

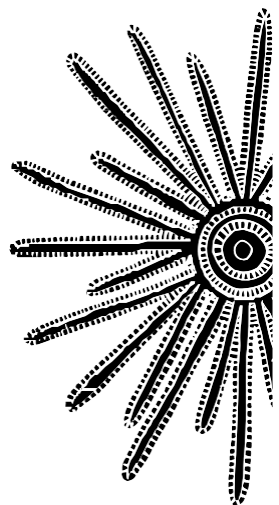


# Research Summary: Aboriginal and Torres Strait Islander mental health and wellbeing in the first 6 months since the Voice to Parliament Referendum

Katherine A Thurber,<sup>1</sup> Bronwyn Wilkes (Gundungurra),<sup>1</sup> Masud Hasan,<sup>1</sup> Joanne Thandrayen,<sup>1</sup> Mikala Sedgwick (Gamilaraay),<sup>1</sup> Chris McKay (Wiradjuri)<sup>1</sup>, Emily Colonna,<sup>1</sup> Olivia Evans (Gomerioi),<sup>2</sup> Siena Montgomery,<sup>1</sup> Raymond Lovett (Wongaibon/Ngiyampaa)<sup>1</sup>

1. Yardhura Walani National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, National Centre for Epidemiology and Population Health, College of Health & Medicine, The Australian National University
2. Research School of Psychology, ANU School of Medicine and Psychology, College of Health & Medicine, The Australian National University

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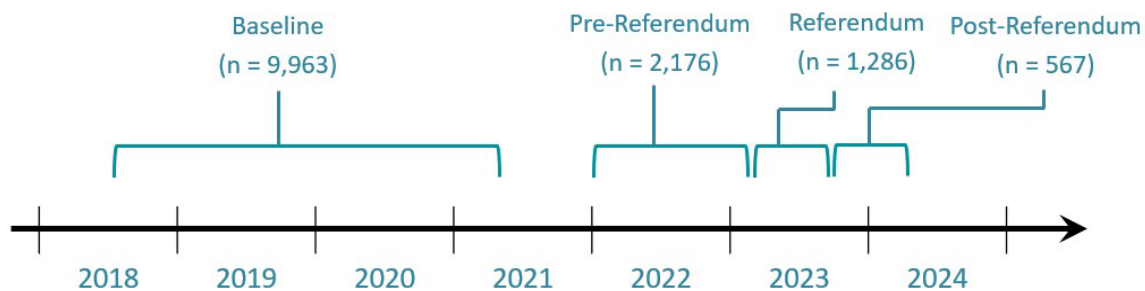
# Content Warning

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 \(13 92 76\)](tel:139276) 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://yardhurawalani.com.au/information/>.

## Introduction

This Research Summary presents findings from a project that aims to (1) identify health and wellbeing concerns and services required to support the Aboriginal and Torres Strait Islander population in relation to the Voice to Parliament Referendum, and (2) monitor levels of mental health and wellbeing over this period. For project details and the full report on which this summary is based, see <https://yardhurawalani.com.au/mental-health-and-wellbeing-around-the-voice-to-parliament-referendum/>.

This Research Summary compares levels of health and wellbeing before public discussion around the Voice Referendum was prominent ('Baseline': 2018–2021, and 'Pre-Referendum period': the year immediately prior to the Referendum period) to the period of the Referendum campaign up until the vote ('Referendum period': February 2023–14 October 2023), and to the first six months following the Referendum vote ('Post-Referendum period': 15 October 2023–14 April 2024); see Figure 1. Further reports will expand the Post-Referendum analysis to cover a longer window (e.g. 12 months, 18 months) and include additional participants.



**Figure 1: Study periods and participant numbers for this analysis**

Data used in this analysis are from *Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander Wellbeing*. 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 the Mayi Kuwayu Study data using benchmark data from the 2021 Census (age, gender/sex, and remoteness). All changes reported are statistically significant ( $p < 0.05$ ).

## Summary of findings

The current findings indicate that many aspects of health and wellbeing are significantly worse in the Post-Referendum period than at Baseline (see Figure 1). We do not detect any significant improvements in wellbeing from the Referendum period to the Post-Referendum period, and some outcomes – including vicarious racism and anxiety – have significantly worsened Post-Referendum.

