

# New Solutions for Addressing Indigenous Mental Health: A Call to Counsellors to Introduce the New Positive Psychology of Success

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Australia's 'black' history has had and continues to have a pervasive and adverse impact on Indigenous Australians. In fact, Indigenous Australians are the most disadvantaged Australians based on all socioeconomic indicators that serve to drive life potential. There is also a dearth of scholarly research available, particularly in relation to Indigenous children in the schooling sector and mental health. However, recent research with both Indigenous and non-Indigenous populations offers new, potentially potent, solutions. In this article we provide (a) a rationale for Indigenous mental health being a significant social issue of our time, (b) a summary of some recent research findings pertaining to mental health of young Indigenous Australians, (c) outline why a positive psychology approach offers a new solution for intervention with specific reference to the importance of the self-concept construct for Indigenous students, and (d) call upon counsellors, practitioners, and policy makers to implement and evaluate the latter approach.

Our country and people have suffered many traumas since colonisation, the magnitude of which is beyond words. Looking through trauma is like being trapped in the back of a mirror, there is no reflection of self. It is like being trapped in darkness, unable to see where to go or what is there, surrounded by 'not knowing', paralysed by fear (Milroy, as cited in Zubrick et al., 2005a, p. xii).

Whilst little data is available on Indigenous mental health Milroy's quote poignantly emphasises the psychological impact of Australia's 'black history' and resulting pervasive and long-term adverse consequences on the self-concept and mental health of Indigenous Australians, which has resulted in limiting life potential. The impact of our shared history on the mental health of Australians is also reflected in the wealth of available statistics that demonstrate that Indigenous Australians remain

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the most disadvantaged Australians on all socioeconomic indicators (e.g., Australian Bureau of Statistics [ABS], 2005, 2006). This situation is also likely to continue without urgent intervention given national reports for decades (e.g., Hughes, 1988; Commonwealth of Australia, 1994, 1995, 2002) and all Australian governments have also acknowledged that Indigenous Australians are significantly educationally disadvantaged and participate less in education compared to the rest of the population. Recently, an Organisation for Economic Co-operation and Development [OECD] study (Artelt, Baumert, Julius-McElvay, & Peschar, 2003) has demonstrated that Australia is falling behind other industrialised countries in closing the ever increasing gap in academic attainments of its best and poorest students, the latter of whom are primarily Indigenous Australians. Clearly education has failed and continues to fail Indigenous Australians. Yet as Linda Burney — a leading Indigenous politician advocates ‘Education is the corner stone of social justice, because it is the basis of opportunity ... It is education that can bring about equity — equity of outcomes’ (Burney, 2003, p. 22). As such, education has a vital role in addressing Indigenous mental health issues in both the short- and long-term.

Zubrick et al. (2005b, p. 27) emphasise ‘Radically new approaches are needed to address the underlying disadvantage which is compromising the normal processes of child development and the future life prospects of far too many Indigenous children and young people’. Simultaneously there is a new revolution sweeping psychology, one that emphasises a positive psychology and focuses on how healthy, normal, and exceptional individuals can get the most from life (e.g., Dweck, 2006; Seligman & Csikszentmihalyi, 2000; Vallerand, et al., 2003). In fact, the new positive psychology of success offers potential as a tangible new solution to address Indigenous mental health, educational outcomes, and life facilitation. The purpose of this article is to provide an overview of issues in relation to Indigenous mental health that demonstrate the urgent significance of this issue and to call upon counsellors and other professionals to consider introducing positive psychology approaches with Indigenous clients in a wide range of settings but particularly in educational environments.

