100 staff, of whom 70% are local[3].

DIYDG is a Cairns based community-controlled youth organisation, developed from a small collective of young (18-22 years) First Nations people. In 2016 the collective consolidated DIYDG as an incorporated youth-led non-profit organisation with the aim to inspire, equip, and empower young people to take action and make change. DIYDG now provides services across the prevention to crisis spectrum through eleven programs[4]. Across its range of activities, DIYDG implements a kinship structure that reflects the organisation's First Nations cultural values, connection to spirit and purpose for being.

Jawun Research Centre is based at Central Queensland University and focuses on First Nations health and wellbeing. The Jawun researchers, research assistants, and higher degree research students work on projects related to adolescent mental health, transition to community control of primary health care services, First Nations workforce development, cultural competence, institutional racism, service integration and research impact[5].

"Across the five years of the research project, we held multiple yarning circles and interviews with Yarrabah and Cairns-based First Nations youth participants between the ages of 11-24 years; and service providers, over 80% of whom were First Nations; as well as staff members from partner organisations. Whilst findings were many and complex, at the core was an understanding that complex social change was required to move First Nations children and youth from positions of trauma, disadvantage and associated poor outcomes, to positions of wellbeing, thriving and positive outcomes."



"First Nations communities, families, youth and children are extraordinarily resilient. Since colonisation, First Nations Australians have experienced widespread and prolonged harm, starting with frontier violence and followed by multi-generational discriminative policies and legislation such as forced removal from Country, removal of children from families (the Stolen Generations)...".

KNOWLEDGE GATHERED

Across the five years of the research project, we held multiple yarning circles and interviews with Yarrabah and Cairns-based First Nations youth participants between the ages of 11 and 24 years; and service providers, over 80% of whom were First Nations; as well as staff members from partner organisations. Whilst findings were many and complex, at the core was an understanding that complex social change was required to move First Nations children and youth from positions of trauma, disadvantage and associated poor outcomes, to positions of wellbeing, thriving and positive outcomes. Change of this kind is far from the "quick fix, individual-focused" efforts often seen in the past. It requires long term commitments, the building of relationships across sectors that might not often connect, and collaboration and change at different levels. This in turn requires a particular mindset and distinct way of thinking: one that acknowledges the complexity of the issue, the desired outcome and the social change needed.

SYSTEMIC THINKING FOR MAKING SENSE OF SOCIAL COMPLEXITY

Complex social change is in essence systemic in nature: requiring change in and across multiple levels, from the individual to the societal and political; as well as in and across multiple sectors, organisations and other involved stakeholders. Such complexity can be overwhelming and difficult to grasp. However, the paradigm of systemic thinking can facilitate this: 'unpacking and repacking' social complexity in a way that supports understanding of the social change required.

While systemic thinking is new to Western ways of thinking[6], it has been the way of thinking for First Nations peoples for thousands of years[7]. What sets systemic thinking apart from much of Western thinking (which is based on a history of reductionism) is its emphasis on *connection.* That is, in a systemic view, all things are connected, whether directly or indirectly[8]. In health and wellbeing research however, an emphasis on connections quickly leads to complexity. As such, systemic thinking has developed a variety of tools to help make sense of complex social situations and change efforts. These include varying the research focus between the big picture and the details; flexibly arranging societal groupings in different ways such as differing levels and perspectives; and exploring complex causality. In doing so, systemic thinking, unlike reductionism, allows for contextual differences and ensuing unpredictability[9,10].

Project findings are presented following this paradigm: showing the desired outcomes of positive mental health and wellbeing for children and youth at both an individual and socioecological level; the social changes required at different levels to achieve this desired outcome; as well as a social change framework able to support such complexity: the Collective Impact framework[11].

SETTING THE CONTEXT

THE CHALLENGES IMPACTING THE MENTAL HEALTH AND WELLBEING OF FIRST NATIONS CHILDREN AND YOUTH

First Nations communities, families, youth and children are extraordinarily resilient. Since colonisation, First Nations Australians have experienced widespread and prolonged harm, starting with frontier violence and followed by multi-generational discriminative policies and legislation such as forced removal from Country, removal of children from families (the Stolen Generations), systemic efforts to suppress Indigenous cultures, and discriminative education and employment policies and opportunities, coupled with ongoing exposure to individual and societal racism and systemic disadvantage. Despite this intergenerational harm, a recent national survey found that a large proportion (59.1%) of First Nations youth rated their wellbeing as good, very good, or excellent[12].

First Nations communities and families, with their complex highly interconnected kinship and social structures and enduring relationships with Country and Culture have shown their strength and continue to demonstrate their resilience in their efforts to reclaim their cultures, Countries and communities in a post-colonial dominant Western system[13].

> "Over two hundred years of historical harm mean many First Nations communities, families, youth and children continue to experience pervasive intergenerational trauma and co-occurring personal trauma and grief."

However, there is little doubt that many First Nations families also continue to face multiple interconnected challenges across various arenas of disadvantage. Over two hundred years of historical harm mean many First Nations communities, families, youth and children continue to experience pervasive intergenerational trauma and co-occurring personal trauma and grief. Economically and socially, many First Nations Australians continue to experience high levels of socio-economic disadvantage including disproportionately high levels of unemployment and associated poverty; overcrowded housing; limited availability or access to cultural and age-appropriate health and welfare services; and fewer opportunities for appropriate and relevant secondary and tertiary education and training opportunities[14,15].

MANY DISADVANTAGES COMBINED WITH HIGH LEVELS OF TRAUMA RESULT IN POOR OUTCOMES

Poor mental health

For a disproportionate number of First Nations young people, these multiple arenas of interconnected disadvantages result in high levels of mental illness and overrepresentation in child protection and youth justice systems. Statistically, young First Nations people under the age of 18 are three times more likely to die by suicide than non-Indigenous Australians and this rate increases to twelve times, if they are under the age of 15[16, 17]. First Nations children and youth (0–17 years) are hospitalised for mental disorders of 1.8 times the total Australian rate[18]. A 2023 survey found that 32.4% experiencing high levels of distress compared to 24.9% in the general population[12].

Poor social outcomes

There is a gross over-representation of Indigenous children and youth in child protection and youth justice systems. First Nations young people are ten times more likely to be removed from their families and 26 times more likely to be held in youth detention than non-Indigenous Australians[19]. Outside the juvenile justice system, authorised removal of First Nations children is increasing, with children now placed in the child protection system at greater rates than during the period defined by the Stolen Generations. For example, in Queensland from 2002-2012, the rate of First Nations children taken into care more than tripled[20]. As a result, the incarceration rate of First Nations children is 17 times higher than the rates of youth incarceration of all other ethnicities combined[21], and in 2021-22 First

The inability of current services, interventions and overarching health and welfare structures to reverse trends of First Nations youth incarceration rates, out of home care, and poor mental health outcomes, provides justification for a different approach.

Nations youth comprised 47% of 10-17 year olds in detention, despite making up only 6% of Australian youth of this age[22].

Adding to challenging circumstances, some children and youth are impacted by complex needs in relation to substance abuse, mental illness, cognitive disability and/or educational, employment or family difficulties, with problems compounded by psychosocial immaturity due to their young ages[23]. In Cairns, the child protection investigation unit has found evidence that many children and youth in the custody of the child safety and youth justice system have themselves been the victims of crimes related to drugs, grooming and sexual abuse[24].

A BETTER PATH FORWARD?