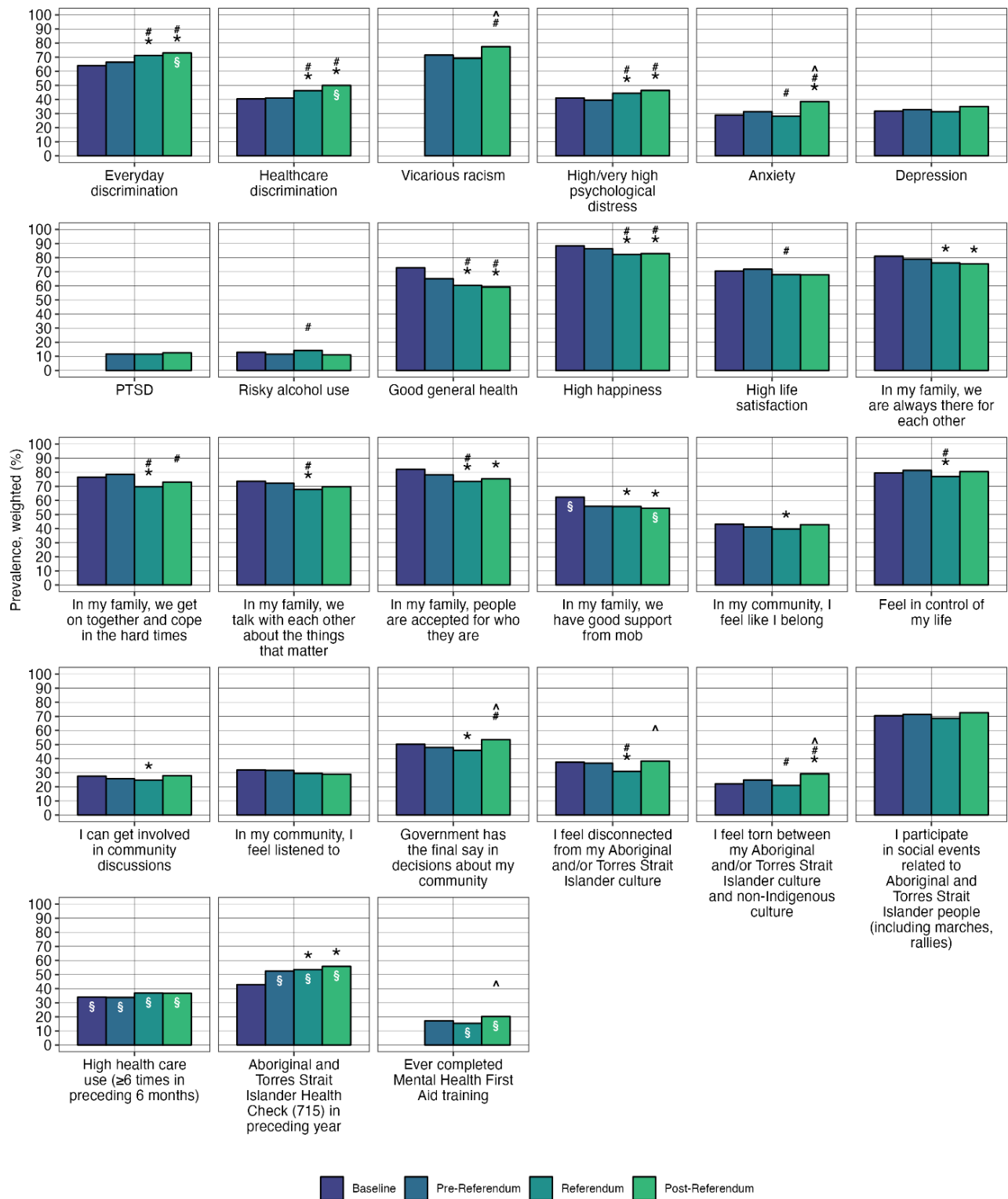
Key elements of Aboriginal and Torres Strait Islander wellbeing remain strong, including high happiness, high life satisfaction, and feelings of life control, despite the high – and escalating – burden of racism. However, we observe significant and substantial declines in other key aspects of wellbeing in the Post-Referendum period, with critically high estimated prevalences of diagnosed anxiety (39%) and high/very high psychological distress (46%), and with under 60% of the population experiencing good general health.

