Government of **Western Australia**
Mental Health Commission

We're working for Western Australia.

A Guide to Assessing Mental Wellbeing Programs

Table of contents

A Guide to Assessing Mental Wellbeing Programs

The Mental Health Commission's (Commission) *A Guide to Assessing Mental Wellbeing Programs* (the Program Assessment Guide) is a support tool to assess a program's effectiveness in an objective manner and enables a consistent approach for reviewers when considering mental wellbeing programs.

The Program Assessment Guide is intended for use by the Commission to assist with the commissioning of programs as well as providing advice to government departments, non-government organisations, and community groups. It can also be used by other government departments, non-government organisations, private organisations and community groups to help assess the strengths and limitations of mental wellbeing programs they are considering implementing.

The Program Assessment Guide is aligned with the Western Australian Mental Wellbeing Guide (Mental Wellbeing Guide) and the Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025 (the Prevention Plan) which were both developed by the Commission in consultation with a broad range of agencies, organisations, stakeholders, consumers, families, carers, and supporters.

The Mental Wellbeing Guide provides a best practice guide for state and local governments, communities, non-governments and private organisations to support all Western Australians to increase or maintain mental wellbeing. The Commission is committed to supporting organisations to implement mental wellbeing programs, strategies and initiatives that align with the Mental Wellbeing Guide and are based on the most up to date evidence.

How to use the Guide

The Program Assessment Guide identifies six best-practice criteria for consideration when determining the appropriateness of a mental wellbeing program, strategy or initiative. These are:

1. Program aims and objectives
2. Suitability
3. Credibility
4. Useability
5. Theoretical framework
6. Evidence-base

The Program Assessment Guide provides a brief description for each criterion and a set of assessment questions. There is a glossary at the end of the document for further clarification on terms and definitions. Decision makers are encouraged to read each description and then rate the proposed program against the checklist questions for each criterion.

It is important to consider the 'overall' score. The more criteria a program scores well against, the more likely it is suitable for the funder or implementer's needs. All criteria should be considered important to determining the quality of a program, however the evidence criterion is critical in guiding program selection. Depending on how well the program scores overall and against each criterion, decision makers can then decide whether the program is likely to meet their needs.

This Program Assessment Guide will allow organisations to assess a program's effectiveness on the evidence in an objective and consistent manner.

CRITERION 1: Program Aims and Objectives

This criterion focuses on determining whether a program is aligned with the domains for action and the strategies related to mental wellbeing, identified in the Mental Wellbeing Guide. Ideally a program should identify one or two clear objectives and include background information describing how the

program's activities contribute to these objectives being achieved. Program objectives should be Specific, Measurable, Achievable, Relevant and Time-bound (S.M.A.R.T).

Selecting the right program starts with clarifying the objectives you are hoping to achieve and assessing these against what the proposed program has been designed to achieve.

- **Mental wellbeing programs**: involve actions to create environments that support mental wellbeing and allow people to increase or maintain their own optimal level of mental wellbeing.
- **Primary Prevention programs**: are aimed at preventing mental health issues and conditions. This includes interventions targeting:
    - The whole population.
    - Subgroups of the population who are at increased risk.
    - High risk groups and those showing early signs/behaviours linked to low mental wellbeing.

ASSESSMENT CHECKLIST

1. Does the program clearly state its primary purpose – project aims and S.M.A.R.T objectives?
   Y ☐ N ☐ Not Sure ☐
2. Does this purpose align with the vision of the Mental Wellbeing Guide?
   Y ☐ N ☐ Not Sure ☐
3. Does the program mainly aim to increase or maintain mental wellbeing?
   Y ☐ N ☐ Not Sure ☐
4. Does the program mainly aim to foster health promotion and mental wellbeing principles for example, increasing mental health literacy, reducing stigma, and addressing both risk and protective factors?
   Y ☐ N ☐ Not Sure ☐

<u>If no/not sure to either Q1 or Q2, or no/not sure to **all** other questions, seek more information and/or reconsider your use of the program or presentation.</u>

Comments

_____

_____

_____

CRITERION 2: Suitability

Effectiveness of a program can significantly differ among different population groups depending on their social determinants and needs (e.g. different age or cultural background). For some cultural groups how 'good health' is defined may also differ. For example, health is viewed holistically in the Aboriginal population, and is inclusive of the physical, social, emotional, spiritual and cultural wellbeing of individuals, families and communities.