The inability of current services, interventions and overarching health and welfare structures to reverse trends of First Nations youth incarceration rates, out of home care, and poor mental health outcomes, provides justification for a different approach. First Nations young people deserve better outcomes. Importantly, better outcomes for First Nations young people can contribute to broad societal and economic benefit for all Australians, over the short and long term. But the question remains: "what should we be doing differently and how do we achieve this?".

This question in essence drove the research project and the following sections showcase what our partners and participants shared in response.

FINDINGS ARE PRESENTED AS FOLLOWS:

SECTION 1:

What positive mental health and general wellbeing looks like for young First Nations people, from both an individual and a holistic perspective.

SECTION 2:

How support services can improve the care they provide across the spectrum of preventative to acute care services. We showcase the two different models of care our two partner organisations provide to local First Nations youth and children.

SECTION 3:

What the barriers are to wider uptake of such models of care. Here the need for whole of system change is highlighted, particularly structural change at the services and government levels. This includes decision making processes, funding timelines and how accountability processes are developed.

SECTION 4:

How the project used the Collective Impact approach to such complex social change, and some of the "microsteps" of change it was able to support our partner organisations with.

SECTION 1:

FIRST NATIONS CHILDREN AND YOUTH POSITIVE MENTAL HEALTH AND WELLBEING

Youth and service providers explored many aspects to wellbeing. They spoke about what it looked like when a First Nations young person was doing well, what some of the challenges to wellbeing were, and how wellbeing could be strengthened for children and youth. From the many voices the research team listened to, it was clear that for individuals, mental health was only one of multiple dimensions needed for a young person to experience a subjective sense of wellbeing. It also became clear that wellbeing needed to be considered from both an individual perspective and from a socio-ecological perspective. The following sections examine both perspectives in depth.

THE INDIVIDUAL PERSPECTIVE

For individuals, five domains of First Nations children's and youth wellbeing were identified: mental, emotional, physical, social and spiritual. See Figure 1.

The term ***mental health*** for youth was framed from a Western perspective, reflecting the social narrative of mental ill-health. Youth participants felt that mental health was poorly understood and many people did not have the knowledge needed to support others in community who may be struggling. Mental health concerns were kept hidden and early intervention support or services were rarely accessed. One youth reflected: *"People aren't really out in the open when it comes to this sort of stuff like mental health, like nobody wouldn't want to talk about, 'I've got anxiety' or 'I've got depression,' like out in the open."*

While mental health was predominantly spoken about from an illness perspective, participants also spoke about the importance of having a sense of positivity, a sense of ***emotional wellbeing***. As one youth participants said: *"feeling good about themselves"*. This was seen as closely connected to community perceptions of youth wellbeing, with positive messaging in community creating a sense of being valued.

This importance of community narrative in turn points to the importance of ***social wellbeing*** – young people feeling they had a positive role in community. Here, friendships were a very important part of child and youth wellbeing. As one young person put it: *"A lot of decisions are made on friendships"*.

Figure 1. Individual youth mental health and wellbeing: common dimensions but unique and diverse identities.

Social wellbeing was interestingly in turn closely linked to ***physical wellbeing***. Physical activity, whether it was organised sport or going for a walk, was frequently done with friends or family. *"I really think physical health is a social thing here in this community" (youth participant).*

Finally, young people also identified the importance of ***spiritual wellbeing***, linking both to religion and Culture, explaining how spirituality was an important element for all members of community.

Importantly, participants repeatedly emphasised that not only were these dimensions interconnected but that all dimensions played out differently for each young person. That is, there was a strong emphasis on the ***unique identity*** of every child and youth. This theme came up repeatedly as did the importance of being inclusive of this diversity and providing a wide range of opportunities and services able to support this diversity.

THE SOCIO-ECOLOGICAL PERSPECTIVE

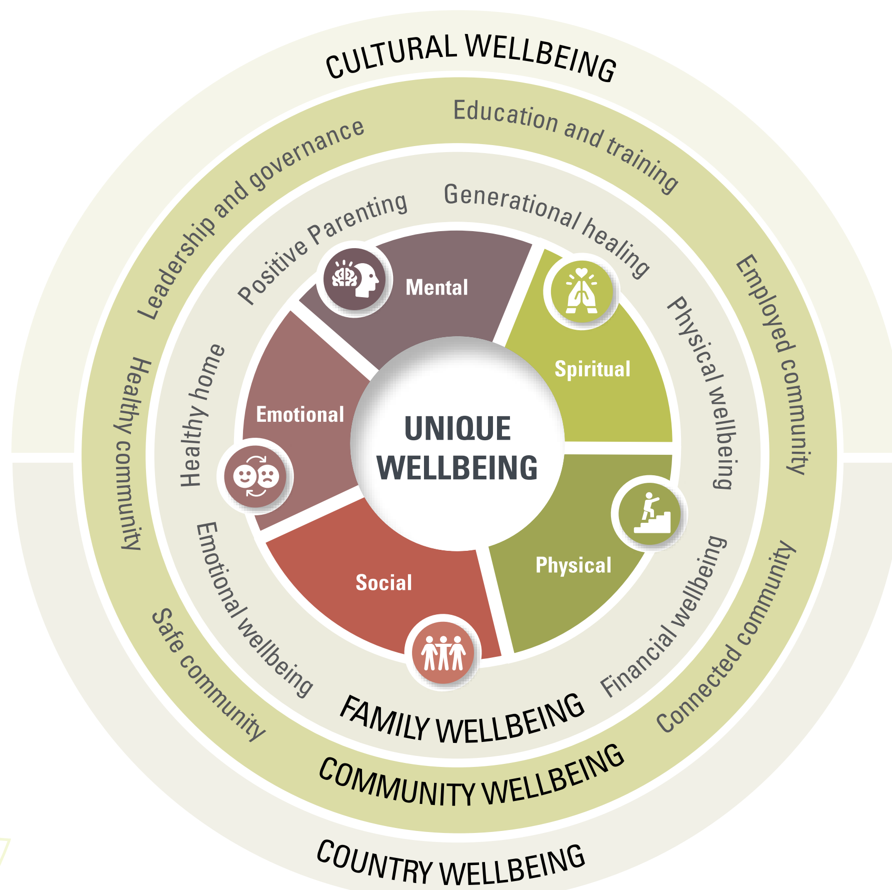
While mental health and wellbeing is often considered at an individual level, project findings from youth and service providers showed that it is a complex and systemic concept with many factors working together, within and across different levels, in different ways, for different people. It was also clear that while the above wellbeing dimensions were experienced by individuals, mental health and wellbeing is enacted and empowered through a relational web of wellbeing. That is the mental health and wellbeing of children and youth relies on having a social ecosystem able to provide relationships and experiences that are positive and supportive.

Together these relational webs create a holistic and relational wellbeing ecosystem, where healthy families and a thriving local community are able to:

- nurture and support young people;
- provide opportunities for personal growth and aspirations;
- provide positive role models and mentors in families and communities; and
- create and express a positive youth culture.

To make sense of this complex socio-ecological perspective of mental health and wellbeing, we co-created a multi-level systemic depiction of wellbeing with four levels: individual, family, community and Country/Culture. See Figure 2.

Figure 2. Youth mental health and wellbeing as a socio-ecological concept: a "totality" experience of the entire socio-ecological-cultural system.



“When our men...had full employment for eighteen months …our lives turned around for our families.’ And they said ‘alcohol’s not the problem, it’s poverty.’

At both family and community levels, wellbeing was found to consist of multiple dimensions which were closely interconnected and entwined.

FAMILY WELLBEING

Having supportive, loving and positively functioning families was a foundational condition for mental health and wellbeing for all children and youth. As one young person explained: *“It’s pretty much everything. It’s your support, guidance. It’s where you find your cultural identity and all that kind of stuff”.* Six dimensions of family wellbeing were identified (Figure 2).