## 2 ■ Indigenous Mental Health: A Significant Issue of Our Time

### The Lack of Empirical Research

Given the dearth of research in Indigenous studies research in relation to schooling (see Bin-Sallik, Blomeley, Flowers, & Hughes, 1994a, 1994b; Craven & Parente, 2003; Craven, 2006) it is not surprising that very little known about Indigenous children’s mental health. For example, Bin-Sallik et al. (1994?), in their seminal review of Indigenous Education research, noted that in general ‘there is almost no empirical research’ (p. 7) and there is ‘a noticeable absence in the current literature, of analysis of how “to get things done”’ (1994b, p. 19). A decade later, Mellor and Corrigan (2004), in their more recent review, also lamented the lack of empirical research noting that: ‘There is not, in Australia, a research tradition of quantitative measurement in the Indigenous education literature. To ignore such measurement only continues to do injustice to the gravity of the problem’ (pp. 46–47). As such data on the mental health and wellbeing of Indigenous children is extremely limit-

ed and largely rests on a few small-scale studies that are limited in scope, focus, and methodology employed. Yet the current statistics reveal a disturbing incidence of mental health issues. For example, in 2003–2004 Aboriginal and Torres Strait Islanders were up to twice as likely to be hospitalised for mental and behavioural disorders as other Australians; hospitalisation rates for assault or intentional self-harm for Aboriginal and Torres Strait Islander males were 7 times more likely, and females 31 times as likely as for males and females in the general population; hospitalisation rates for intentional self-harm were twice as high (Australian Institute of Health and Welfare [AIHW] and ABS, 2005, p. xvii). As such the mental health and wellbeing needs of Indigenous children largely remain unexplored by rigorous research and are undeniably one of the greatest health challenges of unmet need in Australia.

### Risk Factors

Within the realm of physical health Indigenous Australians are proportionately worse off on a number of important dimensions that have implications for mental health and wellbeing when compared to non-Indigenous Australians. Within the recent National Aboriginal and Torres Strait Islander Health Survey (ABS, 2006), key areas of concern have been highlighted. Indigenous Australians were 1.6 times more likely to suffer from asthma, 3 times more likely to suffer from diabetes, and substantially more likely to suffer from kidney disease. They also found that Indigenous Australians were twice as likely to suffer from ischaemic heart disease, 13–16 times more likely to suffer from hypertensive disease and, although the rates of cancer were on the whole lower for Indigenous Australians, their chances of survival were significantly lower. Setting the rate at smoking one or more cigarettes a day, the ABS (2006) study found that regardless of gender and age, Indigenous Australians were more than twice as likely to be regular smokers than non-Indigenous Australians (approximately 50% to 25% respectively). Although the overall rates of risky alcohol consumption for Indigenous Australians are barely distinguishable from non-Indigenous Australians (15% to 14% respectively), a closer analysis of the age groups examined suggests that below the age of 55, Indigenous Australians are slightly more at risk. These figures range from being 1% greater in the high risk category for 18–24 year olds, to 4% in the 35–54 years age group. It was also found that approximately 23% of Indigenous Australians over the age of 15 were classified as overweight and 24% were classified as obese. Compared to non-Indigenous Australians, Indigenous Australians were 1.3 times more likely to be obese.

Earlier mortality rates for Indigenous Australians have long been acknowledged as a critical issue when Australia as a whole is considered to have good health standards. In their analysis of data ranging from 1999 to 2003, the ABS and AIHW (2005) found that external causes of death contributed to 16% of Indigenous mortalities, in comparison to only 6% of non-Indigenous mortality rates. Death by external causes includes intentional self-harm, transport accidents and assault, and the rates were consistently 2–3 times higher for Indigenous mortality rates across all these causes when compared to non-Indigenous mortality rates. In addition, Indigenous hospitalisation rates for external causes of injury were consistently higher than for non-Indigenous hospitalisation rates. This is most notable in the cases of

assault, where the rate was 7 times higher for Indigenous males, and 31 times higher for Indigenous females.

Considering the higher rates of ill health and earlier mortality for Indigenous Australians, the ABS and AIHW (2005) study identified that family mortality and illness is a significant stressor for Indigenous Australians over and above that of non-Indigenous Australians. Indeed the ABS and AIHW study found that Indigenous Australians within their sample were around 10% more likely to list serious illness or disability as a significant personal stressor compared to non-Indigenous Australians. This acknowledges that illness and disability should not just be considered as a personal stressor, but also an interpersonal stressor for family members and carers as well (Griffith & Griffith, 1987). Thus Indigenous Australian communities are susceptible to greater stress through the heightened levels of illness, disability, and mortality. This in turn may have a detrimental impact on mental health and wellbeing.

