

National Centre for
Aboriginal and
Torres Strait Islander
Wellbeing Research



Research Summary: Interim findings of change in Aboriginal and Torres Strait Islander mental health and wellbeing during the Voice to Parliament Referendum period

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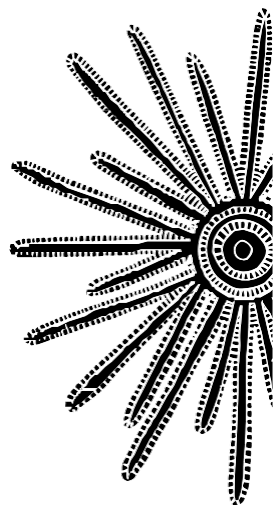
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Content Warning

This Research Summary contains information about discrimination, racism, and mental health, which may be upsetting or distressing to read about. If you need to talk to someone, call [13 YARN](tel:139276) (13 92 76) to speak to an Aboriginal or Torres Strait Islander Crisis Support worker, or Lifeline on 13 11 14. Self-care resources and links to support services can be found here: <https://nceph.anu.edu.au/voiceinfo>.

Introduction

This Research Summary presents interim findings from a project that aims to identify health and wellbeing concerns and services required to support Aboriginal and Torres Strait Islander peoples in relation to the Voice to Parliament Referendum. For project details see <https://nceph.anu.edu.au/voiceinfo/factsheets>.

One aspect of the project is to track levels of mental health and wellbeing over the period surrounding the Referendum, using data from *Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander wellbeing*. This Research Summary presents interim analysis that compares data collected during the early Referendum period (February 2023–May 2023) to data collected during the Baseline period (June 2018–May 2021), as well as data collected in the Pre-Referendum period (January 2022–January 2023) (see Figure 1). The data from the pre-Referendum period enables tracking of change in measures that were not captured in the Baseline data. Further reports are planned that will contain additional data collected during the Referendum period to 14 October 2023, and the post-Referendum period.

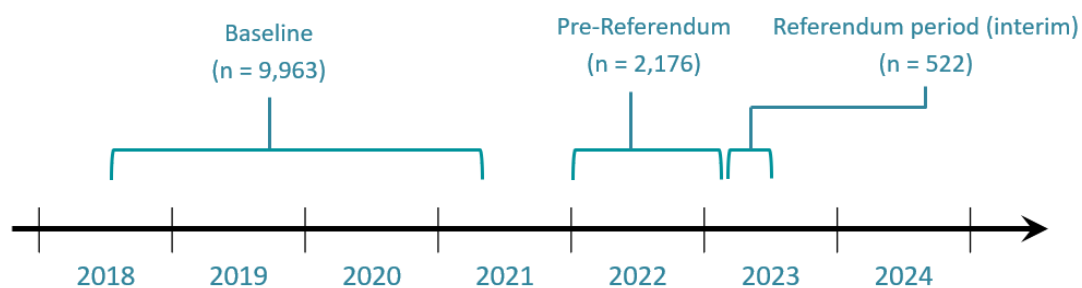


Figure 1: Study periods and participant numbers for this analysis

In order to estimate the prevalence of outcomes in the total population of Aboriginal and Torres Strait Islander adults (aged 18 years and over), weighting was applied to survey data using benchmark data from the 2021 Census (age, gender, and remoteness). In the following summary, weighted prevalence estimates are used. Changes are reported with respect to the Baseline period unless otherwise noted; all reported changes are statistically significant ($p < 0.05$).

Summary of findings

Overall, the analysis shows that while many aspects of health and wellbeing remain high for Aboriginal and Torres Strait Islander adults, exposure to discrimination has *increased* and several measures of wellbeing have *decreased* over the Referendum period compared to Baseline.

Discrimination and racism

Discrimination is common and increasing, including in healthcare settings (Figure 2). In the Referendum period, over two-thirds (68.9%) of Aboriginal and Torres Strait Islander adults reported having experienced everyday discrimination. This is an increase of around 5 percentage points from the Baseline period, representing an additional 24,000 adults experiencing discrimination.

Discrimination in healthcare settings also increased in the Referendum period compared to Baseline, by about 5 percentage points to 45.6%. This represents around 225,000 Aboriginal and Torres Strait Islander adults who have experienced discrimination when seeking healthcare.