Positive parenting/caring

Participants spoke about the importance of children and youth having caring relationships with parents, able to express love, providing guidance and encouraging persistence when needed. However, many First Nations families carried the burdens of inter-generational trauma, in turn causing personal trauma which negatively affected their own ***emotional wellbeing*** and their capacity to provide positive parenting. This meant that opportunities for ***generational healing*** were critical for family wellbeing.

A lack of ***financial wellbeing*** added substantially to family distress, which in turn impacted youth wellbeing. One service provider provided a clear example of the importance of this, describing how a historical employment pilot program lifting families out of poverty for eighteen months had a large positive affect on family wellbeing. *“So the state government brought in people to collect data on alcohol management….‘has alcohol management helped stop domestic violence and alcohol consumption?’ The women of the Women’s Group said, ‘no, it’s not that, it’s about employment. When our men...had full employment for eighteen months …our lives turned around for our families.’ And they said ‘alcohol’s not the problem, it’s poverty.’*

Physical wellbeing for the whole family was also important with participants giving examples of how ill-health in family members also impacted young people, for example burdening young people with carer’s roles or looking after younger siblings. Finally, having ***healthy homes*** that were in good condition and were adequately sized for extended families was another important part of wellbeing for youth. Young people reflected: *”…all them young ones along the road like they probably don’t want to go home because of their home situation...there’s too many people at home…”.*

Participants clearly recognised the interrelatedness of these dimensions as well as how they all affected youth wellbeing: *“Like [family] employment and housing… They all kinda lead to one another so it’s kinda like a circle…”* (service provider). It also pointed to the importance of wellbeing at the community level.

COMMUNITY WELLBEING

Again, multiple dimensions were identified (Figure 2). A ***healthy community*** was not only about providing health and wellbeing services such as Gurriny; it was also about developing and providing opportunities that promoted health and wellbeing for young people and their families. These opportunities needed to be both diverse and affordable. *"…getting them involved in sports, children who get to join different clubs… all those different programs. The reality for us is that our families right now cannot afford those."* (service provider). An ***employed community***, was therefore also critical for wellbeing, lifting families out of poverty and providing children and youth with opportunities they would not otherwise have. This in turn linked to the importance of having relevant ***education and training*** opportunities available, for both children and youth, and for adults.

All of these dimensions were connected to a ***safe community***, with service providers recognising that boredom, frustration, grief, poverty, and a lack of voice, were all linked to child and youth anti-social behaviour. This in turn connected to the importance of ***leadership and governance***. Leadership included formalising community-owned leadership and data control structures; frameworks for accountability and self-regulation; increasing community-controlled services; and including youth voice.

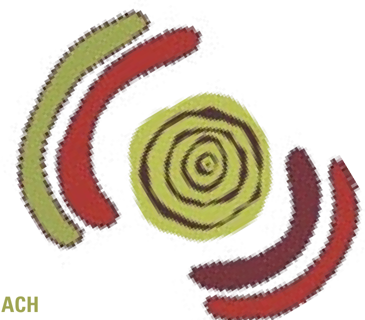
The final dimension was a ***connected community*** incorporating both physical and social infrastructure. This dimension was seen as particularly important for building and strengthening relationships between individuals, groups and organisations across the community.

CULTURAL AND COUNTRY WELLBEING

Ultimately however, what brought and held all of these levels and dimensions together were ***Culture and Country***, considered to be the foundation on which all other levels of health and wellbeing rested. A strong connection to Culture and Country was seen as a powerful mechanism for good mental health and wellbeing, providing a strong framework for resilience able to support young people in times of distress and give guidance for a positive path into their future.

One youth participant explained: *"I reckon back on country, back on land outside and in a hands-on way. Like honestly, a lot of people, especially in our community, we don't learn by reading and things so…if we're doing stuff outside…. doing traditional things even if it's a bit modernised, that will help us to understand better and get an idea of what our health service is trying to tell us that health and all- get the idea of it."* This was further exemplified by a service provider putting youth wellbeing in the context of the high levels of grief in community: *"and there's no cultural framework that grounds people in…a process for grieving."*

Having explored what positive mental health and wellbeing looks like for First Nations children and youth from both an individual perspective and a socio-ecological perspective, the next section explores how support services can improve their practices.



SECTION 2:

IMPROVING SUPPORT SERVICES

Children and youth aged under 24 years represent over half of the First Nations Australian population[25], so improving health at this critical developmental period has the potential for long-lasting positive health and social impacts[26]. Yet only 42% of First Nations youth reported that they would seek help for important personal issues from a GP or health professional and 77% young First Nations people (18-24 years) with high levels of distress reported that they did not see a primary healthcare professional[27]. Of those who did, audits of screening and management processes showed 73% were not screened, and no further action was taken for 25% of those in whom a concern was identified[28]. Hence, the needs of First Nations children and youth for mental health care services are often unmet[29].

Participants made it clear that a whole spectrum of care was needed, both regarding the type of care (including social determinants such as housing and education); as well as the scale of care, providing preventative, early intervention and crisis care. Service providers additionally emphasised the need to provide services to young people across a wide age range, starting with young children through to early adulthood.

The following figures show recommendations for improvement from both youth and service providers, starting with principles and guidelines for preventative programs (Figure 3), then focussing more closely on mental health services (Figure 4). This section finishes with showcasing the diverse models of care provided by our partner organisations, DIYDG and Gurriny.

IT STARTS WITH PREVENTION

Overwhelmingly, service providers in both Cairns and Yarrabah said that there was a need for more preventive and early intervention services. Both youth and service providers shared key guidelines or principles for preventative models of care.

Firstly services needed to provide ***integrated whole of person care***. That is, care beyond just a mental/ physical health focus, to include social determinants such as education and training relevant for First Nations children and youth, as well as housing and employment services. A preventative approach also needed to be ***family based***, following a familial model of care and/ or having close connections with families. Along with this, was the importance of these programs being ***local***. To provide preventative care, services needed

Figure 3. The principles of preventative care for First Nations children and youth: holistic place-based program addressing cultural and developmental needs.

to connect not only with families, but also with the local First Nations ***community***, including elders and have the ability to connect young people to their ***culture***. That is, programmes needed to follow a strong ***community-based, collective, and cultural approach***.

Programmes also needed to support ***a diversity of children, across a wide range of ages***, starting young and catering for different ***developmental stages***. Youth participants for example, identified the need to provide support for young children through to early adulthood, and highlighted the need for this support to be appropriate to the needs and aspirations of these different age groups. Service providers also identified the need for providing support specific to transitional stages, such as primary/secondary education and secondary/tertiary education-employment.

Providing ***activities promoting child and youth wellbeing*** was also important. These included diverse sports and arts, Cultural and on-country activities. These activities provided opportunities to access positive role models demonstrating pro-social behaviours, but also served as diversionary, providing a positive alternative to anti-social behaviours. Such programs could also include other valuable benefits like opportunities for volunteering, building employment skills, and empowerment/leadership activities. Both Gurriny and DIYDG noted the importance of having dedicated ***facilities***, able to provide children and youth with a culturally safe space and a physical structure from which to run these activities and services.

Again the uniqueness of all children and youth was acknowledged, with an emphasis placed on services and programmes being ***young person centred as well as young person directed***. Both of these principles were important to ensure all children and youth had the support and opportunities they needed to find a positive way forward.