Therefore, exercise caution when using a program that was not co-designed, did not use a collaborative approach or been evaluated among representatives of the target audience. While it is still acceptable to use a program that has not been specifically designed for the target audience, it is vital to conduct an implementation evaluation to determine its suitability for ongoing use with the target group or community.

Before implementing a program, it is important to ensure it is acceptable, culturally relevant, and effective for the target group or community. It is important to check if the target audience developed the program themselves or were consulted in the program design (e.g. co-design), and also checking

the characteristics of participants involved in the program's evaluation according to their specific needs, such as:

- age;
- gender identity;
- sexual identity (e.g. heterosexual, LGBTQIA+);
- ethnicity/cultural group (e.g. Aboriginal peoples, people from culturally and linguistically diverse communities);
- disability;
- geographic location;
- socioeconomic group; and
- occupation.

If a program has been designed with or evaluated among a *representative* sample of the *entire* population, it is potentially suitable for most demographics. However, it is important to determine if the development of the program or its evaluation included enough representatives from the target audience, otherwise it may not be effective unless it is adapted in some way. If a program was co-designed or evaluated by a singular demographic group or community, it is likely to be suitable for members of that same community, but it may not be suitable for other demographic groups or communities.

For example, a program that was developed and evaluated among an exclusively English-speaking audience, may not be suitable for use among non-English speaking communities unless it was culturally adapted. It is also important to note that programs originally developed and evaluated internationally may be effective within Australia, but often some form of adaption is required given the different cultural and contextual issues in Australia.

A program evaluation is then required to ensure the adapted program achieves positive results in the targeted group or community. Where appropriate, the outcomes of the evaluation should also be communicated back to the group or community, and where appropriate the community supported to implement the outcomes.

ASSESSMENT CHECKLIST

5. Was the program designed by the target group/s themselves or did the design or development of the program include input from the group/s being targeted, including whole of population programs? (i.e. was it co-designed or was a collaborative approach used with a particular group)?
   Y ☐ N ☐ Not Sure ☐
6. Did the program evaluation include participants from the target group (e.g. can the evaluation results be generalised to your audience)?
   Y ☐ N ☐ Not Sure ☐
7. Was the evaluation methodology appropriate for the target group/s?
   Y ☐ N ☐ Not Sure ☐
8. Was it developed in Australia?
   Y ☐ N ☐ Not Sure ☐
9. If not, has it been evaluated in Australia?
   Y ☐ N ☐ Not Sure ☐
10. Will the program be evaluated as part of the proposed implementation?
    Y ☐ N ☐ Not Sure ☐
11. Does the program demonstrate suitability for the intended target audience?
    Y ☐ N ☐ Not Sure ☐

<u>If no/not sure to Q6, or no/not sure to **all** other questions, seek further information and/or reconsider the use of the program or presentation.</u>

Comments

_____

_____

_____

CRITERION 3: Credibility

This criterion focuses on determining whether the program has been developed by a reputable source. A wide variety of for-profit and not-for-profit individuals and organisations produce programs designed to promote mental wellbeing. However, not all program developers are equally qualified or skilled in mental wellbeing. It is therefore important to check the expertise and track record of the people who created the program as this can help determine its quality.

Mental wellbeing programs may be developed through a wide variety of sources including:

- Mental health/public health researchers in universities or mental health research institutes (MHRIs)
- Mental health/public health non-government not-for-profit organisations
- Government departments
- Statutory authorities
- Professional or Peak bodies representing professional occupations
- Individual sole traders or small businesses
- Private-for-profit organisations
- Relevant cultural authorities

While any individual or organisation can develop high-quality, safe, and effective mental wellbeing programs, the processes these groups use are often quite different. Broadly speaking, programs developed by mental health researchers in universities or MHRIs usually undergo a significant amount of research and evaluation compared to those developed through other channels, although there are always exceptions.

Regardless of the development process, it is important to consider whether the developers have the qualifications, skills, and experience which may include lived experience and cultural awareness in the field of mental health and/or social and emotional wellbeing.