Some measures of cultural connectedness had improved during the Referendum period compared to



earlier period/s, but these have declined Post-Referendum, returning to Baseline levels or worse.

Figure 1 summarises the changes in health and wellbeing measures observed over the four study periods.



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

\* significant change compared to Baseline.

# significant change compared to Pre-Referendum period.

^ significant change compared to Referendum period.

The following outcome variables were not available in Wave 1: vicarious racism, post-traumatic stress disorder (PTSD), and mental health first aid training; accordingly, no comparisons are made to the Baseline period.

§ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.

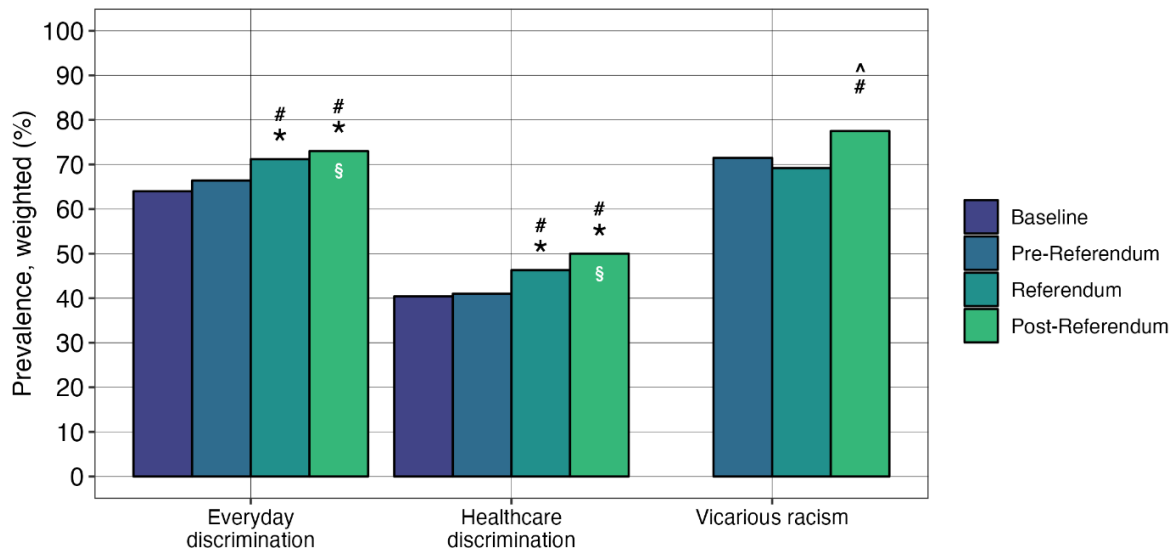


## Discrimination and racism

**Discrimination and racism are widespread, and more prevalent than at Baseline. Experiences of vicarious racism have increased since the Referendum (Figure 2).** In the Post-Referendum period, nearly three-quarters (73.0%) of Aboriginal and Torres Strait Islander adults had experienced everyday discrimination. This is an increase of around 9 percentage points from the Baseline period, which represents an estimated 45,000 additional adults experiencing everyday discrimination.

Half (50.0%) of Aboriginal and Torres Strait Islander adults experienced discrimination in healthcare settings in the Post-Referendum period. This is an increase of about 10 percentage points from Baseline (40.4%), and represents an estimated 47,000 additional adults experiencing healthcare discrimination.

The Mayi Kuwayu Study measures aspects of vicarious racism, including the experience of hearing jokes or insulting comments about Aboriginal and Torres Strait Islander peoples, as well as witnessing unfair treatment of Aboriginal and Torres Strait Islander peoples. These questions were introduced in the second wave of the Mayi Kuwayu Study, hence there is no Baseline data for this measure. Experiencing vicarious racism was very common in the Post-Referendum period, with an estimated 77.5% of Aboriginal and Torres Strait Islander adults experiencing vicarious racism. This is an increase from the Pre-Referendum (71.5%) and Referendum periods (69.2%).



**Figure 2. Weighted prevalence estimates for discrimination and racism variables over the four study periods.**

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

The vicarious racism measure was introduced in Wave 2, hence no data are available for Baseline period (which uses Wave 1 data).

§ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.

## Health and Wellbeing

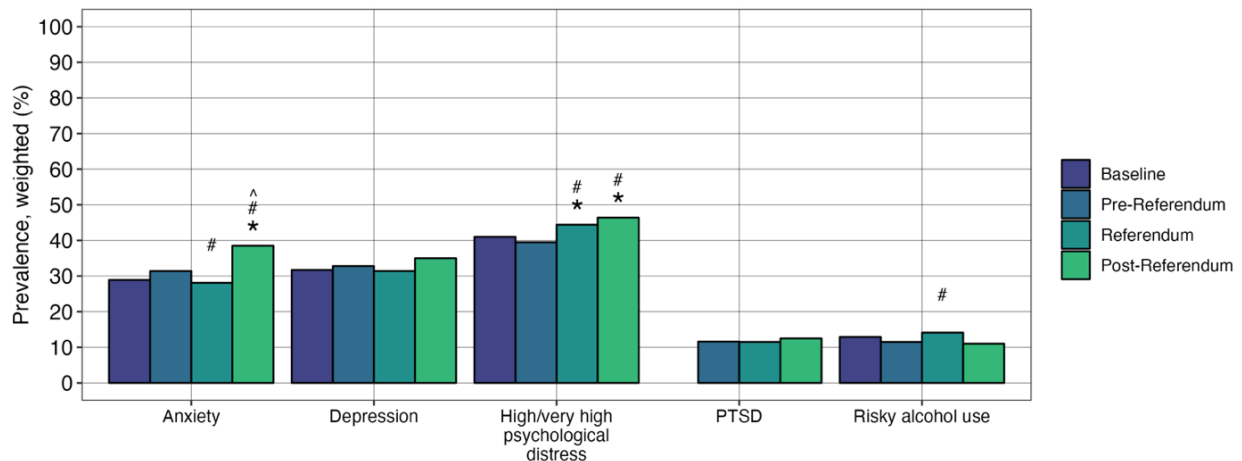
**Psychological distress is common and has increased compared to Baseline (Figure 3).** Almost half (46.4%) of Aboriginal and Torres Strait Islander adults had high or very high psychological distress in the Post-Referendum period. This is a significant increase from Baseline (41.0%) and represents an estimated 27,000 additional adults experiencing high or very high psychological distress.

**Anxiety is common has increased compared to previous periods (Figure 3).** In the Post-Referendum period 38.5% of Aboriginal and Torres Strait Islander adults had a doctor diagnosis of and/or took medication for anxiety, which is higher than all other time periods studied. Anxiety increased by 10 percentage points from Baseline (28.9%), which represents an estimated 47,000 additional adults with anxiety.



Around one-in-three Aboriginal and Torres Strait Islander adults had a doctor diagnosis of and/or took medication for depression in the Post-Referendum period (35.0%), consistent with prevalence across the four study periods. The prevalence of post-traumatic stress disorder (PTSD) was similar across the four study periods, with 12.5% in the Post-Referendum period.

Risky alcohol use was similar in the Post-Referendum period (11.0%) compared to other study periods (Figure 3). Alcohol consumption is sometimes used as a coping mechanism in response to stress. Risky alcohol use was included as a variable in this analysis because some focus group participants (see Report 1 in this series) mentioned that alcohol may be used as a way to cope with stressors relating to the Referendum. In this study, risky alcohol use was defined as consuming six or more drinks per day on a weekly or more frequent basis.



**Figure 3. Weighted prevalence estimates for selected health and wellbeing variables over the four study periods.**

\* indicates significant change compared with Baseline.