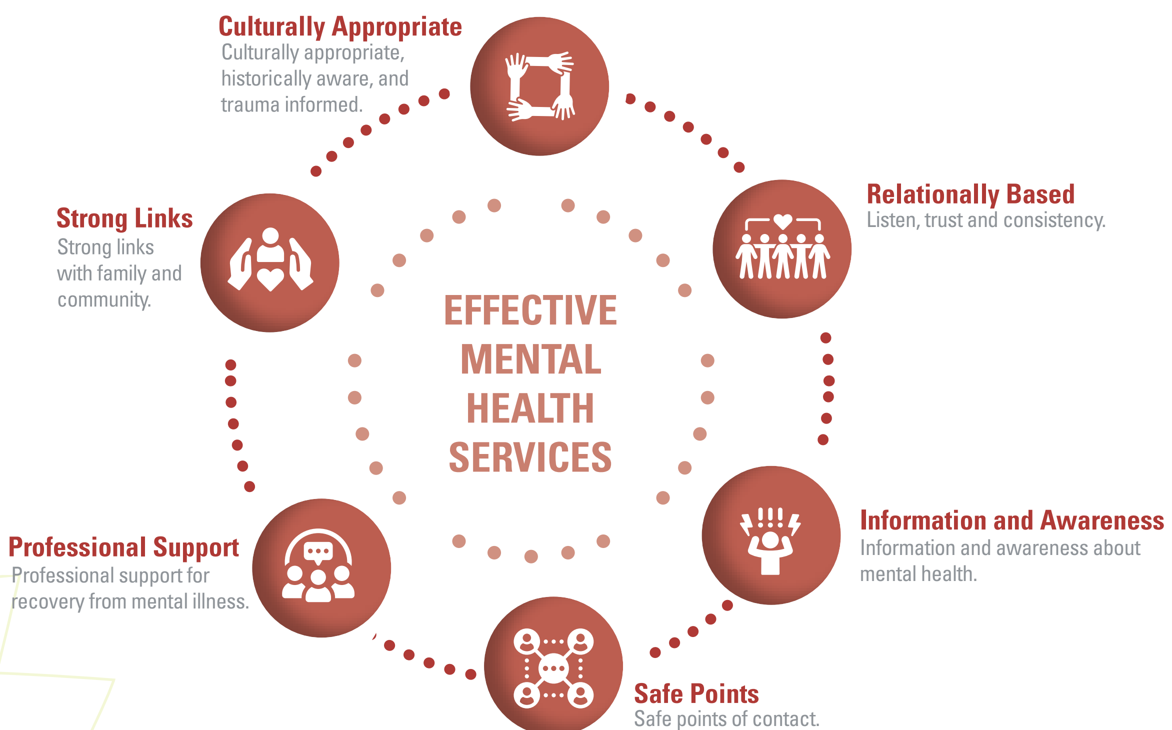
MENTAL HEALTH SPECIFIC MODELS OF CARE

At the crisis end of care, particularly that of mental health care, data from yarning circles showed that young people were reluctant to seek service help and service providers acknowledged that services weren't working well[26]. Both young people and service providers provided suggestions and ideas on how such services could improve their support for First Nations children and youth. See Figure 4.

Critically, services needed to be ***culturally appropriate, historically aware, and trauma-informed***. Service providers identified a need for cultural safety through increased understanding by health professionals of the historical and cultural influences on First Nations child and youth mental health; and improving practice through using culturally-appropriate trauma-informed approaches.

Services also needed to be ***relationally based: listening and building trust with consistency of service providers.*** Youth were reluctant to access services unless they felt comfortable with the provider. Cultural safety was key to building trust and respectful connections between young people and service providers. Young people wanted workers with good listening skills, where they felt cared for, and where laughter was shared.

Figure 4. The principles of effective mental health care for First Nations children and youth.



There was also a need for ***information about and awareness of mental health***. Youth participants reported having friends who were struggling with mental health issues. However, they also identified that young people were hesitant to talk openly about it. Young people suggested multiple ways of raising awareness of mental health concerns and promoting and educating the community about mental health. Ideas included face-to-face education by role models at community events and/or on-country workshops; education through social media platforms; and the development of community-specific youth mental health apps.

Another important suggestion was that of ***safe points of contact***. Ideas here included identification of, and training for, volunteer community gatekeepers able to provide safe and trusted connections to services. Youth also suggested the provision of online bookings for enhancing confidentiality and mitigating any shame associated with a mental health consultation.

Another principle was the need for ***professional support for recovery from mental illness***. Both youth and service providers identified the need for services to have suitable professional training and capacity for mental health care for children and youth, with both identifying large gaps in current available services.

And finally, as with preventative models, ***strong links with family and community*** were required for services to be able to provide effective care. For example, DIYDG staff explained: *"Our Youth Worker knows the families of all these children, so she's best placed to facilitate it [Pamle Pamle program]. And that's where we're coming from. The Youth Workers we have across the board, come from the areas in which these young people we're servicing, live in. And that's the point of difference that we have"*.