Choosing a mental wellbeing program is no different from choosing a mental health service provider – there needs to be assurance the individuals are appropriately qualified and sufficiently experienced.

This means checking to see whether the program developers have credentials in public health, mental health (particularly mental wellbeing) or they are based in a recognised mental health research group or mental health organisation.

ASSESSMENT CHECKLIST

12. Was the program or presentation designed by individuals with qualifications or experience in mental wellbeing, mental health or public health? (e.g. psychologists, social workers, peer workers, health promotion)

    Y ☐ N ☐ Not Sure ☐
13. Was the program designed by a recognised university, mental health/public health research institute or mental health NGO?

    Y ☐ N ☐ Not Sure ☐

14. Where appropriate, was the program designed by those with significant cultural knowledge, awareness and understanding?

    Y ☐ N ☐ Not Sure ☐
15. Was the program co-designed with people who will be accessing the program?

    Y ☐ N ☐ Not Sure ☐

If no/not sure to **all** questions, seek more information and/or reconsider the use of the program or presentation.

Comments

_____
_____
_____

CRITERION 4: Theory-Informed

This criterion focuses on determining whether the program is based on a solid theoretical framework. Mental wellbeing is reflective of the combined state of our psychological, emotional, physical and social life. It refers to the ability of an individual to maintain connections, contribute to their community and cope with the normal stressors of life and life events or challenges. Mental wellbeing is influenced by a range of individual and environmental factors.

Interventions designed to promote mental wellbeing should target one or more of these variables using evidence-based individual behaviour change and/or systems change strategies. Individual skills building programs should draw on cognitive behaviour therapy (CBT), interpersonal therapy, and acceptance and commitment therapy strategies, or use positive psychology interventions like mindfulness as these have a strong evidence-base. They may also draw on Health Belief Theory, Stages of Change Theory, Social Cognitive Theory or Behavioural Insights (Nudge) principles to promote behaviour change. For Aboriginal programs, a strength-based approach that focus on empowerment and resilience is crucial. Settings based programs usually draw on organisational change theories and focus on changing social/group norms through the adjustment of environments, policies and procedures.

Effective programs are based on a clearly defined theory of change that outlines what the intervention is and what short to medium term changes it creates. For example, changes in knowledge, attitudes or skills, and how these changes will ultimately result in the increase or maintenance of an individual's own level of optimal mental wellbeing.

Mental wellbeing programs are often based on social ecology theory and focus on influencing the personal and environmental risk and protective factors that influence mental wellbeing. A list of key risk and protective factors relevant to mental wellbeing is provided at the end of this document. Mental wellbeing programs typically achieve change through personal skills building programs and/or by creating settings that influence positive living conditions or supportive home, learning, work, community, and other social environments that support mental wellbeing.

Skills-building interventions are common, and these programs usually draw on health, clinical or positive psychology principles and strategies like CBT and mindfulness. Parenting programs are an example of a skills-building intervention.

Mental wellbeing initiatives that target social environments might use community mobilisation strategies to create or reorient environments to increase social cohesion, social connectedness, or social inclusion, or to improving people's connections with the natural environment.

Promotion of mental wellbeing can also be achieved by influencing organisational policies, such as school or workplace policies to promote access to healthy food options, reduce exposure to alcohol

and other drugs and support physical activity. Population-level mental wellbeing programs work by influencing knowledge, attitudes or beliefs. This can include educating people about strategies and actions to increase or maintain mental wellbeing, recognising the signs of low mental wellbeing, available support and by motivating people to seek or offer others assistance.

Most programs require a certain amount of exposure or frequency to be effective. One-off 'talks' or 'workshops' are not effective unless they are part of a coordinated strategic approach which includes accompanying follow-up resources or supports.

ASSESSMENT CHECKLIST

16. Has a theory or model been identified to inform the approach of the program?

    Y ☐ N ☐ Not Sure ☐
17. Does the program target the underlying risk and/or protective factors known to influence mental wellbeing?

    Y ☐ N ☐ Not Sure ☐
18. Does it use evidence-based skills-building interventions drawn from health psychology (e.g. healthy eating, physical activity), clinical psychology (e.g. cognitive behaviour therapy) or positive psychology (e.g. mindfulness)?