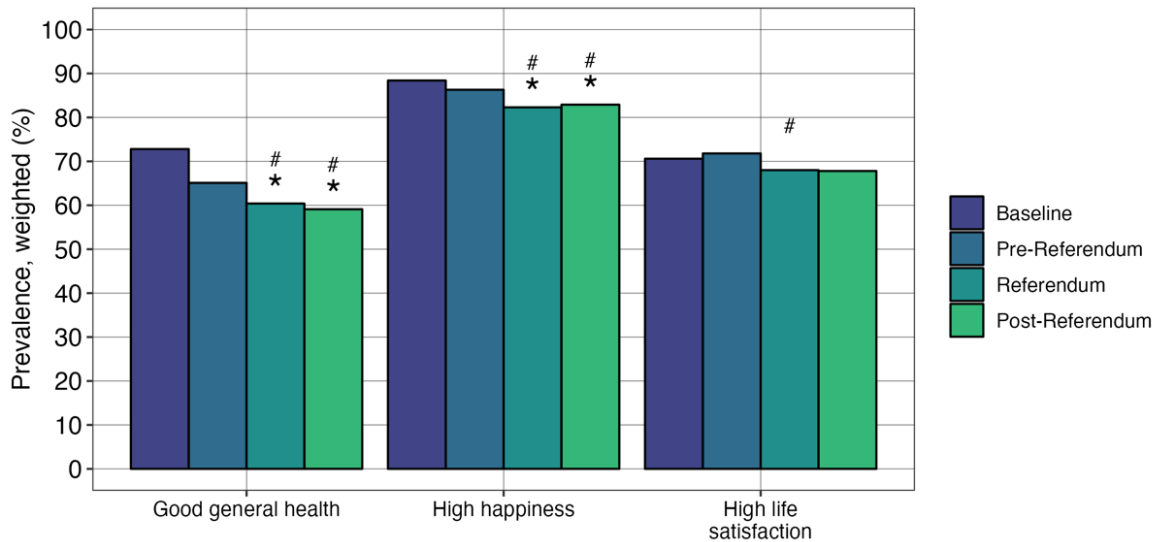
# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

PTSD measure was introduced in Wave 2, hence no data are available for Baseline period (which uses Wave 1 data).

**Levels of good general health have substantially dropped since Baseline; levels of happiness are high, but remain lower than at Baseline (Figure 4).** Levels of good general health decreased by about 14 percentage points to 59.1%, which represents an estimated 68,000 fewer Aboriginal and Torres Strait Islander adults having good general health in the Post-Referendum period compared to Baseline. Similarly, high happiness decreased by about 6 percentage points, to 82.9%, representing an estimated 28,000 fewer adults with high happiness. The prevalence of high life satisfaction in the Post-Referendum period was 67.8%, which is comparable with the Baseline level (70.6%).



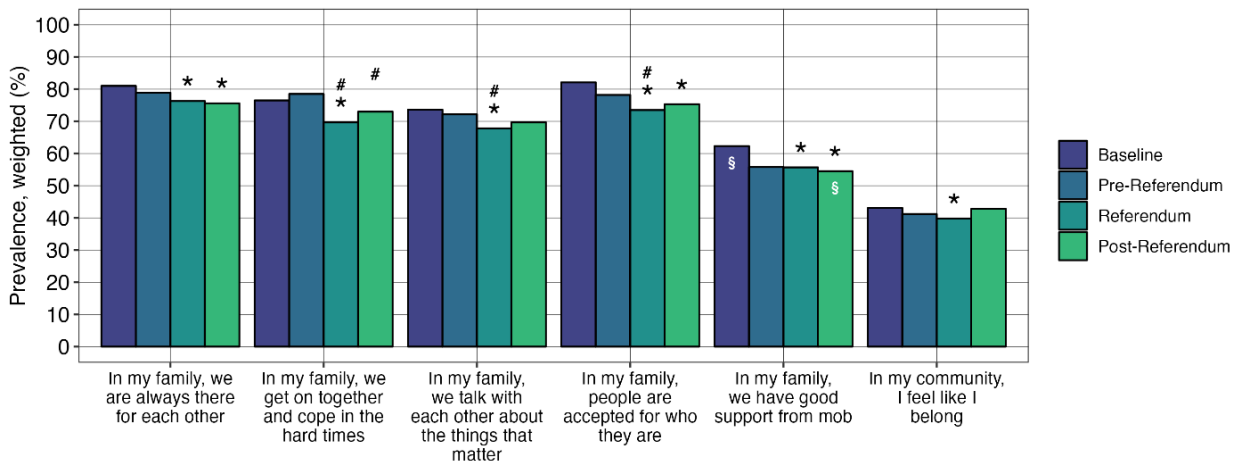


**Figure 4. Weighted prevalence estimates for general health and happiness variables over the four study periods.**

\* indicates significant change compared with Baseline.  
 # indicates significant change compared with Pre-Referendum period.  
 ^ indicates significant change compared with Referendum period.