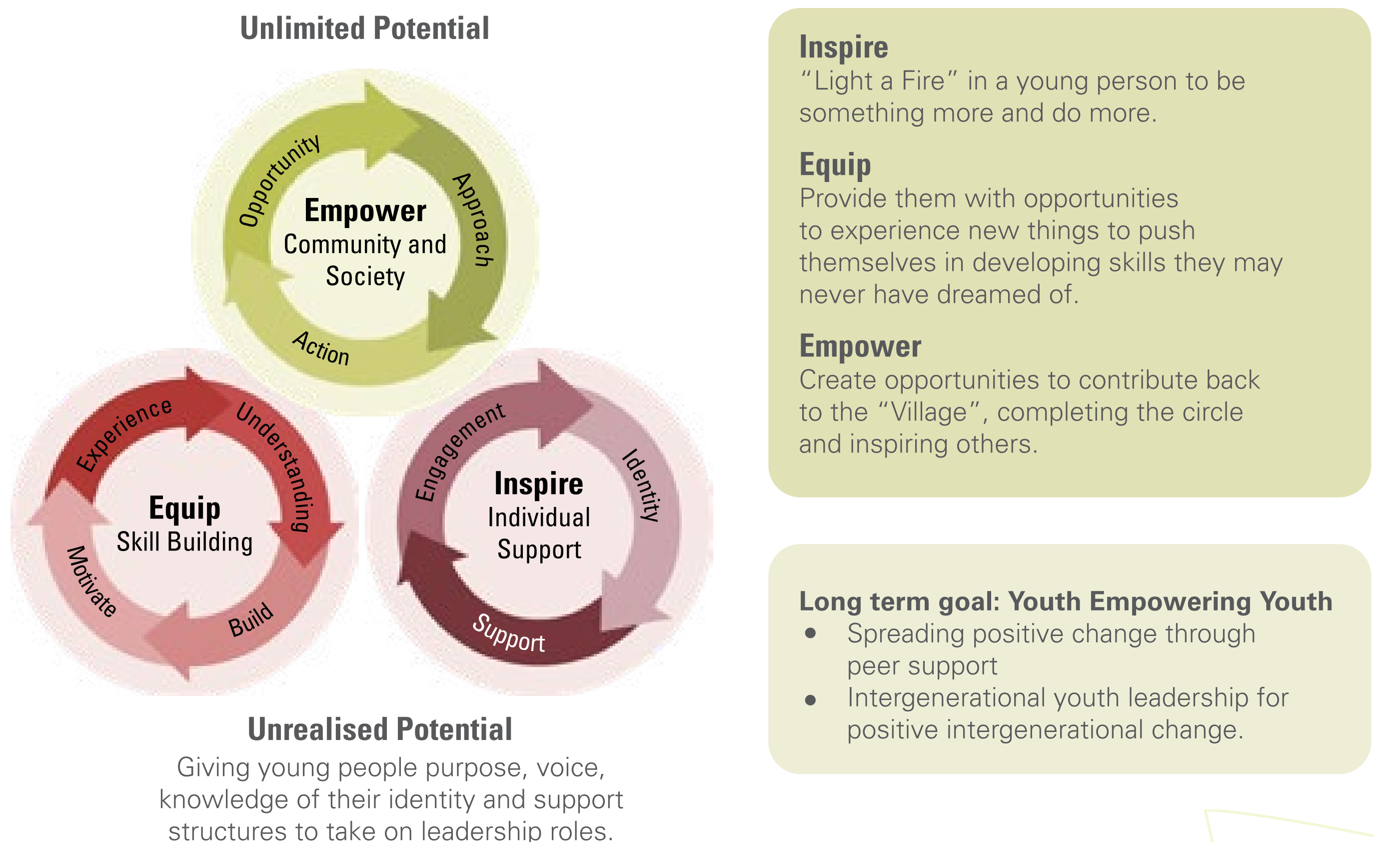
PRINCIPLES IN ACTION: TWO MODELS OF CARE IN PRACTICE

The following two models of care exemplify what these principles look like in practice, with both partner organisations following distinctly different care models, both of which however shared many of the principles voiced above.See Figure 5.

AN INSPIRING MODEL OF YOUTH EMPOWERMENT

DIYDG is a First Nations youth-led community-controlled organisation that leads and supports eleven youth programs, across the prevention to crisis spectrum. Programmes follow a kinship structure that reflects the organisation's First Nations cultural values, connection to spirit and purpose for being[30].

Figure 5. **DIYDG: An inspiring model of youth empowerment**



7 PROGRAMS AT THE PREVENTION END OF THE SPECTRUM INCLUDE:

1. Good Vibrations
A peer-to-peer engagement and support program.

2. Lift Leadership
A program to develop leadership skills primarily amongst First Nations school students and young adults.

3. Kunjur Men's Collective
Created to support men and youth, specifically focusing on suicide prevention.

4. Naytive Mentorship
Provides hip-hop music classes, supporting young people to write and record songs and learn the business management of being a solo artist; includes No Shame in My Game which provides vocal training.

5. Deadly Drivers Program
Delivers driver training and road safety education.

6. You Do You
Young people are supported in a range of projects that they devise through the compliance structures offered by DIYDG.

7. Wanna Know
A research program to support young people to provide feedback for a range of issues.

2 DIYDG PROGRAMS AT THE CRISIS END OF THE SPECTRUM ARE:

1. Pamle Pamle
Provides individual tailored supports to children and youth in the child protection system through one-on-one mentoring, accommodation supports, outreach and engagement, and case coordination management.

2. Level Up
Provides alternative learning for youth referred from the youth justice system with the intent of empowering them to return to mainstream education providers.

All programmes are underpinned by their philosophical approach of youth empowerment[30]. DIYDG sees this empowerment as a continual three-part process through which young people can move from having unrealised potential to realising their unlimited potential.

These three parts consist of:

1. Inspire
Children and youth are provided with peer support, ensuring relatable examples they can aspire to, and role models demonstrating positive behaviours.

2. Equip
Focused on supporting youth to acquire skillsets they identify themselves and helping them develop employment opportunities. Here a strong connection to culture and as well as strong support from community is required.

3. Empower
Providing young people with leadership skills and training by creating a platform for young people to access opportunities.

Ultimately, DIYDG aims to give young people ***"purpose, voice, knowledge of their identity and the support structures to take on leadership roles"*** with the long-term goal of youth empowering youth, spreading positive change through positive peer support. This in turn builds positive intergenerational change through building intergenerational youth leadership, breaking the cycle of intergenerational trauma transfer.

GURRINY YOUTH HUB:

A Primary Healthcare Integrated Model providing holistic preventative care to the children and youth of Yarrabah

Gurriny services for First Nations children and youth were intended to support those at high risk, for example, those at risk of offending, those caught up in domestic violence, and *"those whose behaviour is really anti-social by this community standard, let alone any other community standard"*. However, service providers considered a universal approach to child and youth wellbeing to be most appropriate in their community as: *"we found that everyone's sort of at risk when you talk about the social determinants, so we didn't really target…. It was everyone that was a youth was at risk and everyone needed to have something to do"*.

The Gurriny Yealamucka Youth Wellbeing Program started in 2016, with the Yarrabah Youth Hub building constructed in 2019. In 2024, the program is staffed by

a Youth Service Manager, Youth Program Coordinator, a Senior Case Worker and four part-time trainee Youth Workers. Programs at the Youth Hub are structured according to age groups and provide for a diversity of children and youth. The Youth Hub takes a whole of community approach, considering whole of community engagement to be critical. A youth wellbeing worker noted: *"We talked to obviously the elders as well…. You know, just letting the community know what we're doing because they're gonna go back and tell their kids..."* Cultural mentoring is central to all of the services and programs. See Figure 6.

The service provides care that is holistic across the spectrum of care, multi-dimensional and takes a whole of community integrated approach. Activities are offered across five areas.

Firstly, ***mental health and emotional wellbeing*** support is provided by professional and relatable staff through no judgement yarns and professional counselling. Staff conduct home visits and provide support for the everyday challenges children and youth face. They hold activities that promote child and youth wellbeing, ensuring opportunities for enjoyment and entertainment, including teaching beautician and pampering skills; cooking; exploring family tree connections and weightlifting. The Youth Hub also links children and youth to after-hours Community Crisis care for suicide prevention support.

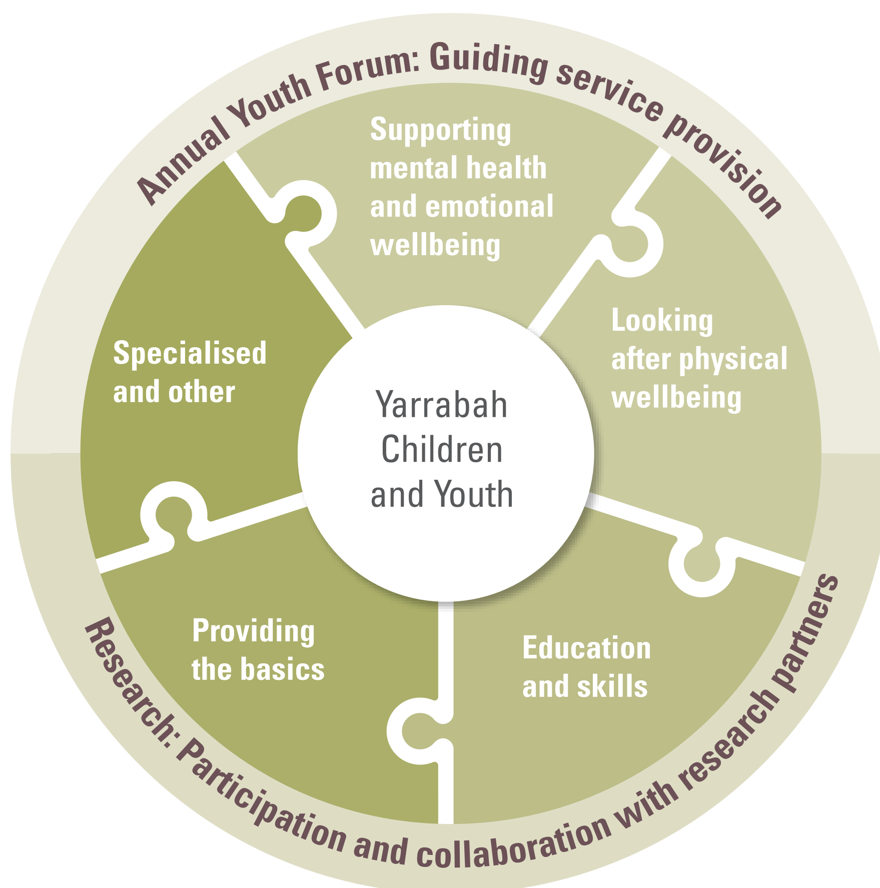
Physical health is supported through a community-wide annual youth health check, inviting all young people in community to attend. The Youth Hub provides topic-specific education such as safe sex and promoting sun safe behaviours. Additionally, staff support young people at hospital appointments, and help them link to clinical services.