    Y ☐ N ☐ Not Sure ☐
19. Does it use evidence-based public health change interventions to positively influence environments?

    Y ☐ N ☐ Not Sure ☐

If 'no/not sure to **all** questions, seek further information and/or reconsider your use of the program.
Comments

_____

_____

_____

CRITERION 5: Useability

This criterion determines whether the program's resources are likely to appeal to and engage their intended target audience. People are far more likely to engage with program resources that have graphics, creative artwork and interactive elements that resonate with them. However, decision makers need to be mindful of clever marketing and/or creative practices which may mask a potential program's short comings.

The criterion also focuses on the logistics of implementation, particularly whether the implementers have the resources, capacity, and capability to implement the program as intended, either once-off or on an ongoing basis.

To be effective, programs need to be easy to use and understand, suitable and relevant to the target group, and engaging. In most cases, this can be achieved by ensuring that the intended target audience are involved in co-designing the program. Useability can also be enhanced when programs are designed by multi-disciplinary teams.

It is important for decision makers to ask for an opportunity to review participant program manuals, facilitator guides or other workshop materials, or to trial an online program before deciding whether to commission or implement it. Having one or more people from the intended target audience 'try before you buy' can provide a greater sense of confidence in quality of a program.

Feasibility is another important aspect to consider. Programs developed under experimental conditions may fail to achieve similar impacts in real-world settings if they are poorly implemented. It is therefore important to understand the financial, human and infrastructure resources required to achieve high quality program implementation and whether the organisation has the capacity and capability to implement it.

Success is rarely a matter of taking an evidence-based program 'off the shelf'. In most instances training, supervision, quality assurance, and/or a monitoring plan is required for programs to succeed.

It also important to consider the sustainability of the program and what resources would be required if the intent is to continue the program on an ongoing basis.

ASSESSMENT CHECKLIST

20. Are the evaluation measures connected to the program adequate for measuring/evaluating the project objectives?
    Y ☐ N ☐ Not Sure ☐
21. In the evaluation, was engagement measured and did the target group find it engaging?
    Y ☐ N ☐ Not Sure ☐
22. Are the program resources easy to read, understand and/or use? (e.g. do they meet Web Content Accessibility Guidelines, are they suited to a year 7-9 level reader)
    Y ☐ N ☐ Not Sure ☐
23. Has the organisation demonstrated required capacity (e.g. financial, human resources, skills, and time) to implement and monitor the program successfully?
    Y ☐ N ☐ Not Sure ☐
24. Is the intention for this program to be used in an ongoing manner, and if so, are the resources available to achieve this?
    Y ☐ N ☐ Not Sure ☐

If no/not sure to **any** questions, seek further information and/or reconsider your use of the program or presentation.

Comments

_____

_____

_____

CRITERION 6: Evidence Base

This criterion determines the level of evidence associated with the program. Programs that are frequently tested against rigorous evaluation methods are likely to be safe and effective to implement. This will assist in achieving positive outcomes for the target audience.

It is crucial to consider the level of evidence associated with a program. This involves checking whether the program has ever been evaluated, and if so, who conducted the evaluation, methodology, frequency, and outcome of evaluation. This information can be obtained by asking the developer for this information, scientific journals, or existing program guides.

There are various levels of evidence that may be associated with a program, these can range from randomised controlled trials (RCTs) through to testimonials from program participants. A stronger evidence-base instils confidence that the program is effective.

The gold standard in evaluation research is the RCT. A well conducted RCT reduces the risk of error, bias and confounds, and instils confidence that if a positive result occurs it is because of the

intervention rather than by chance. A single positive RCT provides confidence in the program, but if a program has shown positive results in multiple RCTs you can be even more confident it is effective. However, RCTs are time consuming and expensive and not all program developers have the resources to conduct them. Other evaluation designs can also provide useful information about acceptability, feasibility, reach, adoption, satisfaction, and self-reported change, although the influence of chance, bias and confounding are harder to discount in non-randomised and non-control group designs.

While it is desirable to select a program that is evidence-based, it can also be reasonable to select a program that is evidence-informed even if it has not been formally evaluated, for example:

- evidence-based programs that have been adapted and/or co-designed to meet the needs of target audiences;
- programs that are designed based on a systemic review of the scientific literature and have a comprehensive evaluation plan attached to the program.