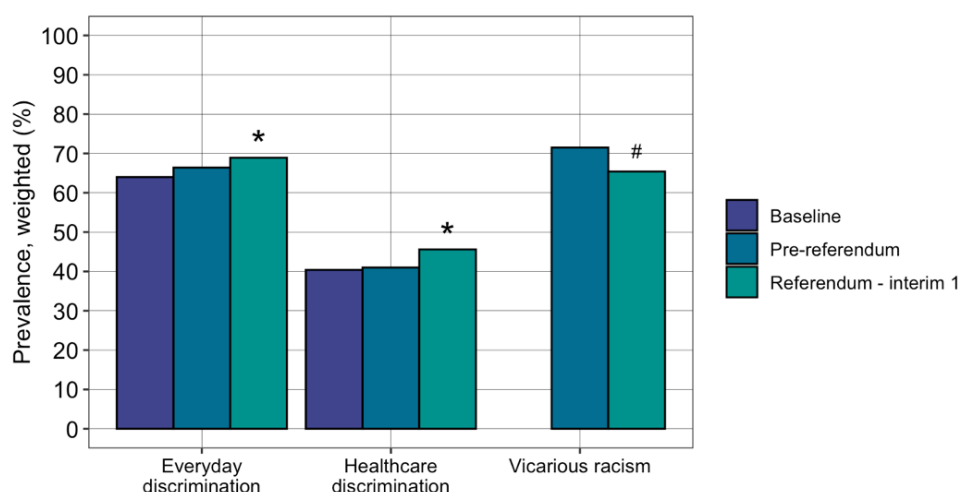


Figure 2. Weighted prevalence estimates for discrimination and racism variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period. Vicarious racism measure was introduced in Wave 2, hence no data is available for Baseline period (which uses Wave 1 data).

Vicarious racism, as measured in the *Mayi Kuwayu Study*, includes experiences of hearing jokes or insulting comments about Aboriginal and Torres Strait Islander peoples, and witnessing unfair treatment of Aboriginal and Torres Strait Islander peoples. The reported prevalence of vicarious racism decreased compared to the Pre-Referendum period, but remains a common experience in the Referendum period with 65.4% of Aboriginal and Torres Strait Islander adults reporting having experienced vicarious racism.

Health and Wellbeing

Overall wellbeing is high but has declined (Figure 3). The prevalence of good general health decreased by about 8 percentage points to 64.8%, which represents 40,000 fewer Aboriginal and Torres Strait Islander adults reporting good general health in the Referendum period compared to Baseline. Similarly, high happiness decreased by about 5 percentage points, to 83.3%, which corresponds to around 26,000 fewer adults reporting high happiness. We did not identify a significant change in the overall percentage of Aboriginal and Torres Strait Islander adults reporting high life satisfaction compared to Baseline.

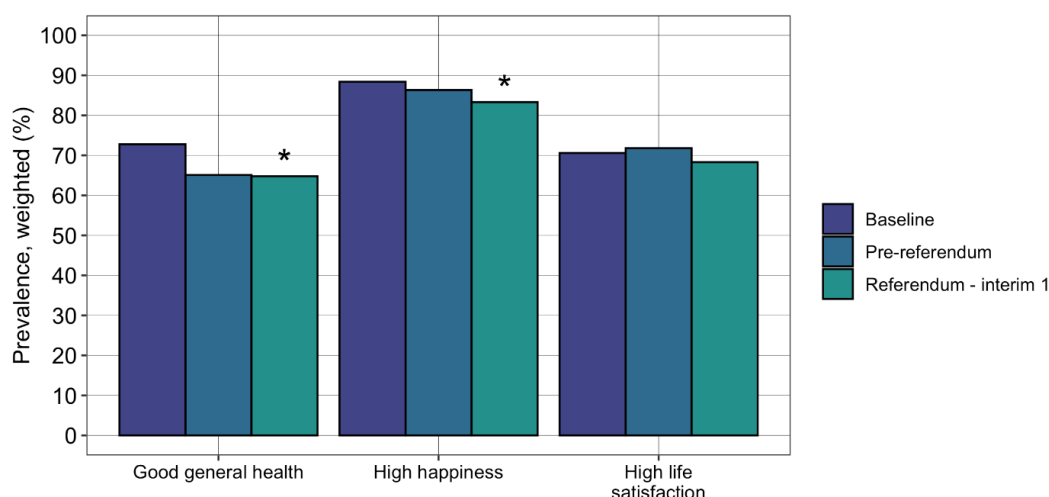


Figure 3. Weighted prevalence estimates for general health and happiness variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period

Psychological distress is common (Figure 4). Nearly half (47.6%) of Aboriginal and Torres Strait Islander adults reported high or very high psychological distress in the Referendum period. Overall, we did not identify a significant change in the prevalence of high/very high psychological distress. Similarly, we did



not identify a significant change in the prevalence of anxiety or depression in the Referendum period compared to Baseline, however these remain common. We did not identify a significant change in the prevalence of post-traumatic stress disorder (PTSD) in the Referendum compared to pre-Referendum period.