The Youth Hub program also supports ***education and skill-building***. Here activities include homework programs, drivers' lessons, resume writing and job search and application support. The Hub offers a computer lab and an electronic noticeboard providing news and education.

The Youth Hub ***provides the basics*** to young people, such as a safe space to "hang out", food; prophylactics; and feminine hygiene products. There are showers and a laundry facility, and staff provide transport when needed.

Importantly, the program also provides ***specialised and other types of support***. This includes support for navigating the legal system (for example, court visits and letters of support), drug and alcohol support; connecting young people to social services and programs and supporting them to navigate these programs and services. The Youth Hub also hosts a monthly "giving back to community" BBQ for local youth.

Figure 6. Gurriny Youth Hub: Providing holistic and multi-dimensional care



"Funding for services was typically both fragmented and short-term. For much of the research period, key ACCOs struggled to attain even basic operational funding. One Yarrabah service provider noted: *… There's one thing the Indigenous community-controlled health sector is always doing, is constantly juggling four or five pools of funding… and hoping to get what you really want to do out of it."*

Annually, the Youth Hub organises a youth forum providing an opportunity for young people to have a say in what the Hub is providing and opportunities for improvement and change.

From the outset, the model of youth wellbeing was informed to a large degree by the aspirations and preferences of young First Nations people. A Yarrabah youth wellbeing worker recalled: *"The first thing was to create a forum … and from the forum we ask two questions. What makes a better Yarrabah and … how can we, as service provider, make it better for you? So from that they gave us a lot of ideas and information … a lot of our programs actually came from that…. This is why the [Yarrabah Youth Hub] building is here. Because they spoke about a building as well"*.

For both Gurriny and DIYDG, having adequate and appropriate resourcing was critical for providing the sustained support children and youth required. However, for both organisations, resourcing was problematic with funding generally short-term and fractured, impeding their capacity to assist young people in their communities.

The next section explores structural barriers and enablers to positive change for children and youth, and key messaging coming out of the project.

SECTION 3:

WHOLE OF SYSTEM CHANGE FOR CHILD AND YOUTH WELLBEING

The previous sections explored what positive mental health and wellbeing looks like for First Nations children and youth, and uncovered what services and programs need to provide in order to support young people through the challenges they face. This section shows what the research uncovered regarding both the barriers and enablers to providing such services, with associated improved outcomes for children and youth. The project found barriers, and concomitant enablers, to positive change at both the services and the governmental level[31].

THE STRUCTURAL BARRIERS TO POSITIVE CHANGE

Barriers at the service level

An imbalance of prevention to crisis care.
The research found that only 32% of social and emotional wellbeing services for First Nations children and youth in Cairns and Yarrabah were providing care at the prevention end of the care spectrum, providing general psychosocial/wellbeing support. The rest, 68% were providing care at the crisis end of the care spectrum (child protection, youth justice, mental illness, homelessness, illness/injury, and disengagement from education). Even in crisis care however, gaps were found. For example, one Cairns-based service provider shared: *"There is no weekend or nighttime support. Residential care – there are no houses available. There is nowhere to refer clients regarding high or complex mental health needs. We struggle to find services to link with clients".*

An underrepresentation of Aboriginal community-controlled organisations.
Additionally, there was an under-representation of Aboriginal community-controlled organisations (ACCOs), with only 23% of social, emotional and mental health wellbeing services delivered by ACCOs, and the remaining 77% provided by mainstream non-government organisations (NGOs) (51%) and government departments (26%).

An imbalance of provision of care within services.
There was a further imbalance of provision of service types. Typically, the project found ACCOs worked at the crisis end of care; with NGOs working at the prevention end of care. Given what participants shared about appropriate models of care, for instance the importance of incorporating familial approaches, being connected to the local First Nation community(ies) and the critical components of Culture and Country, this finding raised questions about:

- The appropriateness of care provided by NGOs;
- Governance and accountability of NGOs;
- Outcomes valued by funders and NGOs; and
- Collaboration between NGOs and ACCOs.

Gaps in core services.
As mentioned previously, the project also found gaps in available youth services, particularly in regard to the social determinants of mental health and wellbeing (employment, education, housing and basic needs). The research found that these shortcomings were to a large extent caused by the governance and funding structures that services were embedded in, i.e. service level barriers were in turn driven by barriers at the governmental level.

Governmental barriers

Funding fragmented and short term.
Funding for services was typically both fragmented and short-term. For much of the research period, key ACCOs struggled to attain even basic operational funding. One Yarrabah service provider noted: *"… There's one thing the Indigenous community-controlled health sector is always doing, is constantly juggling four or five pools of funding…and hoping to get what you really want to do out of it".*

Inappropriate accountability structures and requirements.
Additionally, there were problems with accountability structures. Firstly, these were inappropriate to First Nations models of care. As one service provider explained: *"The target goals that are determined by the C-S-O [Child Safety Officer]… happens to have no relationship with the child, so if this young person's on the streets and the C-S-O's expecting them to go to school, there's a whole lot of work in between that needs to be done and it's sometimes we're really highlighting 'hey your current care plan is pointless, because you're focusing heavy on enrolments and this young person can't even get food tonight".*

Secondly there was a lack of accountability required of NGOs to meet community priorities. One Yarrabah service provider commented: *"External bodies are getting the funding but not delivering outcomes.*

> *"External bodies are getting the funding but not delivering outcomes. There's no consultation with community prior to an organisation getting funding – no accountability to community, no power to community."*

There's no consultation with community prior to an organisation getting funding – no accountability to community, no power to community."

Ultimately what the project found was that collectively these issues were preventing the systemic long-term change needed to create the appropriate holistic care children, youth and their families required; as well as the scaling out of appropriate care models. As one service provider put it: *"We have the same conversations again and again, but youth are still in crisis"*.

Seen through a systemic lens, the research found that to close the gaps for these young people and for all First Nations children and youth to sustain or regain their positive mental health and wellbeing, "whole of system" change is required, as depicted in Figure 7, from the governmental level through to the individual level.

However, importantly it found that ***structural*** changes, at both services and government level, were ***foundational*** to this whole of system change. Essentially, the KEY MESSAGE from the project is that:

"Changes are required in the structures of current service provision, and how governments make decisions about funding and accountability."