Increases in Indigenous suicide and suicidal behaviour is further cause for concern and:

this phenomenon is one of the clearest indications of the present levels of stress, trauma and psychological morbidity. While the occurrence of these stressors appears to be at crippling levels, there is little systematic research to determine the exact nature, rates and responses required to address their underlying issues (Zubrick et al., 2005?, p. xxii).

Furthermore, despite multiple risk factors being common in Indigenous communities, 'there has been surprisingly little policy consideration of the effects of chronic and acute stressors on Aboriginal child development' (Zubrick et al., 2005b, p. xv).

### The New National Agenda

Swan and Raphael (1995) undertook an overview of the mental health needs of Indigenous Australians and included insights and recommendations from a diverse sample of Indigenous people. The resulting *Ways Forward* report conceived mental health as being holistic and defined mental health as:

► 4 The capacity of the individual, the groups and the environment to interact with one another in ways which promote subjective wellbeing, the optimal development and use of mental abilities (cognitive, affective (or emotional) and relational), the achievement of individual and collective goals consistent with the attainment and presentation of conditions of fundamental equality (p. 20).

This report also linked mental health practices and policy with self-determination rights and the need to recognise what relations mental health holds with the adverse history Indigenous Australians have been forced to endure. Imbedded within the *Ways Forward* report (Swan & Raphael, 1995) were a large number of policy recommendations that, although important, are beyond the scope of this article. More importantly though, *Ways Forward* highlights a number of critical outcomes pertaining to Indigenous mental health, with attention being focused on trauma and grief suffered by Indigenous Australians, suicide and self-harm, alcohol and other drug use, and forensic and justice issues. Unfortunately, due to the complexity of Indigenous mental health, and interrelations with the abovementioned issues, it is difficult to segregate each outcome. Trauma and grief may be intrinsically related to

suicide and substance abuse, all of which may be associated with the vast array of situational and cultural pressures unique to Indigenous Australians. The complexity though does not mean Indigenous mental health issues cannot be understood by conventional research, but rather careful consideration must be made to the myriad of cultural and societal influences that affect Indigenous Australians.

The National Aboriginal Health Strategy (NAHS; National Aboriginal Health Strategy Working Group, 1989) as an initial statement of guiding principles remains a key document in addressing Indigenous health issues. In July 2003, all Australian governments renewed their commitments to Indigenous health agreeing on a National Strategic Framework for Aboriginal and Torres Strait Islander Health (National Aboriginal and Torres Strait Islander Health Council, 2003) which sets a 10-year plan to address health, building on the NAHS. In the framework, all governments recognise that progress in improving Aboriginal and Torres Strait Islander health status has been unacceptable:

At the beginning of the 21st century, the devastating impact of poor health on Aboriginal and Torres Strait Islander peoples and communities cannot go on. It is timely for us to commit to a long-term collaborative approach to addressing the health status of Aboriginal and Torres Strait Islander peoples as a matter of urgency (preface).

A key area of the framework is aimed at enhancing the emotional and social well-being of Indigenous peoples. Recently, *A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009* (Australian Health Ministers Advisory Council, 2004) was developed to achieve three key elements including action across all sectors to enhance social and emotional wellbeing, promote mental health, and prevent problems from arising (p. 4). Whilst these frameworks set important new directions, the current Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma (Human Rights & Equal Opportunity Commission, 2005) has noted that timeframes, targets or benchmarks for achieving the stated goals and aims of the national framework have not been set.

## ■ Research Findings in Relation to Mental Health

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It is only recently that informative data has begun to emerge as to the epidemiology of the general mental health status of Indigenous Australians when compared to their non-Indigenous counterparts. More traditional research has largely focused on the disparities between Indigenous and non-Indigenous Australians' physical health, socioeconomic, and educational status, and it was not until the mid 1990s that Indigenous mental health became an issue that was no longer neglected (Vicary & Bishop, 2005).