Risky alcohol use has increased compared to the Pre-Referendum period (Figure 4). The measure of risky alcohol use employed in this study was consuming six or more drinks in a single occasion on a weekly or more frequent basis. The estimated prevalence of risky alcohol use was 15.2% in the Referendum period, which is not statistically significantly different from the Baseline period (12.9%), but was around 4 percentage points higher than in the Pre-Referendum period (11.5%). Alcohol use is known to be a coping mechanism in response to stress, and the observed increases in risky alcohol use are consistent with increased stress and discrimination experienced over the Referendum period.

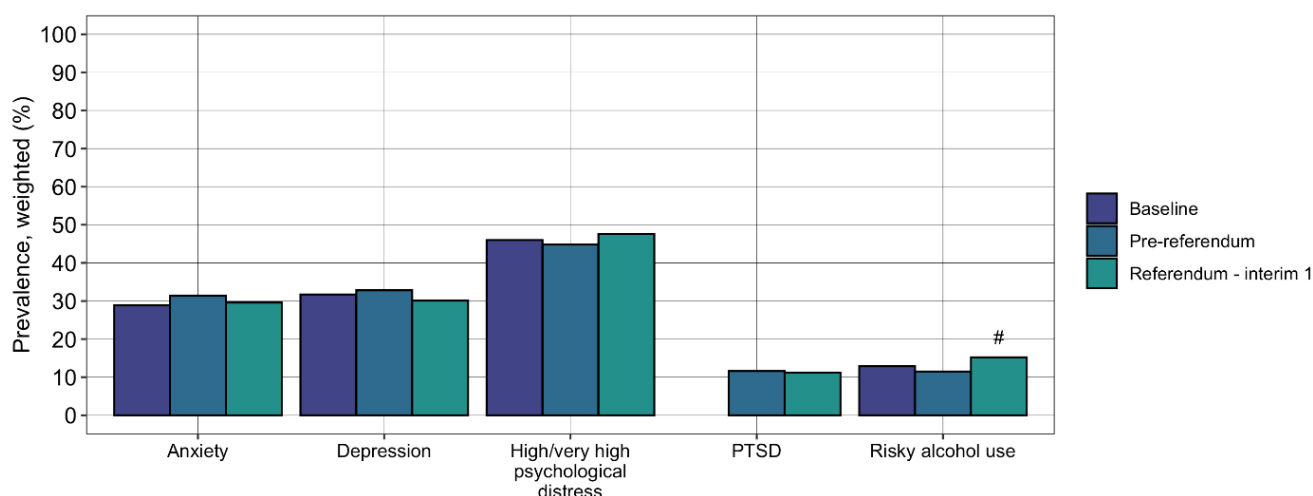


Figure 4. Weighted prevalence estimates for selected health and wellbeing variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period. PTSD measure was introduced in Wave 2, hence no data is available for Baseline period (which uses Wave 1 data).

Family and community support

Family support is generally high but decreasing (Figure 5). Decreases were observed in multiple measures of family support: accepting people for who they are; always being there for each other; getting on and coping in the hard times; and having good support from mob.