A BETTER WAY FORWARD: STRUCTURAL CHANGE AS A PRIORITY FOCUS

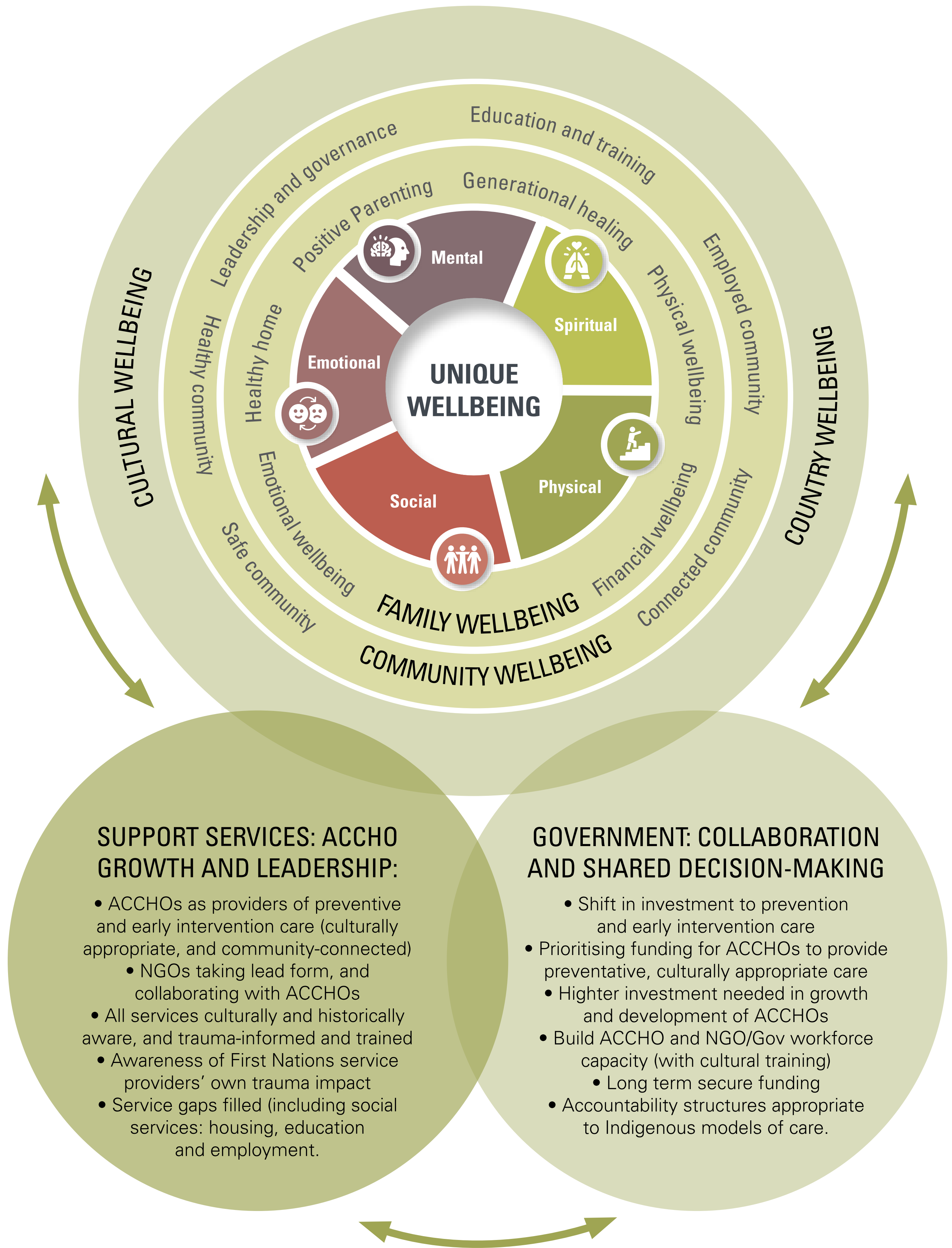
Partners and participants identified the need for the following essential changes at both services and government levels.

The services level: ACCO growth and leadership

At the services level, the core change required was the ***leadership and growth of Aboriginal controlled community organisations.*** The holistic, culturally appropriate and place-based models of care provided by ACCOs (such as the examples provided here) means this sector is key to support First Nations children and youth, families and communities. Combine this with often having the pre-existing relationships needed to work with local children and youth, as well as knowledge about and access to existing resources in, and strengths of, local communities, means ACCOs are ***best placed to be the providers of preventive and early intervention care.***

Given the centrality of Culture and Country, and the need to understand the local history and impact of colonisation on First Nations children and families, it is also key that ***ACCOs lead local care programs*** for children, youth and families, and that NGOs collaborate closely with ACCOs in these efforts. As seen in the models of care above, providing support for First Nations children and youth incorporates both cultural knowledge, and community and family relationships. As such, any care that NGOs provide, must be provided in collaboration with local ACCOs who have both that knowledge and the required relationships.

Figure 7. Improving child and youth outcomes requires "whole of system" change.



Additionally, all services need to be ***culturally and historically aware of First Nations peoples' experiences.*** That is, they need to be ***culturally responsive, and trauma-informed and trained***. A trauma-informed approach to care acknowledges that providers have a complete picture of a client's past and present life situation to provide care that can heal by rebuilding a sense of control and empowerment[32]. Fundamental for First Nations Australians is the need to filter this approach through a cultural lens[33].

The final changes required were ***awareness of First Nations service providers' own trauma impact.*** Participants explained that many First Nations care providers have experienced their own trauma and that, as providers of care in community, there is a need to provide First Nations service providers with support to manage this in a positive way.

And finally, there are ***existing gaps to be filled***, in particular, those in child and youth specific services, as well as services focused on the social determinants of mental health and wellbeing.

The government level: collaboration and shared decision-making

At the government level, service providers considered there should be ***more collaboration between funding bodies and community services*** prior to funding decisions being made, as well as community control of program provision. One said: *"A co-design phase of funding to take into account that not one-size-fits-all; reflective of what Yarrabah needs"*. A Cairns-based First Nations service provider said: *"We are best placed to make decisions around what happens to us, and we must lead the conversations around what works in our own communities"*. On a positive note, service providers felt this capacity to lead development was growing. Reflecting on ACCO presence in community, a Cairns service provider recognised that *"People and groups with vision are emerging … and having decision making power"*.

A shift in investment is required, from crisis care to prevention and early intervention care, including investment in the social determinants of positive mental health and wellbeing. From a financial perspective, there is evidence that a relatively small amount of expenditure to fund First Nations-led and place-based prevention and early intervention approaches can lead to substantial savings even with modest outcomes[34]. Hand in hand with this is a need to prioritise funding towards ACCOs, i.e. investment in organisational growth and development, so they are able to provide children and youth with culturally and locally appropriate care.

Further investment is also required in ***building workforce capacity***, both for ACCOs, and NGOs and government services, with cultural awareness training provided as a standard. ***Funding needs to be long term and secure***, so that ACCOs can provide the long-term and holistic care that First Nations young people need. Finally, ***accountability and reporting structures need to be developed in collaboration with ACCOs*** so they are shaped to be appropriate to First Nations models of care.

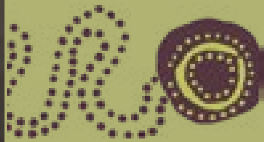
However, little is known on how to create such structural change; and how organisations and government departments at different levels and in different sectors can work together to create better outcomes for First Nations children and youth. Realising the complexity and scale of change required, the Systems Integration project turned to one evidenced approach to such complex social change, that of Collective Impact.

SECTION 4:

THE COLLECTIVE IMPACT APPROACH: A FRAMEWORK FOR COMPLEX CHANGE

Three years into the project, the Systems Integration research adopted the Collective Impact framework as a promising approach to implementing this kind of complex social change. The Collective Impact approach offers a multi-systemic, collaborative and potentially long-term framework for addressing complex social issues. It brings people together in a structured way, creating a network of community members, organisations, and institutions. Change is accomplished by learning together, aligning and integrating actions to create population and systems level change[11]. See Figure 8.