### The ABS and AIHW (2005) Study

In a recent examination into the health and welfare of Indigenous Australians, ABS and AIHW (2005) found that the rate of hospitalisation for Indigenous peoples for mental or behavioural difficulties was 2 to 3 times more likely than other Australians (also see discussion above). It is here that we can begin to see the web emerging tying

mental health to the variety of other circumstances and situations mentioned by Swan and Raphael (1995). Specifically, the ABS and AIHW report argues that mental illness or emotional distress may be associated with the criminal justice system. This in turn increases the likelihood of incarceration, which previous research has shown to be strongly, but not solely, associated with depression and suicide — as it is thought that the segregation of Indigenous Australians from their communities and culture has had a profound impact above and beyond that which is experienced by non-Indigenous Australians (Burdekin, 1993).

Recently suicide has been recognised as a critical issue for the mental health of Indigenous Australians, in which whose focus must not be limited to contact with the criminal justice system (Hunter, Reser, Baird, & Reser, 1999; Swan & Raphael, 1995). The urgency of this issue is evident in the ABS and AIHW (2005) report which found in the period between 1999 and 2003, deaths by suicide for Indigenous Australian males were 2–3 times that of non-Indigenous males, and up to 5 times higher for Indigenous females under 34 years of age. The limited research on the history of this highly sensitive issue seems to suggest that suicide had no precedent in Indigenous Australian cultures until European arrival (Brice et al., 1992; Hunter et al., 1999), or more specifically, it is suggested that it was not until the 1980s that Indigenous suicide reached ‘epidemic proportions’ (Elliot-Farrelly, 2004, p. ??). The validity of such claims though are difficult to assess as research into Indigenous Australian suicide has only arisen in the last 15 years. What can be said with more certainty is that there are many factors that have been associated with suicide — such as familial alcohol abuse, physical and sexual abuse, economic difficulties, poor self-esteem, discrimination, uncertain employment, welfare dependency, familial experiences of forced separation, health difficulties within the family, social isolation, and lack of control (Brice et al., 1992).

#### Zubrick et al. (2005b) Study

To date, what is arguably the most comprehensive study of Indigenous mental health is the second volume of the *Western Australian Aboriginal Child Health Survey*, titled *The Social and Emotional Wellbeing of Aboriginal Children and Young People* (Zubrick et al., 2005b). This extensive survey conducted throughout urban and rural Western Australia, targeted 3993 Aboriginal and Torres Strait Islander children aged between 4 and 17 years. A vast number of important mental health findings can be drawn from this study as it gathered valuable information on emotional and behavioural symptoms, suicidal tendencies, bullying, self-esteem, racism, and drivers of academic performance. In addition, a large sample of non-Indigenous children was also utilised to act for valid group comparisons.

#### **Emotional and Behavioural Problems**

Of the Indigenous children sampled, for the ages of 4–11, 26.3% were at high risk of clinically significant emotional or behavioural difficulties, whereas 20.5% of Indigenous children aged from 12–17 were at high risk. In comparison, only 16.9% of non-Indigenous children aged from 4–11 and 12.5% aged from 12–17 were at high risk. One of the more interesting statistics to evolve from these findings is that Indigenous children seem to progressively be less at risk as their areas of living became more isolated.

A number of significant influences on emotional and behavioural problems were found with factors most strongly associated with greater psychological risk — including stressful life events such as illness, financial difficulties, and family difficulties. Of the Indigenous children, 22% reported more than seven stressful life events in the 12-month period, and these children were five and a half times more likely to be at high risk from clinical emotional and behavioural difficulties. Other factors included poor quality in parenting, which contributed four times to being at high risk; poor family functioning saw Indigenous children being twice as likely to be at high risk; sole parenting doubled the risk; and Indigenous children who had lived in five or more homes since birth were one and a half times more likely to be at high risk. Two protective factors identified were households with a high level of occupation and as previously mentioned extreme isolation.

### **Bullying and Racism**

Nearly one third of Indigenous youth were bullied sometime at school, with the patterns of bullying being very similar for males and females. The most frequent ages for being bullied occurred at 12 and 17 years and it was also found that if the Indigenous youth's primary carers were both non-Indigenous, they were significantly more likely to be bullied. With regard to problematic behaviours, it was found that bullying was associated with increased levels of smoking and marijuana use.