## Family and community support

Family support is generally high but many measures remain lower than at Baseline (Figure 5). In the Post-Referendum period compared to Baseline, there remained a significantly lower prevalence of being there for each other (75.6% compared to 81.0%), people being accepted for who they are (75.3% compared to 82.1%), and having good support from mob (54.5% compared to 62.3%). It was less common in the Post-Referendum period (73.0%) compared to Pre-Referendum period (78.5%) for families to get on together and cope in the hard times.



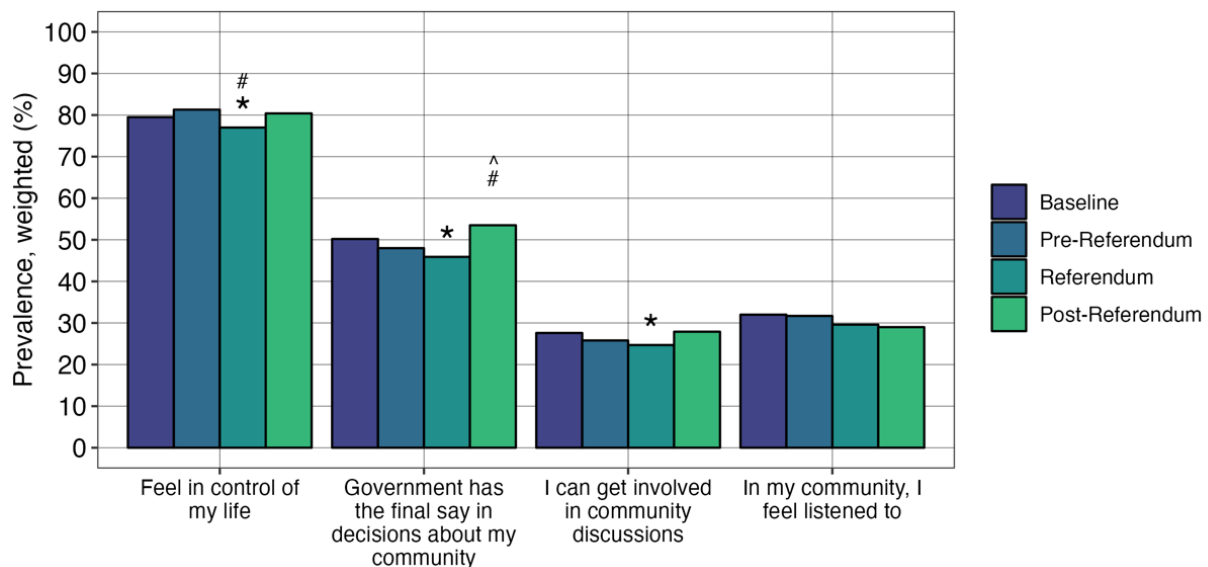
**Figure 5. Weighted prevalence estimates for family and community support variables over the four study periods.**

\* indicates significant change compared with Baseline.  
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## Self-determination

**Most measures of self-determination are similar to Baseline levels (Figure 6).** In the Post-Referendum period, 80.4% of Aboriginal and Torres Strait Islander adults felt in control of their lives, which is similar to Baseline (79.5%), Pre-Referendum (81.3%) and Referendum (77.0%) periods. The percentage of adults who felt they could get involved in community discussions was also similar in the Post-Referendum period (27.9%) to levels in the Referendum period (24.7%) and Baseline (27.6%). Around one-in-three Aboriginal and Torres Strait Islander adults felt listened to in their community in the Post-Referendum period (29.0%), similar to levels in the earlier periods. Over half (53.5%) of Aboriginal and Torres Strait Islander adults felt that government has the final say in community decisions during the Post-Referendum period, which was a significant increase from the Referendum period low of 45.9%, and similar to the Baseline level of 50.2%.



