

Defining the Indefinable:

Descriptors of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and wellbeing

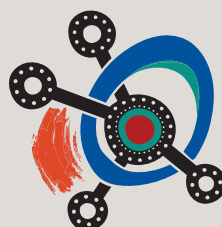
A literature review

Prepared by Minette Salmon, Kate Doery, Phyll Dance, Jan Chapman, Ruth Gilbert, Rob Williams and Ray Lovett.

For Mayi Kuwayu and The Lowitja Institute



Australia's National Institute for Aboriginal and Torres Strait Islander Health Research



Mayi Kuwayu

The National Study of Aboriginal & Torres Strait Islander Wellbeing



ABOUT THE ARTWORK

Artist: Krystal Hurst, 2017

Mayi Kuwayu – The Journey

This artwork shows the importance of culture as central to Aboriginal and Torres Strait Islander peoples' health and wellbeing. The colours red, yellow, black, green, blue and white are drawn from the Aboriginal and Torres Strait Islander flags, and their communities.

The blue represents water and its healing powers to nourish the mind, body, spirit and our lands, symbolic of the interrelationship our people have with Country.

Red, white and yellow ochre are used to illustrate the importance of ceremony, dance, stories and spirituality within our diverse cultures, and the strong connection with the land.

The centre represents the sun radiating warmth, positivity and connectedness. The pathways and meeting places speak of the long journey that the Mayi Kuwayu Study and our mob will embark on together to yarn, make decisions and create a meaningful and positive future.

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Terminology: For the purposes of this paper, 'Indigenous' is the preferred term and 'indigenous' has only been utilised when used in a quotation.

Spelling: While there may be different spellings for some of the Aboriginal words used, we have used the spelling of authors cited.

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Contents

Acknowledgments	iv
Abbreviations	iv
Preface	v
Introduction	1
Indigenous concepts of health and wellbeing	1
Review objectives	2
Methods	3
Information sources.....	3
Eligibility criteria	3
Search strategy.....	3
Search metrics	4
Results	5
Connection to Country.....	5
Spiritual connection	5
Health and traditional foods	6
Living on Country.....	6
Land rights and autonomy.....	8
Caring for Country	9
Impacts of tourism.....	11
Indigenous beliefs and knowledge.....	12
Spiritual and religious beliefs	12
Traditional knowledge.....	14
Traditional healing.....	14
Knowledge transmission and continuity	16
Indigenous language.....	18
Impacts of language on health	19
Language revitalisation.....	20
Indigenous language education	20
Family, kinship and community.....	21
Family and kinship.....	21
Community.....	22
Sport	23
Social determinants of health	24
Cultural expression and continuity	24
Identity.....	25
Cultural practices.....	26
Arts and music.....	26
Self-determination and leadership	27
Cultural safety.....	28
Self-determination and wellbeing	29
Leadership	29
Summary of cultural indicators.....	31
Conclusion	32
References	33



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Abbreviations

ATSIHF

Aboriginal and Torres Strait Islander Healing Foundation

ILM

Indigenous Land Management

IPA

Indigenous Protected Area

WHO

World Health Organization



Preface

In recent years, interest in understanding the relationship between Aboriginal and Torres Strait Islander peoples' cultures and how culture relates to health and wellbeing has been growing. The first step in understanding this relationship is to identify what is described in the literature as 'culture' and then to describe how the literature reports the relationship between culture and health and wellbeing.

Some people argue that culture is not definable or that it is intangible. However, all people are born into and grow, work and live within a culture or cultures. Cultures are maintained or modified when they are passed on and are reinforced and practised in both specific and general situations. The many definitions encompass culture-specific knowledge, attitudes, beliefs and behaviours (including within cultural variations according to rules), and all human life is culturally bound.

Much work in epidemiology and public health focuses on the presence (or absence) of disease and not on the culture within which illness and wellbeing manifest. We need to understand both wellbeing and culture to have effective public health. This work stems from the desire of many Aboriginal and Torres Strait Islander people to achieve that understanding in order to improve our health. Culture (the maintenance, revitalising, embracing, nurturing and growth of it) is important to our happiness and wellbeing and for improving health outcomes.

This review provides insights into what Indigenous peoples across the world describe as culture. However, much more knowledge is likely to be held by cultural leaders and others who have not engaged in what is often non-Indigenous-led research. This also means that what is described as culture is largely viewed through the lens of people from non-Indigenous cultures. The content of this review is not intended to be a tool to measure indigeneity or cultural proficiency for individuals or groups and should not be read or interpreted as such.