One in five Indigenous youth reported being discriminated against because of their Aboriginality. Like bullying, racism was associated with increased smoking and marijuana use and also alcohol consumption. Based upon these results, Zubrick et al. (2005??b) stress that a significant proportion of Indigenous youth have been significantly harassed in some manner, and the negative consequence within the limitations of this study point to serious health risk behaviours.

### **Self-Esteem**

Although only a general measure of self-esteem was used by Zubrick et al. (2005??b), thus failing to capture the importance of multi-dimensional self-perceptions (see Marsh, Craven, & Martin, in press??), a number of significant differences were identified. Firstly, Indigenous females were more likely to suffer from low self-esteem, especially as they became older. Additionally, self-esteem was related to greater incidence of regular cigarette smoking, and was also related to lack of exercise. Racism was found to be related to self-esteem as Indigenous youth who reported never suffering from racism were found to more frequently report higher levels of self-esteem, especially for males. For Indigenous females, family violence had a unique relationship with lowered levels of self-esteem. In summarising the findings on self-esteem, Zubrick et al. highlighted the need to further understand how self-esteem develops in Indigenous children and how it may be related to a number of other factors such as cultural identification. It was also suggested that a primary method of increasing self-esteem would be through promoting physical exercise, although such a generalisation may prove ineffective for a variety of outcomes — especially considering recent research examining the multi-dimensional nature of the self for Indigenous youth, and its relations to a variety of outcomes (Craven et al., 2005; see later discussion).

### **Suicidal Behaviour**

It was found that within this study, one in six youths have seriously considered suicide in the 12 months prior to the administration of the survey, with 39% of those actually attempting suicide. Although these figures did not differ significantly from the non-Indigenous sample, a number of important variables were found to be associated with suicidal thoughts. Self-esteem acted as a potential protective mechanism whereas family violence, emotional or behavioural difficulties, and knowing an acquaintance who also had thought about suicide increased the risk of suicidal thoughts. Based upon these findings, Zubrick et al. (2005??) once again stressed the need for a stronger self-esteem through not only physical activity, but also through effective parenting programs. Interestingly enough, parental relations self-concept, and physical self-concept are but 2 of the 11 facets of the self examined in recent Indigenous education research (Craven & Marsh, 2004; Craven et al., 2005).

### **Drivers of Academic Performance**

Zubrick et al. (2005??, pp. 326–329) also identified a range of factors that were associated with low academic performance. Amongst these they identified three important drivers of low academic performance — poor school attendance, low education level of the primary carer, and students at risk of clinically significant emotional or behavioural difficulties. Zubrick et al. note ‘What education systems are presently doing to improve educational outcomes of Aboriginal children is not working because the drivers of educational disparity are not being addressed’ (Zubrick et al., 2006, p. 506).

## **■ The New Psychology of Success and Self-Concept Research**

There has been tacit acceptance of the non-achievement of educational standards by Aboriginal children and young people. The resultant acceptance of this lack of educational success has a cumulative effect. It is based on the belief that Aboriginal children and young people will never reach their full potential and if they fall behind society then welfare will protect them. Their low level of educational success is accepted as a normative expectation. This has to change. (Zubrick et al., 2006, p. vi).

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The New Psychology of Success offers a new approach to addressing Indigenous mental health and wellbeing issues that limit life potential and promises potential to empower counsellors and educators to positively build on and extend Indigenous students’ strengths, rather than focus on a deficit approach. The latter can result in reduced teacher expectations and a self-fulfilling prophecy of under-achievement (Hatton, Munns, & Nicklin Dent, 1996). In contrast, a positive psychology focuses on adaptive end-states and is used as a means to achieve positive psychological growth and wellbeing (Fredrickson, 2001). We believe that given the appalling state of Indigenous mental health and wellbeing indicated by a broad range of indicators that positive psychology offers a tangible and radical new solution for both preventative and clinical intervention that can support Indigenous children’s psychological tools and adaptive functioning as recommended by recent research (see Craven et al., 2005; Craven, 2006).