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

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

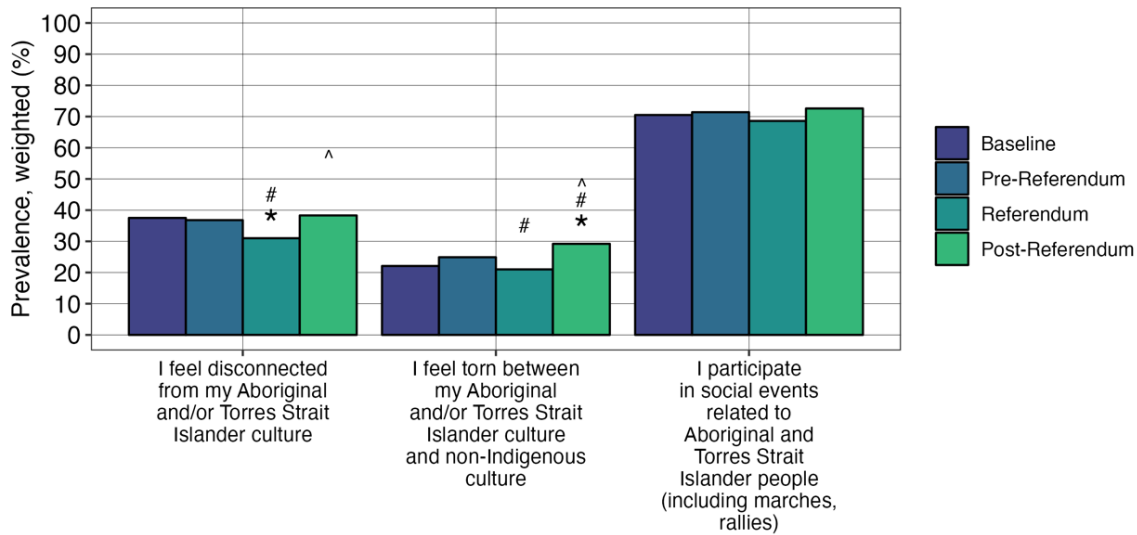
## Cultural connectedness

**Connectedness to culture is declining (Figure 7).** Some measures of cultural connectedness had improved during the Referendum period compared to earlier period/s, but these have declined Post-Referendum, returning to Baseline levels or worse. In the Post-Referendum period, the prevalence of feeling disconnected from culture was 38.3%, which was a significant increase compared to the Referendum period (31.0%), and similar to levels observed in the Pre-Referendum (36.8%), and Baseline periods (37.5%).

In the Post-Referendum period, the percentage of adults who felt torn between their Aboriginal and/or Torres Strait Islander culture and non-Indigenous culture was 29.2%, which is higher than in any of the previous periods studied (21.0% in Referendum period, 24.9% in Pre-Referendum period, and 22.1% at Baseline).

Participation in social events related to Aboriginal and Torres Strait Islander peoples remained high over the four study periods, with more than two-in-three Aboriginal and Torres Strait Islander adults participating in these events in the Baseline (70.5%), Pre-Referendum (71.4%), Referendum (68.6%) and Post-Referendum (72.6%) periods.





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

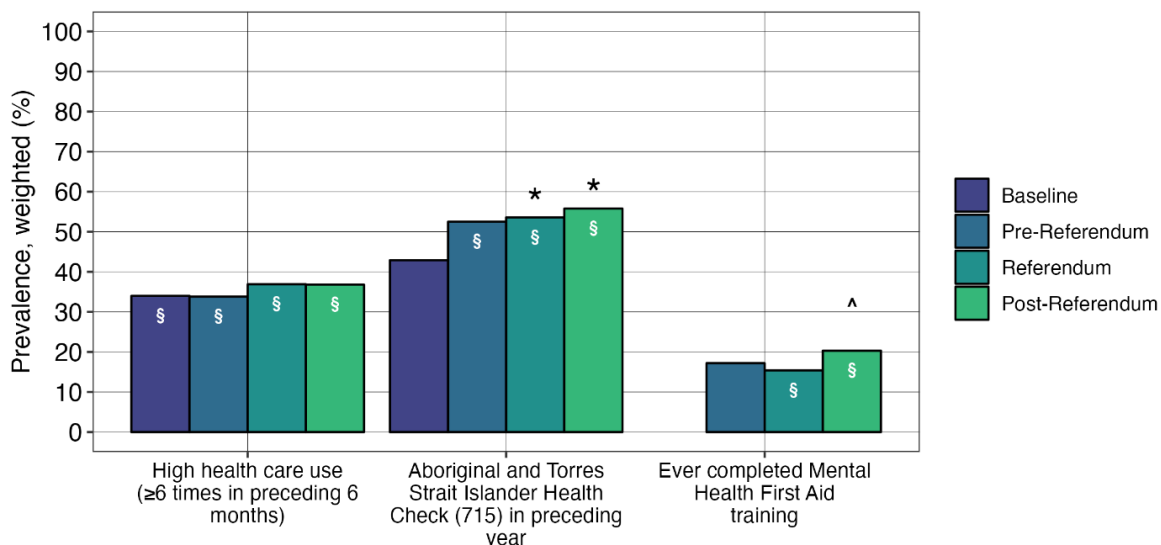
\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