The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC funded this review under project 16-SDH-0503. Our aims were to identify from the literature the broad domains (and additional sub-domains) of Indigenous peoples' cultures and describe how these relate to health and, more broadly, wellbeing.

We mainly restricted our review to literature published between 1990 and 2017 and used an iterative search process that initially returned many thousands of results from five online databases and through hand searching. We included grey literature to ensure as much material as possible was included.

We identified six broad, frequently cited cultural domains or themes, each with a number of sub-domains (see 'Summary of cultural indicators' at the end of Chapter 3). The broad domains were:

- Connection to Country
- Indigenous beliefs and knowledge
- Indigenous language
- Family, kinship and community
- Cultural expression and continuity
- Self-determination and leadership.

This revised edition of the literature review has been published by the Lowitja Institute as part of the project completion process.



Introduction

In Australia, limited data establish or define the relationship between health, wellbeing and culture and the mechanisms through which Aboriginal and Torres Strait Islander cultural determinants impact health and wellbeing. There is increasing attention on the relationship between culture, health and wellbeing in this population. We conducted this literature review as preliminary work for the Mayi Kuwayu Study—Mayi Kuwayu broadly means “to follow Aboriginal people over a long time” in Ngiyampaa language (language of the Wongaibon people of New South Wales, Australia)’ (Jones et al. 2018:2).

Our aim was to help us understand the cultural factors that are important to Aboriginal and Torres Strait Islander peoples and how these factors relate to health and wellbeing. We examined the Australian literature, as well as literature from countries that have experienced colonisation events similar to those of Australia—primarily Aotearoa (New Zealand), Canada and the United States.

Australia’s Indigenous peoples comprise two similar but distinct traditional cultural groups—Aboriginal and Torres Strait Islander peoples. For example, at the time of colonisation in 1788, there were approximately 260 language groups

and 500 dialects and ‘Groups had their own distinct history and culture’ (Dudgeon et al. 2014:4 synthesising several sources). Both groups share similarities as well as great diversity within and between groups. These similarities and differences—including strong spiritual beliefs that connect people to their land and sea, that are rich in songs and storytelling, art, a multiplicity of languages and a collective identity (ABS 1994; Elkin 1979)—encompass origin, culture and language, as well as individual distresses originating from colonisation.

Our aim was not to be prescriptive in defining culture but to let the literature define those cultural elements considered important and distinct for Indigenous peoples. Broadly, culture—in the sociological context—is the ideas and self-concepts (for example, artefacts, attitudes, beliefs, customs, norms, symbols and values) of a group. It includes historical events and standards of behaviour that evolve and change over time (Berndt & Berndt 1952:39).

Indigenous concepts of health and wellbeing

In 1989 the National Aboriginal Health Strategy Working Party (1989:x) provided the following definition of ‘health’:

‘Health’ is not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is a

Our aim was to help us understand the cultural factors that are important to Aboriginal and Torres Strait Islander peoples and how these factors relate to health and wellbeing.

whole of life view and it also includes the cyclical concept of life-death-life.

Aboriginal and Torres Strait Islander concepts of health are conceived of as holistic, encompassing mental, physical, cultural and spiritual health, and land is central to wellbeing. This holistic concept does not merely refer to the ‘whole body’ but is steeped in the harmonised interrelations that constitute cultural wellbeing, including spiritual, environmental, ideological, political, social, economic, mental and physical factors (e.g. Swan & Raphael 1995; ATSIHF Development Team 2009).

Throughout Australia, the Aboriginal outlook on life and the universe is formed through a distinctive and subtle conception known in English as the Dreaming. In keeping with the many language groups, there are many different

Aboriginal names for the Dreaming. For example, Dreaming is known by the Pintupi people of Western Australia as 'tjukurrpa' (Myers 1991:47) and as 'Alcheringa' by the Arrernte people of Central Australia (Nicholls 2014). As described by Andrew Peters (2017:31), a Yorta and Taungurong man:

The concept of Dreaming is a complex yet vitally important feature of Aboriginal people and culture... To attempt to phrase it in terms of Western understanding, it is the foundation of Aboriginal education, religion, laws and behaviour.