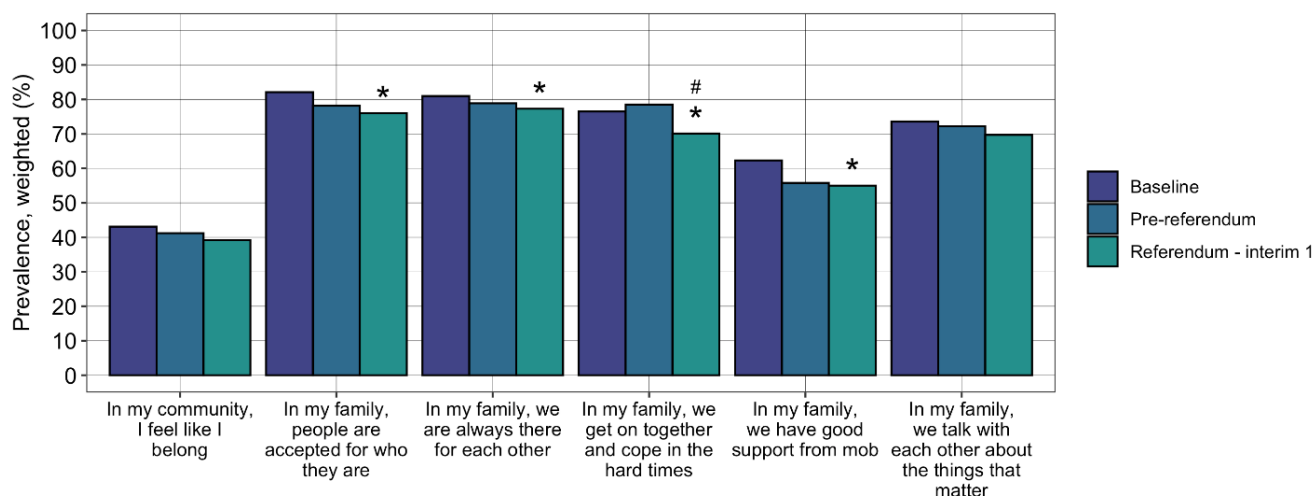


Figure 5. Weighted prevalence estimates for family and community support variables over the three study periods. * significant change compared with Baseline; # significant change compared with Pre-Referendum period



Self-determination

Several measures of self-determination have decreased (Figure 6). Aboriginal and Torres Strait Islander adults reported feeling less in control of their lives in the Referendum period compared to the Pre-Referendum period. In the Referendum period, a lower percentage of Aboriginal and Torres Strait Islander adults reported feeling listened to in their community compared to Baseline.

In the Referendum period, a significantly lower percentage of Aboriginal and Torres Strait Islander adults reported feeling that Government has the final say in decisions about their community. This may reflect an increasing influence that the non-Indigenous voting public were seen to have, rather than the Government, over this period.

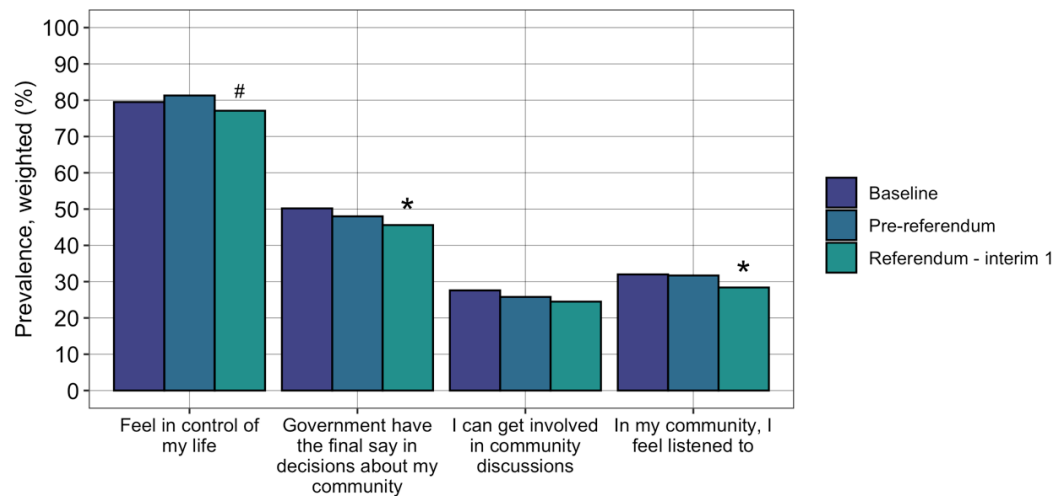


Figure 6. Weighted prevalence estimates for self-determination variables over the three study periods.

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

Cultural connectedness

Overall, a lower percentage of adults reported feeling disconnected from their Aboriginal and/or Torres Strait Islander culture in the Referendum period (Figure 7). No significant change was observed in participation in social events related to Aboriginal and Torres Strait Islander peoples or in feeling torn between cultures.