## The Centrality of the Self-Concept Construct for Indigenous Students

One important area of psychological functioning for Indigenous students is self-concept. Consistent with a positive psychology emphasis, a positive self-concept is valued in many disciplines of psychology (educational, developmental, sport/exercise, health, social, and personality psychology) as an important outcome. In fact counsellors and other professionals, practitioners, and policy makers in many areas of social services and welfare seek to improve the self-perspectives of their clients. Attesting to this pervasive significance of the self-construct for Indigenous students and the outcomes that are mediated by it, NSW Aboriginal Education Consultative Group contends:

NSW AECG cannot think of a single problem plaguing Aboriginal children — from alienation from school, high rates of absenteeism, enjoyment of school, significant under-achievement, reduced educational and career aspirations, youth depression and suicide, conceptions about employment prospects and ability to secure rewarding, productive careers — that is not traceable, at least in part — to the failure of education systems to maximize our children's identity self-concepts as Aboriginal people, proactively enhance our children's academic self-concepts, and ensure our children in general feel good about themselves. We feel that maximizing Aboriginal children's self-concepts is absolutely fundamental to enhancing and ensuring individuals they reach their full potential. (AECG, as cited in Craven & Parente, 2003, p. 1).

Hence, as emphasised by Marsh and Craven (in press) 'positive self-belief is valued as a hot variable that makes good things happen, facilitating the realization of full human potential in a range of settings'. However as Craven (2006; Craven & Marsh, 2004) have lamented recent advances in self-concept theory and research have not been extended to Indigenous students.

## Multidimensional Versus Unidimensional Perspectives of Self-Concept

The most powerful effects of self-concept are based on specific domains of self-concept most logically related to key outcomes considered in a particular study (a multidimensional perspective) rather than on the global component of self-concept represented in global measures of self-esteem (a unidimensional perspective) (see Marsh & Craven, in press). Marsh and Craven (in press) capitalised on previous advances in self-concept theory and empirical research, and developed and tested a reciprocal effects model (REM; Marsh & Craven, 1997) whereby the causal relation between academic self-concept and achievement is conceived as dynamic and reciprocal. The REM is underpinned by the positive psychology notion that 'I believe, therefore I am' whereby people who perceive themselves to be more effective, more confident, and more competent, accomplish more than people with less positive self-perceptions. Marsh and Craven (in press), based on a body of self-concept research, demonstrate that this research shows that academic accomplishments are substantially related to academic self-concept but nearly unrelated to self-esteem. The latter results led Marsh and Craven (1997) to conclude that:

If the role of self-concept research is to better understand the complexity of self in different contexts, to predict a wide variety of behaviors, to provide outcome measures for diverse interventions, and to relate self-concept to other constructs, then specific domains of self-concept are more useful than a general domain (p. 191).

As such considerations of self-esteem and unidimensional perspectives of self-concept such as utilised in Zubrick et al. (2005 — Volume 2 Rhonda — Chapter 9) are not as useful in advancing Indigenous education issues. Particularly for poorer students, understanding these principles should also assist counsellors, teachers, and parents to give positive feedback that is credible to students and serves to maximise self-concepts in specific domains (see Craven, Marsh, & Burnett, 2003).

### Craven et al. (2005) Study

A recent and extensive cross-sectional study (Craven et al., 2005; also see Craven, 2005 for a summary) offers evidence supporting the need to account for the multidimensionality of the self-concept construct when considering Indigenous Australians. Notably, in examining multiple self-concepts of 517 Indigenous and 1151 non-Indigenous high school students across three Australian states, findings were statistically significant difference between the two groups. That is, when compared to non-Indigenous students, Indigenous students scored statistically *significantly higher* on general, appearance, physical, and art self-concepts in comparison to their non-Indigenous peers. However, Indigenous students' self-concept scores were statistically *significantly lower* for math, school, verbal, honesty, emotional, opposite and same sex relation self-concepts. Given recent research with non-Indigenous samples has demonstrated that academic self-concept shares a causal and reciprocal relation with academic achievement (Marsh & Craven, 1997, in press) and relations with multiple indicators of mental health (e.g., Marsh et al., 2004) these results are of dire concern. The implication here is of critical importance when considering the need to not only redress inequities in the education system, but also form the foundations for intervention research that will instil a stronger sense of self-worth, self-concept, and resiliency against mental health stressors for Indigenous Australians. What is needed is a willingness to work to break the cycle.