In Canada, the Anishinabek (Ojibway) term 'mno bmaadis' translates to:

'living the good life' [which] encapsulates beliefs in the importance of balance. The concept of health or living the good life is a complex notion and its basic tenets are explained through the medicine wheel... According to beliefs, all four elements of life, the physical, emotional, mental and spiritual, are represented in the four directions [north, south, east and west] of the medicine wheel. These four elements are intricately woven together and interact to support a

strong and healthy person. One of the main teachings of the medicine wheel is that balance between all four elements is essential for maintaining and supporting good health. (Wilson 2003:87)

Likewise, for the northern Woodland Cree, the term 'Mitho-pimatisiwin' means 'the good life'—a holistic view that sees all things as interconnected, in which health is seen as a balance between the physical, mental, emotional and spiritual aspects of a person's survival and wellbeing (Beatty & Weber-Beeds 2013).

Connections, relations and family (as in the Māori concept of Whānau, or extended family) are among the many essential components of wellbeing. Māori perspectives of health take 'a holistic interpretation; good health is seen as a balance between mental (hinengaro), physical (tinana), family/social (whānau), and spiritual (wairau) dimensions' (Durie 2004:1141), with all four regraded as essential components.

Contrasting with First Nations' definitions, in 1948 the World Health Organization (WHO) defined health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO 1948). This definition is still current (WHO 2014). Indigenous health and wellbeing expand on the WHO definition as communities identify additional components. These include family connections, community relations, peace, spirituality, environment factors, autonomy

and empowerment as important components of wellbeing, with health and happiness as essential components (Nettleton & Stephens 2003). 'Health' within the Indigenous context is defined differently to the non-Indigenous context, so illness may also be interpreted differently. For example, most cultures recognise mental illness such as 'distressed and disturbed behaviours'. However, the underlying cause is likely to be interpreted differently (Swan & Raphael 1995). Thus Indigenous peoples' ideas of sickness or illness tend to refer to an absence of wellbeing or an imbalance (King, Smith & Gracey 2009).

Review objectives

We aimed to identify from the literature frequently described cultural factors seen as enabling or related to producing good health and wellbeing. We also aimed to contribute to Indigenous knowledges and Indigenous knowledge penetration of the Western epistemological frames of health and culture literature. With these aims, we conducted an iterative review of domestic and international Indigenous health and wellbeing literature. Although each cultural determinant we identified warrants its own investigation, an exploration of the significance of each cultural factor's relationship with health and wellbeing is beyond the scope of this paper. Our purpose is not to discuss the effects of culture on wellbeing but, instead, to identify the cultural determinants that appear in the literature and to let the literature describe the association.



Methods

The importance of the literature review includes making sure that ‘you know enough about your topic that you can ask important questions and then make solid decisions about how you might answer them’ (Leedy & Ormrod 2015:66). We searched for literature that specifically discussed cultural determinants of Indigenous health and wellbeing.

Our review was undertaken at the international level but covers literature primarily written about Indigenous peoples from Aotearoa (New Zealand), Australia, Canada and the United States. We are grateful to a reviewer who, in this context, directed us to Osumare’s (2001:172) concept of ‘connective marginalities’, which are:

social resonances between black expressive culture within its contextual political history and similar dynamics in other nations. Connections or resonances can [include] the form of culture itself... class [or] historical oppression.

Information sources

We conducted the review by searching five large online international databases and relevant smaller subject or organisation-specific databases (detailed below). A manual search of reference lists from key references was also conducted to identify additional relevant literature.

Eligibility criteria

Both published and unpublished (grey) English language literature and studies were included, spanning almost three decades of research, from 1990 to 2017. Criteria used to assess the relevance of sources for inclusion or exclusion are indicated below.

Inclusion criteria:

- published material including peer-reviewed journal articles, reports and reviews
- material published between 1 January 1990 and 31 July 2017
- contained information relevant to Indigenous cultural factors and health and wellbeing
- contained empirical (primary or secondary) or theoretical evidence related to the topic
- full text available.

Exclusion criteria:

- conference presentations
- newspaper, magazine and editorial articles
- opinion pieces
- full text unavailable.

Search strategy

Based on previous knowledge and initial investigations, a list of preliminary search terms was developed. To best realise cultural factors and cultural determinants of Indigenous health and wellbeing, targeted search strings using these terms were searched online in academic databases and peer-reviewed journals. These search strings used a combination of terms beginning with the core search term (for example, Aboriginal or Indigenous or First Nations, or Koori, or Murri, or Māori) followed by an operator (for example, AND, OR) and ancillary terms such as culture, language or spirituality, and health or wellbeing. When additional key terms emerged during the initial review of articles, we added them to the search strings.