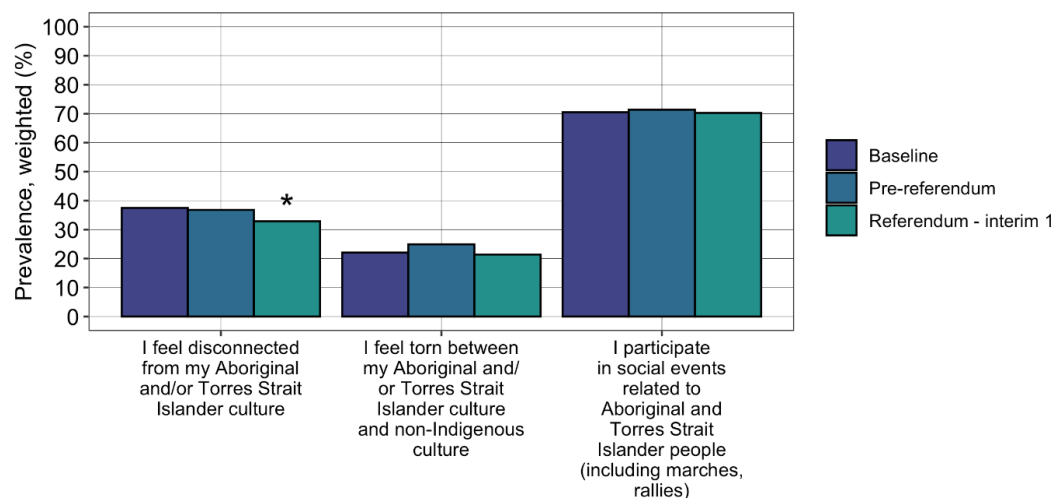


Figure 7. Weighted prevalence estimates for cultural connectedness variables over the three study periods.

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



Service use

High healthcare service use remains common over the Referendum period (Figure 8). Around one-third of adults (33.8%) accessed a healthcare service monthly or more frequently in the Referendum period, consistent with 34.0% in the Baseline period. Just over half (52.3%) of adults had an Aboriginal and Torres Strait Islander Health Check in the preceding year in the Referendum period, which represents an additional 46,000 people compared with Baseline levels.

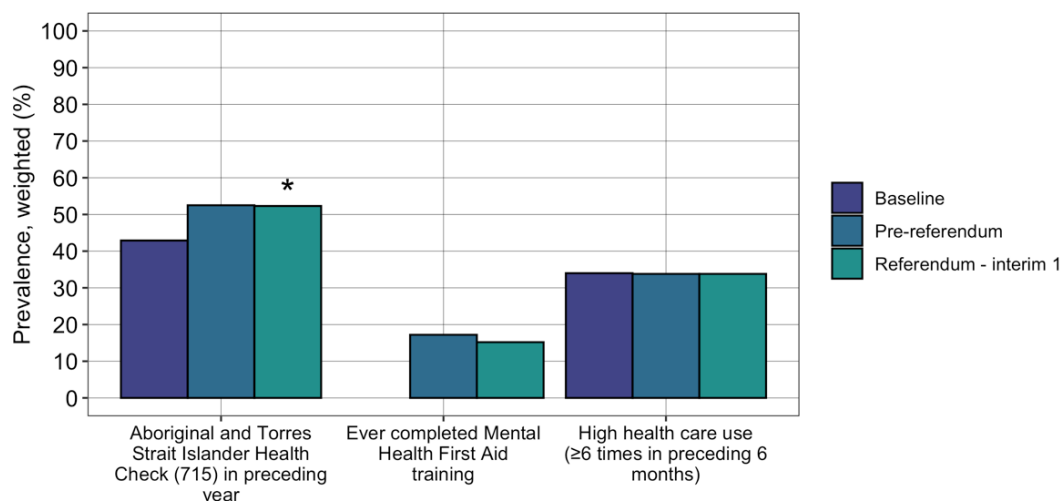


Figure 8. Weighted prevalence estimates for service use variables over the three study periods.

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

Concluding remarks

While many measures of health and wellbeing remain high for Aboriginal and Torres Strait Islander adults, in the Referendum period there have been significant *increases* in discrimination, including in healthcare settings, and significant *decreases* in several measures of wellbeing. The high levels of wellbeing observed despite high burdens of discrimination and psychological distress are likely to be underpinned by high levels of family and community support and strong connection to culture – but it is important to note that we are observing some declines in these protective factors.

Collectively, the results presented here are consistent with findings from focus groups conducted earlier in this project (summary factsheets available here: <https://nceph.anu.edu.au/voiceinfo/factsheets>). The results underscore the need for additional supports to be made available to Aboriginal and Torres Strait Islander peoples over the Referendum period and beyond, in addition to elevated action to eliminate discrimination and racism.

Given the critical role of family and community support to wellbeing for Aboriginal and Torres Strait Islander peoples—and the declines observed in several measures of these supports—holistic services to support family and community wellbeing and connection to culture are important in addition to any services focused on individual wellbeing.

Action by non-Indigenous people to eliminate racism and discrimination is imperative, including in healthcare settings, to remove this escalating stressor from the load being carried by Aboriginal and Torres Strait Islander peoples and to ensure access to culturally safe healthcare.