Reviewing the evidence is critical. The single biggest mistake among funders and implementers is using a non- or low-evidence-based program.

ASSESSMENT CHECKLIST

25. Has the program or presentation ever been formally evaluated? (e.g. there is a publicly available evaluation report or research article/presentation)
    Y ☐ N ☐ Not Sure ☐
26. Has the program been developed based on a thorough review of the scientific literature, cultural knowledge, and/or best practice consensus?
    Y ☐ N ☐ Not Sure ☐
27. Is there an evaluation plan to monitor the implementation of the program and desired outcomes?
    Y ☐ N ☐ Not Sure ☐

<u>If no/not sure to Q24 to Q25, seek more information and/or reconsider your use of the program or presentation.</u>

NOTE: If the program has been positively evaluated, it is still important to consider the strength of the evidence by considering the type and extent of evaluation that has occurred. Different types of research designs produce different levels of evidence. The lower the level of evidence, the more uncertain that the program will produce positive outcomes whereas the higher the level of evidence, the more likely it will produce positive outcomes. A guide to assisting with the evaluation process is provided below.

- Positive testimonials from participants – very low level of evidence
- A pre-post design with no comparison control group – low level of evidence
- A pre-post design with a comparison control group, or a time-series design – moderate level of evidence
- An RCT or a cluster RCT – high level of evidence
- More than one RCT or cluster RCT – very high level of evidence

Comments

_____

_____

_____

Mental wellbeing program checklist tool

Some questions have more weighting than others and need to be answered yes. If no or unsure, seek further information and/or reconsider your use of the program.

	Assessment	Yes	No	Not sure
CRITERION 1: Program Aims and Objectives				
1	* Does the program clearly state its primary purpose – project aims and S.M.A.R.T objectives?			
2	*Does this purpose align with the vision of the Mental Wellbeing Guide?			
3	Does the program mainly aim to increase or maintain mental wellbeing?			
4	Does the program mainly aim to foster health promotion and mental wellbeing principles for example, increasing mental health literacy, reducing stigma, and addressing both risk and protective factors?			
Sub-Total				
CRITERION 2: Suitability				
5	*Was the program designed by the target group/s themselves or did the design or development of the program include input from the group/s being targeted, including whole of population programs? (i.e. was it co-designed or was a collaborative approach used with a particular group)?			
6	Did the program evaluation include participants from the target group (e.g. can the evaluation results be generalised to your audience)?			
7	Was the evaluation methodology appropriate for the target group/s?			
8	Was it developed in Australia?			
9	If not, has it been evaluated in Australia?			
10	*Will the program be evaluated as part of the proposed implementation?			
11	Does the program demonstrate suitability for the intended target audience?			
Sub-Total				
CRITERION 3: Credibility				
12	Was the program or presentation designed by individuals with qualifications or experience in mental wellbeing, mental health or public health? (e.g. psychologists, social workers, peer workers, health promotion)			
13	Was the program designed by a recognised university, mental health/public health research institute or mental health NGO?			
14	Where appropriate, was the program designed by those with significant cultural knowledge, awareness and understanding?			
15	Was the program co-designed with people who will be accessing the program?			
Sub-Total				
CRITERION 4: Theory-Informed				
16	Has a theory or model been identified to inform the approach of the program?			
17	Does the program target the underlying risk and/or protective factors known to influence mental wellbeing?			
18	Does it use evidence-based skills-building interventions drawn from health psychology (e.g. healthy eating, physical activity), clinical psychology (e.g. cognitive behaviour therapy) or positive psychology (e.g. mindfulness)?			
19	Does it use evidence-based public health change interventions to positively influence environments?			
Sub-Total				
CRITERION 5: Useability				
20	Are the evaluation measures connected to the program adequate for measuring/evaluating the project objectives?			
21	In the evaluation, was engagement measured and did the target group find it engaging?			
22	Are the program resources easy to read, understand and/or use? (e.g. do they meet Web Content Accessibility Guidelines, are they suited to a year 7-9 level reader)			
23	*Has the organisation demonstrated required capacity (e.g. financial, human resources, skills, and time) to implement and monitor the program successfully?			
24	Is the intention for this program to be used in an ongoing manner, and if so, are the resources available to achieve this?			
Sub-Total				
CRITERION 6: Evidence Base				