First search string:

- (Aborigin* OR Indigenous OR Torres Strait Islander OR Koori OR Murri) AND (Culture OR Law OR Country OR Community OR Elders OR Spirituality OR Language) AND (Health and Wellbeing)

Second search string:

- (First Nation OR Native OR Inuit OR Māori OR Metis) AND (Culture OR Law OR Country OR Community OR Elders OR Spirituality OR Language) AND (Health and Wellbeing)

Given the broad nature of the search terms used, the initial search returned tens of thousands of results across the five online databases. Even after refining the terms and search strings, the amount of peer-reviewed and full-text articles

numbered in the tens of thousands. Due to the number of articles, the results from each database were screened manually until saturation was met (that is, where the reoccurrence of article duplicates and relevant articles was no longer being identified).

Search metrics

The first stage of screening identified 62,421 resources across all databases. Snowballing and manual searching based only on key references was also undertaken and returned a further 280 results. This primarily involved either identifying

additional relevant literature when examining the entire contents of an article or identifying relevant literature by checking the reference lists. All resources were individually assessed for relevance, and 284 resources (some cross multiple themes/domains and are counted in each theme) were included in the review.

Resources resulting from the database search were then grouped by theme:

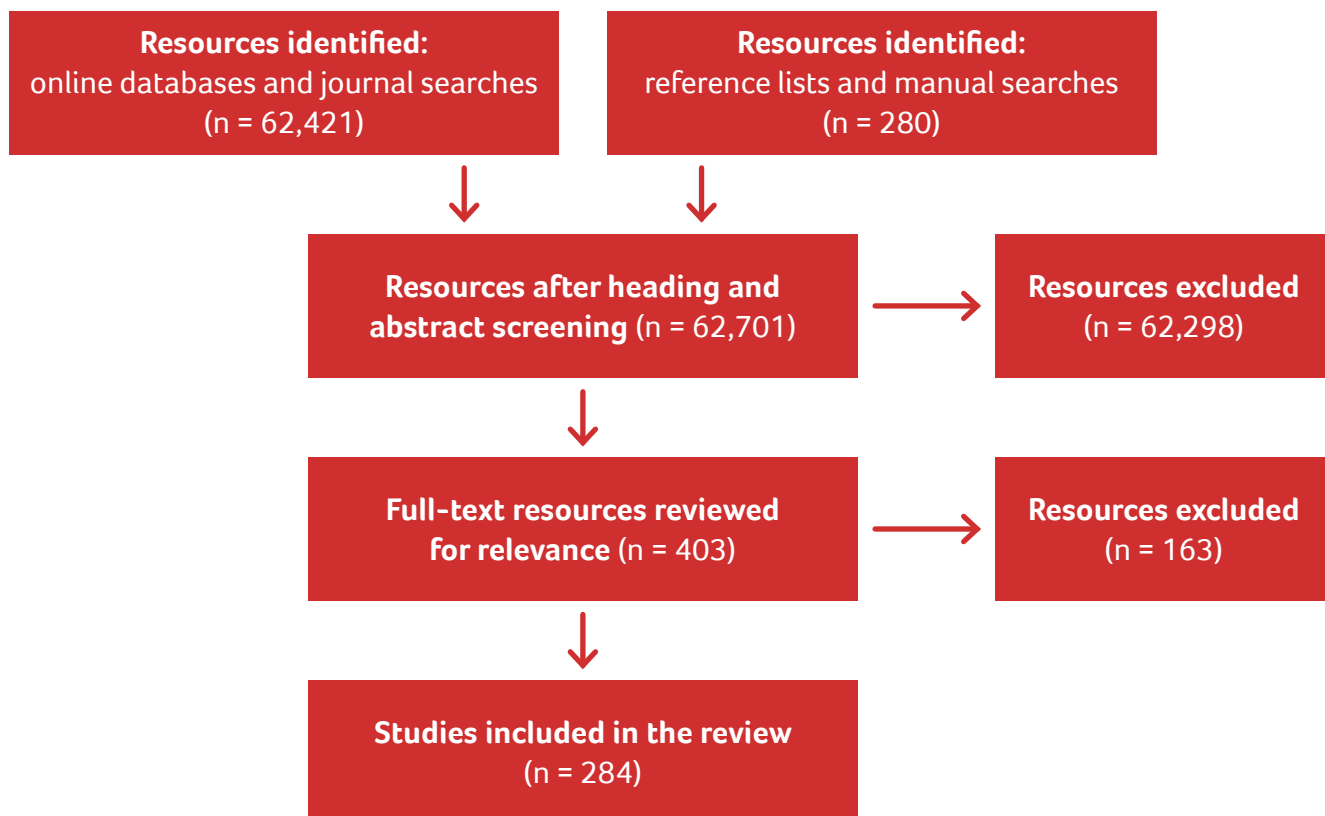
- Connection to Country (68)
- Indigenous beliefs and knowledge (73)

- Indigenous language (48)
- Family, kinship and community (60)
- Cultural expression and continuity (63)
- Self-determination and leadership (76).