Figure 8. The Collective Impact approach: The 6 conditions of complex social change.



> "The kind of complex change required for social improvement is best understood as an ongoing journey of change, consisting of many small steps across multiple pathways."

The framework incorporates six conditions, which were customised to our local contexts.

1. A **commitment to social equity** is key in collective impact approaches as evidence shows that complex social issues are deeply intertwined with historical and structural inequities, and that failure to address this undermines change efforts. Consistent with the Systems Integration research, the approach emphasises the importance of inclusive and representative engagement; empowerment of, and respect for, historically and culturally marginalised voices; equity in decision making; designing and implementing targeted strategies that address the specific needs and aspirations of communities; and collaboratively evaluating initiatives[35].

2. A collectively defined **common agenda and shared vision** is required across sectors to attain change at different levels to achieve positive mental health and wellbeing for First Nations children and youth.

3. **Continuous and transparent communication**is key to fostering trust, building relationships and enhancing understanding with and across partner organisations and participants. The System Integration project achieved this through regular meetings of a project management team and co-designed workshops with youth.

4. Mutually **reinforcing activities**, i.e. coordinated and complementary actions by each partner organisation were implemented, enhancing the overall effectiveness of change efforts and avoiding duplication or resource waste.

5. A **backbone organisation** is needed, serving as a central coordinating entity, facilitating communication, managing shared data, supporting partners and creating effective and long-term cross-collaborations. In this instance, the Jawun centre research team fulfilled this condition.

6. And finally, the appraoch requires development of a **shared measurement system**, tracking overall progress and allowing for continuous learning, as well as accountability. This includes disaggregating data to understand how different groups are impacted, embracing diversity, and revealing disparities, thereby building a better understanding of what works for whom, and allowing for adjustments to differing contexts.

Overall, the approach emphasises the need for understanding the root causes of problems, continuous learning and adaptation, as well as an ongoing examination of power dynamics, and redistribution of resources and opportunities.

A JOURNEY OF CHANGE

The kind of complex change required for social improvement is best understood as an ongoing journey of change, consisting of many small steps across multiple pathways. In adopting a Collective Impact approach, the Systems Integration project was able to support the research partners with a variety of such steps, supporting them in their journey of change to better outcomes for First Nations children, youth and families. Figure 9 (next page) exemplifies some of these steps and highlights that while some steps were the same across Gurriny and DIYDG, others differed, driven by organisational contexts, needs and aspirations. This exemplifies the concept that when working in social complexity, there is no 'one-size fits all'. While there are often common principles and guidelines, how these are enacted and what outcomes are, can and likely will differ by community[36,37]. See Figure 9.

Figure 9. Complex social change through participatory research: examples of the "micro" steps of change.

DIYDG

Knowledge

- Improved knowledge of local child and youth services (Atlas)
- Co-shared experiences and knowledge.

Capacity and empowerment

- Wanna know program
- Organisational researcher
- Development own Model of Practice
- Culturally responsive TIP training
- Improvement of internal governance structure.

Practice and Policy

- Funding applications
- Development of program evaluation
- Supported growth of organisation
- Development of policy-directed youth justice submission.

Community engagement

- Increased networks
- Increased opportunities for further serch and other engagement.

Gurriny

Knowledge

- Improved understanding of local youth needs
- Co-shared experiences and knowledge
- Improved knowledge of local child and youth services.

Capacity and empowerment

- Culturally responsive TIP training
- Development own Model of Practice.

Practice and Policy

- Improved practice
- More child and youth referrals
- More child and youth MH engagement.

Community engagement

- Improved youth relationships and engagement
- Increased networks
- Other organisations aiming to train in CRTIP
- Increased opportunities for further research and other engagement.

"First Nations peoples hold a deep worldview that emphasises the inseparable connection between the wellbeing of individuals and the planet and the pivotal roles of family and collective wellbeing[40]."

CONCLUSION

Of the 19 Closing the Gap targets, six focus directly on children and youth outcomes[38], however only two of these are currently on track. The recommendations of both First Nations young people and local service providers, particularly ACCO service providers, such as those presented here, are crucial to understanding the change needed to close these gaps. As shown, change needs to happen across different levels and different dimensions. That is, a whole of system change is needed, with an approach that accommodates complexity and the longevity of effort required.

Findings from the Systems Integration research speak to the need for structural change and this is reflected in the recent Australian government's and First Nations Coalition of Peaks commitment to four reform areas:

1) formal partnerships and shared decision making between First Nations communities and governments;

2) building the community-controlled sector;

3) transforming government organisations; and

4) shared access to data and information[39].

Australian governments and the First Nations Coalition of Peaks recently agreed that achievement of the targets was contingent on effectively operationalising these political determinants underpinning the national Closing the Gap strategy. Our findings concur with this.

Improving the wellbeing of First Nations children and youth, who comprise more than half (51%) of the First Nations population[25], is a moral, social and financial imperative. Failing to close the gaps is limiting the capacity of First Nations children to fulfill their life potential and detrimental to societal wellbeing. The young people we spoke to were innovative, thoughtful, caring and inclusive. A collective incapacity to ensure these young people find a positive future pathway is detrimental for all.

First Nations peoples hold a deep worldview that emphasises the inseparable connection between the wellbeing of individuals and the planet and the pivotal roles of family and collective wellbeing[40]. Such a mindset is crucial not only for addressing the specific needs of First Nations youth wellbeing, but also for grappling with challenges all younger generations are facing, such as climate change, environmental degradation, urbanisation, increasing socio-economical inequity, and deteriorating mental health at a global scale[41].

The holistic, relational and eco-centric conceptualisations of wellbeing First Nations peoples hold, present promising, and innovative paradigms that have the potential to foster individual and collective thriving for all people[40,41]. With appropriate and enduring support, First Nations young people can provide a beacon of hope for future responsible and positive leadership, both for their communities and globally.

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SYSTEM INTEGRATION PROJECT PEER-REVIEWED PAPERS:

McCalman, J., Bainbridge, R., Cadet James, Y., Bailie, R., Tsey, K., Matthews, V., Ungar, M., Askew, D., Fagan, R., Visser, H., Spurling, G., Percival, N., Blignault, I., Doran, C. Systems integration to promote the mental health of Aboriginal and Torres Strait Islander children: protocol for a community-driven continuous quality improvement approach. BMC Public Health. 2020, 20, 1810.

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UPCOMING PAPERS:

Please note these are draft titles. For more information, contact main authors as shown.

Promoting the positive mental health of First Nations young people in Yarrabah through a wellbeing ecology. A new way forward for youth mental health and wellbeing? Main author: A. van Beek (a.vanbeek@cqu.edu.au).

Culturally responsive trauma-informed care: Self assessing quality of care in Gurriny Yealamucka Aboriginal community-controlled primary healthcare service. Main author: R. Fagan (r.fagan@cqu.edu.au).

Indigenous participatory research: Shifting the research focus from knowledge building to partnering for change. Main author: A. van Beek (a.vanbeek@cqu.edu.au).

Making marks on maps of mental health and SEWB service delivery for Indigenous youth in the region. Main author: V. Saunders (v.saunders@cqu.edu.au).

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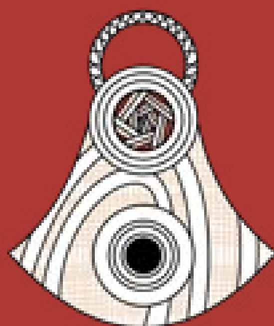

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