## Health service use

**Comprehensive health checks and high healthcare service use remain common (Figure 8).** An estimated 36.8% of Aboriginal and Torres Strait Islander adults accessed healthcare services monthly or more frequently during the Post-Referendum period, consistent with the Baseline (34.0%), Pre-Referendum (33.8%), and Referendum (36.9%) periods. During the Post-Referendum period, an estimated 55.8% of adults had recently completed a Health Check. This was a significant increase of almost 13 percentage points compared to Baseline (42.9%) and consistent with Referendum levels (53.6%). An estimated 20.3% of Aboriginal and Torres Strait Islander adults had completed Mental Health First Aid training during the Post-Referendum period. This was a significant increase of almost 5 percentage points compared to the Referendum period (15.4%), and similar to Pre-Referendum period (17.2%), and no data were available for this measure at Baseline.



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

\* indicates significant change compared with Baseline.

# indicates significant change compared with Pre-Referendum period.

^ indicates significant change compared with Referendum period.

The Mental Health First Aid training measure was introduced in Wave 2, hence no data are available for Baseline period (which uses Wave 1 data).

§ indicates that missing data prevalence exceeded 10% in the sample for the respective period; interpret with caution due to potential for bias.





## Concluding remarks

The current report provides a snapshot of wellbeing outcomes in the first six months following the Referendum vote. Future reports will expand the Post-Referendum analysis to cover a longer window (e.g. 12 months, 18 months) and include additional participants.

Previous reports in this series identified significant and substantial threats to wellbeing during the Referendum period, with increases in experiences of discrimination and psychological distress, and decreases in health and wellbeing, family support, and self-determination, compared to earlier periods. The current analysis identifies that wellbeing has not improved six months Post-Referendum, and in some cases, it has worsened.

Experiences of discrimination, psychological distress, general health, happiness, and family and community wellbeing remain worse Post-Referendum compared to Baseline. Experiences of vicarious racism and doctor-diagnosed anxiety have increased from levels observed during the Referendum period. Some measures of cultural connectedness had improved during the Referendum period compared to earlier period/s, but these have declined Post-Referendum, returning to Baseline levels, or worse. While some measures of wellbeing remain high, they may be under threat from the erosion of key wellbeing supports across the domains of family, community, and culture.

These quantitative findings are consistent with concerns expressed by Aboriginal and Torres Strait Islander participants in focus groups conducted earlier in this project (Report and summary factsheets available here: <https://yardhurawalani.com.au/mental-health-and-wellbeing-around-the-voice-to-parliament-referendum/>).

The results emphasize the need for additional supports to be made available to Aboriginal and Torres Strait Islander peoples beyond the Referendum period. Holistic services to support family and community wellbeing and connection to culture are essential components, in addition to services focused on individual wellbeing.

In addition, there is a critical need for elevated action to eliminate discrimination and racism. Our findings on discrimination and racism align with reports from the national helpline 13YARN, a First Nations crisis support service. Aboriginal and/or Torres Strait Islander people's calls to the helpline increased by 40% during the Referendum campaign; Post-Referendum, over a quarter of calls have been from people experiencing distress caused by racism.

The totality of evidence on the continuing escalation of racism prevalence, combined with known negative impacts on the wellbeing of individuals and communities, supports the notion that racism is a public health crisis in Australia. It is important to acknowledge the pervasiveness of racism and discrimination experienced by Aboriginal and Torres Strait Islander peoples, and to recognise that these experiences have increased since the Referendum campaign began.

Action by non-Indigenous people and organisations to eliminate racism and discrimination is imperative 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 and high levels of wellbeing.