Although we focused our search on literature published between 1990 and 2017, we occasionally refer to other publications. This is either because they are seminal works, or because we were following up on secondary sources then including primary sources.

Figure 1

Review article inclusions





Results

In this chapter we discuss the 252 identified resources—grouped by domains and sub-domains—that explore cultural factors that are important to Aboriginal and Torres Strait Islander people in relation to health and wellbeing.



Country is an important connection for Aboriginal and Torres Strait Islander peoples. It brings an identity, a sense of belonging and a place of nurturing qualities, which, along with cultural activities conducted on Country, provide empowerment (Trzepacz, Guerin & Thomas 2014; Ganesharajah 2009). For Aboriginal and Torres Strait Islander peoples, the connection/disconnection with their lands has historically resulted in a number of determinants of ill health, including:

- destruction of traditional economies through dispossession
- undermining of identity, spirituality, language and culture through establishing missions and residential schools
- destruction of traditional forms of governance, community organisation and cohesion through imposition of Western government
- the breakdown of traditional patterns of individual, family and community life.

Spiritual connection

For Aboriginal and Torres Strait Islander peoples, the land is conceptualised as a mother and a source of identity and spirituality, with identity, cultural practices, systems of authority and social control, traditions and concepts of spirituality all being tied to the land (Ganesharajah 2009). An important part of Pintupi social life, which is linked to 'tjukurrpa' (the Dreaming) is *ngurra*, which refers to camp, Country or place (Myers 1991). Connection to Country involves a person's spirit, which comes from Country, becoming the central identity of that person and, as they grow, the protector and guardian of his or her Country. When a person passes, the spirit returns to its Dreaming place to become a child spirit again, awaiting another spiritual rebirth, thus connecting Country with people, their Dreaming place, language, kinship systems, and law and culture (Dwyer 2012).

Following their investigation of Victorian Aboriginal peoples' connection to Country, Kingsley and colleagues reported that there was a connection to the natural world that 'goes beyond words and is steeped in spiritual orientation to that locality' (Kingsley et al. 2013:689). Research by Trzepacz, Guerin and Thomas (2014) among the Nukunu people (from the coastal region of South Australia) revealed a holistic attachment to the land that involved

physical knowledge of Country and of spiritual and cultural beliefs associated with Country.

Connection to Country refers to emotions, culture and spirituality where Aboriginal and Torres Strait Islander peoples have positive connections, such as the ability to 'get answers from nature' and have a 'sense of welcome', as told to Kingsley and colleagues (2009:295). There may also be other intuitive feelings such as a 'warning not to be there' or 'sadness' when referring to burial sites, damaged sacred places, and men's and women's sites. This encompasses connection to an individual's ancestry, pulling people back to land and giving a sense of belonging, identity and pride, which empowers and promotes health (Kingsley et al. 2009:295). Connection to Country is critical to the wellbeing of Aboriginal children. Although many urban Aboriginal people are not physically located on their Country, they are able to maintain a sense of connection through teaching children about the 'geographical boundaries of their Country, visiting Country, telling stories about experience of previous generations, and teaching children about significant places or plants for medicine and tools' (Priest et al. 2012:186).

Connection to Country is also an important aspect of the culture of Inuit and First Nations people from northern Labrador in Canada.

Recurring themes when Inuit spoke to Durkalec and colleagues (2015) about being on land were ‘freedom’ (for example, pp. 21, 23), a place they ‘love’ (p. 21) and a place they ‘live for’ (p. 23). ‘[Just] being on the land is healthy’, while ‘going off on sea ice is ‘medicine’, a ‘better way of living’, and something that is ‘good’ for them’ (p. 23). These comments demonstrate that just being on their land or ice is integral to the health and wellbeing of Inuit (Durkalec et al. 2015).

Research examining how connection to Country relates to Western concepts of health (often expressed as rates of physical and mental illnesses) has identified several major and often overlapping themes. These include the stresses and constraints of living in large settlements and being torn between the demands of urbanised and traditional lifestyles, and how these tensions may affect a person’s sense of wellbeing. Nukunu people reported to Trzepacz, Guerin and Thomas (2014) that it was painful living in the city away from Country. They said that they were unhappy and unfulfilled when away from their land, whereas at home they felt comfortable, ‘like walking into open arms’ (Trzepacz, Guerin & Thomas 2014:44):

[A] 50-year-old female participant spoke of the uplifting feeling she had when on Country: ‘Country is a powerful place and by being there you absorb this energy. This energy is our ancestors talking to us and teaching us about Country’.