25	Has the program or presentation ever been formally evaluated? (e.g. there is a publicly available evaluation report or research article/presentation)			
26	Has the program been developed based on a thorough review of the scientific literature and/or best practice consensus?			
27	*Is there an evaluation plan to monitor the implementation of the program and desired outcomes?			
Sub-Total				
TOTAL				

Recommendation

Review by

Name:
Organisation:
Position:
Date:

❒ Approve ❒ Do not approve ❒ Further information sort

Comments

GLOSSARY

Co-design: involves **i**dentifying and creating initiatives in a way that reflects the needs, expectations, and requirements of all those who participated in and will be affected by the initiative.

Evidence informed where evidence is unavailable, programs informed by evidence and best practice methods in similar fields can be implemented. The insights of people with lived experience; traditional forms of knowledge, such as from Aboriginal people; and unique cultural perspectives can form part of the evidence base.

Levels of evidence: is a concept developed to describe both the quality of evidence and the amount of evidence available for a particular issue or intervention. As you go up the pyramid, the amount and quality of evidence will increase. Quality is based on the rigour of the research design including measures to control for error, confounding or bias, and the role of chance findings. Quantity is based on the number of evaluations and whether the research findings have been replicated by other researchers.

Mental health: According to the World Health Organization (WHO) definition, *'mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.'*.

Mental health condition: Is a condition diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities. There are many different types of mental health conditions, and they occur to varying degrees of severity. Examples include: anxiety disorders (such as generalised anxiety disorders and social phobias); mood disorders (such as depression and bipolar disorder); psychotic disorders (such as schizophrenia); eating disorders (such as anorexia and bulimia); and personality disorders (such as borderline personality disorder).

Mental health issues: Refers to when cognitive, emotional or social abilities are diminished, but not to the extent that they meet the criteria for a diagnosed mental health condition.

Mental health issues can occur because of life stressors, are usually less severe than diagnosed mental health conditions and often resolve with time or when the individual's situation changes. If a mental health issue persists or increases in severity, it may develop into a diagnosed mental health condition.

Mental health issues and conditions prevention: Initiatives which focus on reducing risk factors for mental health issues and conditions and enhancing protective factors.

Mental health promotion: Involves actions to create living conditions and environments that support mental health and wellbeing and allow people to adopt and maintain healthy lifestyles.

Mental wellbeing: Is reflective of the combined state of our psychological, emotional, physical and social life. It refers to the ability of an individual to maintain connections, contribute to their community and cope with the normal stressors of life and life events or challenges. Mental wellbeing is tangible and measurable.

Primary prevention: Refers to strategies aimed at preventing mental health issues and conditions. This includes interventions targeting:

- The whole population.
- Subgroups of the population who are at increased risk.
- High risk groups and those showing early signs/behaviours linked to low mental wellbeing.

Process, impact, and outcome evaluation: there are various different types of evaluation**.**

Process evaluations tend to focus on implementation issues, and whether the program was delivered as intended and resulted in certain outputs such as reach, adoption and participants' satisfaction with the program.

Impact evaluation looks at the short-medium term changes connected with a program and whether it has met its objectives, such as changes in knowledge, attitudes, or skills that are likely to then lead to positive outcomes.