### Implications for Research and Practice

Whilst self-concept research is prolific with non-Indigenous populations (see Hattie, 1992) and advances in self-concept interventions have emanated from Australian research (e.g., Craven, 1996; Craven, Marsh, & Debus, 1991; Craven, Marsh, Debus, & Wijesiri, 2001; Craven, Marsh, & Burnett, 2003, Marsh & Craven, 1997, in press) these advances have only recently begun to be examined in relation to Indigenous populations. However, recent recommendations emanating from new research-based evidence (Craven et al. highlight the importance of enhancing Indigenous students' self-esteem (Zubrick et al., 2005 self-concepts (Craven et al., 2005) particularly in academic domains as these domains have been demonstrated by a body of research to share a causal relation with academic performance (Marsh & Craven, in press; Marsh & Craven, 1997) and also in relation to domains of self-concept (e.g., emotional stability self-concept) that have been shown to have an important relation to multiple mental health outcomes (Marsh et al., 2004). We want to emphasise here that whilst self-esteem as a construct has some useful applications (see Marsh, Craven, & Martin, in press; Marsh & Craven, in press) from a practical perspective it is more useful to target specific domains of self-concept most relevant to the needs of Indigenous students (e.g., academic self-concepts in specific facets, Indigenous identity self-concept) that have been demonstrated by research to be

valued by Indigenous parents and communities (Craven & Tucker, 2003). It is also useful to consider other specific domains relevant to schooling issues identified by research (e.g., peer and emotional stability self-concept to address bullying); and importantly have been demonstrated by previous research to make a tangible difference (e.g., Marsh & Craven, 2005) in enhancing educational outcomes that drive life potential. In addition, from a practical and positive psychology perspective there is a wealth of strategies that counsellors and practitioners can employ to shore up other adaptive psychological tools (e.g., Dweck, 2006). The latter could include resilience, adaptive motivational strategies, and attributions for success and failure.

Indigenous children and communities can ill afford for psychologists, practitioners, and policy makers to continue to fail another generation of Indigenous students. Our Indigenous children are hurting — they are hurting physically, emotionally, socially, and economically. ‘For too long we as a nation have continued to ensure Indigenous students fail to achieve their dreams by basing policy on presumed successful strategies rather than strategies demonstrated by research to result in the expected outcomes’ (Craven, 2006, p. 20). Whilst there is no one single silver bullet intervention, recent research-based evidence offers some turning points for new solutions that can be readily implemented. If we as professionals can play our part we can make an important contribution to realising a new dawn break for Indigenous students — a dawn in which Indigenous students can enjoy a good mental health and life outcomes commensurate to their non-Indigenous peers. Based on the best available theory and research in psychology we deem the most promising new solution to be one based on positive psychology approaches and call to counsellors, practitioners, and policy makers to begin to both implement and rigorously evaluate interventions emanating from this approach. We also call on researchers to address the dearth of Indigenous research in the schooling sector and governments to realise their social and moral responsibility to deem Indigenous education as a national priority for concerted research.

## ■ Summary

In this article we have argued that there is a dearth of Indigenous education research in general and in mental health and the schooling sector in particular. We have also demonstrated, based upon recent research with Indigenous students, that issues in regard to mental health and wellbeing are pervasive but not insurmountable. We have argued that a positive psychology approach that builds on success is a potentially potent new strategy for intervention, and that the latter need to capitalise upon the best available theory and research. We have also argued that enhancing Indigenous students’ self-concepts should be a central tenant of a positive psychology approach in relation to Indigenous students. As James Wilson-Miller, noted Aboriginal historian, says ‘Australia is far better than it once was for her Indigenous people but not as good yet as it might become’ (personal communication). We have at our fingertips some new approaches that can make a difference, the challenge is to capitalise on these and create a new dawn for Indigenous Australians.

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