Health and traditional foods

In her paper, O’Dea (1984) reported that, when Aboriginal people from the Mowanjum Community (in Derby,

Western Australia) who had chronic diabetes returned to their lands and traditional practices of hunting and gathering, they experience health improvements. F. H. Johnston and colleagues (2007) conducted research in the coastal Aboriginal community of Maningrida. They reported that the people they interviewed were very well aware of how much healthier traditional foods were than Western foods. They cite ‘one woman with diabetes who liked being in the bush because she was “away from Balanda [white people] food, lot of sugar”’ (Johnston et al. 2007:494). They also found wider health benefits, since people always saved some food to fulfil wider cultural obligations of sharing bush food with relatives and owners of the land where it came from. Materials for arts and crafts were also often collected, ‘most of which will enter the cash economy via the Aboriginal art market’ (Johnston et al. 2007: 494–5).

This is how Felecia Watkin Lui (in Watkin Lui, Kiatkoski et al. 2016:1270) explained the wider benefits of food:

Growing up as a Torres Strait Islander, I had been immersed within a family and community setting where food was central to the cultural narrative. Feasting, whether in a community or home setting, embodied hunting and gardening, preparation, cooking, blessing, eating, and communicating. Drawing on this cultural frame of reference, I understood the centrality of protocol in governing the way things should be done, recognising that this same sense of cultural

protocol could—indeed should—be translated into the research context that focused on the sharing and consumption of food in order for us to build the foundations of a trusting working relationship.

Following their research with Torres Strait Islander people on the sociocultural benefits and costs of traditional hunting of dugong, Delisle and colleagues (2018:256) reported that the ‘Individual benefits encapsulated health benefits but also acknowledged that hunting gives men an opportunity to demonstrate their skills which is important to their sense of identity’.

Living on Country

Being born on Country connects an Aboriginal or Torres Strait Islander person to the land and community in a deeply cultural way. This has been identified as pivotal to identity and a holistic sense of being. Being born ‘off Country’ potentially disengages and disconnects a person from the privileges of belonging and also from the responsibility to care for Country and the culture, traditions, law and people belonging to that Country (Felton-Busch 2009). A New South Wales study that explored Aboriginal women’s experiences of having to leave their rural communities to give birth found that the women ‘had a strong desire for their babies to be born on traditional lands so the connection to all that is significant could be maintained’ (Dietsch et al. 2011:59).

Biddle and Swee (2012) analysed data from the 2008 National Aboriginal and Torres Strait Islander Social Survey to identify and assess factors associated with land, language and culture. They found that living on one’s homelands or traditional Country was associated with a higher level of self-reported happiness. According to Dwyer

(2012:16), 'Being on Country also means that young people learn about their culture in the right way, from the right people, in the right places'.

F. H. Johnston and colleagues (2007:494) acknowledged identity, culture and spirituality as key motivators for Aboriginal people to hunt and gather:

the gathering of traditional food reinforces identity, not only because the food is so different from Balanda [European] foods but because the very action of harvesting and eating is linked to specific places, stories, and ceremonial events.

Ferguson and colleagues (2017) investigated the consumption of traditional foods in 20 Northern Territory communities. They found that Aboriginal people living in these communities frequently consume native land animals, seafood, witchetty grubs, and native fruits, berries and yams. Fishing was, and continues to be, an essential aspect of life for many Aboriginal and Torres Strait Islander communities throughout Australia. Its importance lies not only in its dietary sustenance but also in its deep social, cultural and economic significance. It plays a fundamental role in maintaining group cohesion, transferring cultural knowledge and affirming identities (Russell, Sullivan & Reichelt-Brushett 2015).

The benefits of Aboriginal and Torres Strait Islander peoples living on Country and maintaining traditional practices—such as hunting—have considerable external benefits. Garnett (2010) found that hunting non-native and invasive species (such as buffalo) in Kakadu National Park not only contributes to sustaining the community and protecting the environment from

excessive damage caused by (in this instance) buffalo herds—it also reduces the emissions by a tonne of carbon dioxide for a year for each buffalo killed.