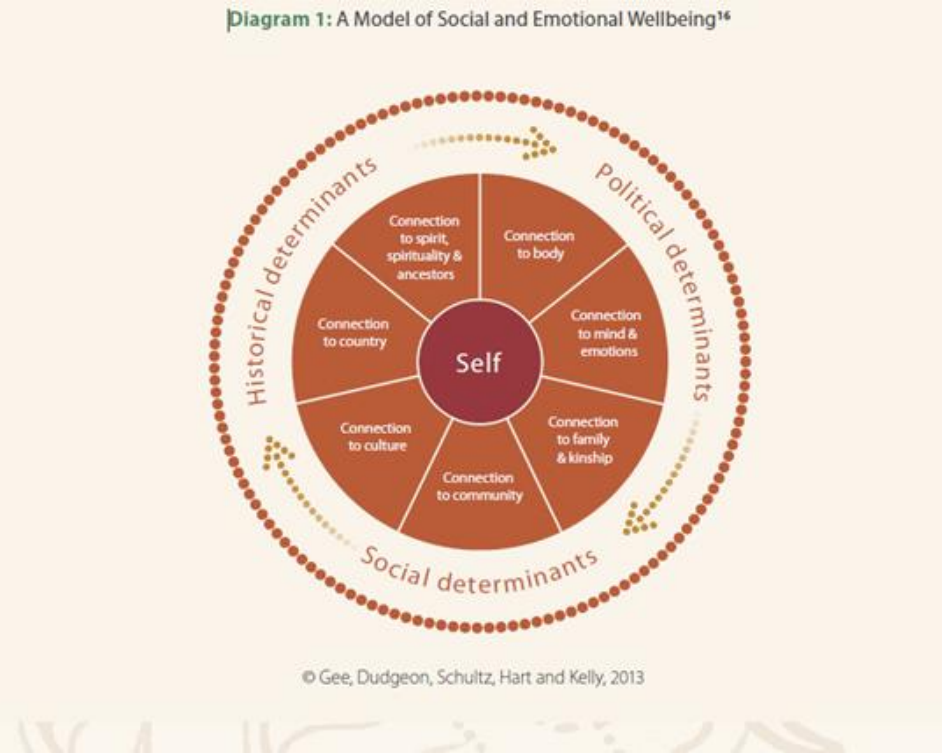
Outcome evaluation focuses on the overall learnings from the evaluation and whether a program has achieved its primary aim or goal, such as preventing the onset of depression among the target audience.

Social and Emotional Wellbeing: Social and Emotional Wellbeing (SEWB) is holistic and does not refer to the individual but encompasses the social, emotional and cultural wellbeing of the whole community. The SEWB of Aboriginal people is strongly influenced by their connection to family, Elders, community, culture, Country and spirituality. These connections work together to provide a culturally safe environment for Aboriginal peoples and helps individuals to maintain and increase their SEWB.

Risk and protective factors: Risk and protective factors are characteristics that exist at the biological, psychological, family, community (including peers and culture), economic and physical environment levels. Over time, the accumulation of risk factors (e.g. social isolation, loneliness, poor coping skills, unhealthy lifestyle etc) can increase the likelihood of someone experiencing mental health issues and conditions. Conversely, the presence and accumulation of protective factors (e.g. pro-social behaviour, connectedness, problem solving skills, healthy lifestyle etc) can protect and enhance mental wellbeing.

Social and Emotional Wellbeing

Aboriginal social and emotional wellbeing (SEWB): For Aboriginal peoples, health itself is not understood as the concept often assumed by non-Aboriginal people, rather it is a culturally informed concept, conceived of as 'social and emotional wellbeing' – a term that is increasingly used in health policy but in this context carries a culturally distinct meaning: it connects the health of an Aboriginal individual to the health of their family, kin, community, and their connection to country, culture, spirituality and ancestry. It is a deep-rooted, more collective and holistic concept of health than that used in Western medicine[i].



Prompts for SEWB – Biology, expectations and opportunities.

Facilitators for SEWB – Intellectual flexibility, good language development and Emotional support.

Constraints for SEWB – stress, chaos, social exclusion, racism and social inequality.

Risks to SEWB – Discrimination and racism, widespread grief and loss, child removals and unresolved trauma, life stress, social exclusion, economic and social disadvantage, incarceration and juvenile justice supervision, child removal by care and protection orders, violence, family violence, substance use, physical health problems.

Protectors of SEWB[1] – Connection to land, Culture, spirituality and ancestry, kinship, self-determination, community governance and cultural continuity.

[1] **Reference:** *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* 2nd Edition – Nola Purdie, Patricia Dudgeon and Roz Walker. **Refer to Chapter 6 Pg. 93-106**):

Government of **Western Australia**
Mental Health Commission

GPO Box X2299, Perth
Business Centre WA 6847

Level 1, 1 Nash Street
Perth WA 6000

T (08) 6553 0600

mhc.wa.gov.au