Part of the pressures of living on Country involve food insecurity in a changing world. Research by Skinner and colleagues (2013) among Canada's Métis and Inuit peoples revealed that hunting, consuming, preserving and storing traditional foods has remained part of their culture. These traditional ways, as well as food sharing—especially with family—were significant ways of adapting to food shortages.

Indigenous hunting and food gathering is affected by outside sources. Research conducted on the Nambucca River estuary (the food source for the Gumbaynggirr people of New South Wales) found that trace metals in the estuary (due to the influence of derelict mines, agriculture, cattle dips and mineralisation) may lead to an exceeded tolerable intake of cadmium but were within the tolerable intake level for copper and selenium (Russell, Sullivan & Reichelt-Brushett 2015). This suggests a need for further investigation to minimise any possible health risks.

Some reports have highlighted the effects on Aboriginal health and wellbeing when Country has changed. Research by Willis, Pearce and Jenkin (2004) among the Ngarrindjeri people living in the Murray region of South Australia revealed their belief that they are part of the existence and the living body of the land and waters. Traditional knowledge and activities closely connected with the river system have been affected by settlements, river regulation, water quality decline, river system degradation, and the introduction of exotic species. Authors of the Murray–Darling Basin Commission (2002:ii) report *The Murray Mouth—Exploring the Implications of Closure*

or *Restricted Flow* cite comments by a Ngarrindjeri Elder from Camp Coorong who spoke of the effects that changes to Country have on health:

The land and waters is a living body. We the Ngarrindjeri people are a part of its existence. The land and waters must be healthy for the Ngarrindjeri people to be healthy. We are hurting for our Country. The Land is dying, the River is dying, the Kurang (Coorong) is dying and the Murray Mouth is closing. What does the future hold for us?

For Inuit, influences on cultural wellbeing from going out on the sea ice include connections to identity, history, traditions and ancestors. Access to Country is an integral part of wellbeing. Participants in a study by Durkalec and colleagues (2015:23) were concerned about how climate change could affect their culture, which is evident in a comment from a participant who said that, 'if she could not go out on the ice, she would be losing part of her culture and "wouldn't feel good as an Inuk"'.

An investigation among First Nations and Inuit communities across Canada found that the role of the physical environment on health could not be separated from culture and that environmental dispossession resulted in negative health outcomes, particularly in the social environment (Richmond & Ross 2009). Kaspar (2014) analysed data from more than 13,000 Aboriginal people in Canada to investigate the lifetime effects of residential school attendance on health status. She found that being placed in residential schools; being dislocated from Country, communities and parental influences; and being prohibited from speaking

Aboriginal languages or expressing cultural and spiritual beliefs were associated with poorer health status. A 2012 national household survey of First Nations peoples aged 15 and older found that those who lived off-reserve were less likely to report high levels of overall health (49%) when compared with the total Canadian population (62%). The survey also found that living in houses in need of repairs and food insecurity were predictors of poor health and wellbeing for people from First Nations who lived off-reserve (Rotenberg 2016).

Research among the Nukunu people of South Australia found that they should return to Country when experiencing any illness, since that has clear benefits for psychosocial wellbeing (Trzepacz, Guerin & Thomas 2014). Studies have also identified that returning to Country, particularly to die, is essential for the elderly, because the spirit of the deceased can have an impact on the place or Country connected with their spirit (McGrath & Phillips 2008). Place of death is very important for Aboriginal and Torres Strait Islander patients, with many prioritising their spiritual and cultural needs over their physical distress, forfeiting the time gained by life-prolonging treatments in order to return to Country for their final days. Therefore, a core consideration for end-of-life care for elderly Indigenous Australians (Waran et al. 2016) or for those with terminal illness who wish to die on Country must be to ensure that they can return.

In their New South Wales study, Dietsch and colleagues (2011:63) looked at Aboriginal women's ties to Country for birthing. They concluded that, where possible, women should have a choice as to whether they remain on Country to give birth or transfer from their Country and kin to give birth somewhere else.

Land rights and autonomy

Everything about Aboriginal and Torres Strait Islander society is interconnected with land or sea. Mikhailovich and Pavli (2011) argue that Native Title and land claims have led to a greater level of spiritual, political and economic autonomy for Aboriginal and Torres Strait Islander peoples. They argue that improving the processes of native title and land claims should be seen as critical for strengthening cultural heritage protection. Edward Koiki Mabo was a Meriam man from the island of Mer (Murray Island) in the Torres Strait. He was an activist in the 1967 referendum campaign and a founder of the Townsville Aboriginal and Islander Health Service. In 1982 Mabo and four other plaintiffs from Mer started their seminal claim for ownership of their islands (AIATSIS 2017). Mabo's passion is captured in this quote from the manifesto on what is now referred to as the Mabo case:

My name is Edward Mabo, but my island name is Koiki. My family has occupied the land here for hundreds of years before Captain Cook was born. They are now trying to say I cannot own it. The present Queensland Government is a friendly enemy of the black people as they like to give you the bible and take away your land. We should stop calling them boss. We must be proud to live in our own palm leaf houses like our fathers before us. (Graham n.d.)

Ten years after Mabo and his fellow plaintiffs made the initial claim, the High Court of Australia decided in favour of this claim:

[The High Court] inserted the legal doctrine of Native Title into Australian law. In recognising the traditional rights of the Meriam people to their islands in the eastern Torres Strait, the Court also held that native title existed for all Indigenous peoples in Australia who held rights in their lands under their own laws and customs prior to the assertion of British sovereignty and establishment Colonies across the continent from 1788. (AIATSIS 2017)

The possession of legal rights over traditional lands in the Northern Territory was transferred to Aboriginal peoples under the *Aboriginal Land Rights (Northern Territory) Act 1976* (Cth), with a system of 99-year leases over Aboriginal townships being introduced with the *Aboriginal Land Rights (Northern Territory) Amendment Act 2006* (Cth). Research on the implications of land rights has found that the amended leasing scheme is detrimental to health outcomes. Effects described in the literature include depriving traditional owners of control over lands, which usurps authority and instils powerlessness; this in turn affects their health and wellbeing (Watson 2007). It has been argued that 'Achieving recognition of land rights is a necessary step on the path to wellbeing', as those that are dispossessed are unlikely to achieve health (Devitt, Hall & Tsey 2001:6). Ganesharajah (2009) suggested that recognition is insufficient since what is required is that people have the right to use land as they wish. Research has shown that, for some people, simply being on Country is sufficient to make them feel better. However, for others, wellbeing is contingent on carrying out activities

on Country that are perceived as worthwhile. The critical factor is autonomy over self and control over Country (Ganesharajah 2009; Watson 2007).

Positive relations with Country fostered through caring for and being on Country help to develop key skills and knowledges, increasing a sense of self-worth and autonomy. Individuals who participate in caring for Country are able to shift from being looked after to caring for others and for Country. Frustrations often occur when individuals are unable to develop their autonomy, and identity (often compounded with pressures of town life) may be expressed through use of alcohol and other drugs and violence (Burgess et al. 2009, Garnett & Sithole 2007). Increasing Aboriginal and Torres Strait Islander management of Country helps to foster a collective development capacity in line with Aboriginal and Torres Strait values and priorities, delivering outcomes people actually want to see (Hunt & Campbell 2016).

Mortality rates for Native Americans and Māori have fallen substantially since the 1970s. However, in 1994 mortality rates for Aboriginal and Torres Strait Islander Australians were at, or above, rates observed 20 years previously for Native Americans and Māori (Ring & Firman 1998, Pulver et al. 2010). A decisive factor that has been linked to the poor performance of Aboriginal and Torres Strait Islander health and mortality rates is the absence of a treaty recognising First Nations peoples. The adoption of treaties in New Zealand, Canada and the United States have played a significant role in better health and social and economic development for Indigenous peoples (Ring & Firman 1998). Ring and Firman (1998) state that the Treaty of Waitangi was fundamental to fostering positive relationships between Māori and other New Zealanders, and in the United States treaties were able to

generate some status for Native Americans in their relationships with the ‘invading’ Europeans (Ring & Firman 1998).

Caring for Country

Land and sea management by Aboriginal and Torres Strait Islander peoples—caring for Country—involves a wide range of environmental, natural resource and cultural heritage management activities. These centre on the holistic relationships between Aboriginal and Torres Strait Islander societies and their connection to Country for at least the past 65,000 years (Clarkson et al. 2017). This connection includes their lands, waters, plants, animals, heritage, culture, ancestors, laws and religions (Rose 1996).

Citing several experts in the field, Altman and colleagues (2007:37) state that:

‘Caring for Country’ refers to more than the physical management of a geographical area—it encompasses looking after all of the values, places, resources, stories, and cultural obligations associated with that area, as well as associated processes of spiritual renewal, connecting with ancestors, food provision, and maintaining kin relations.

Contributing to caring for Country is the observation of sacred sites. Sacred sites and Dreaming places, where life and law continue to be brought into being, are often nesting or breeding places. As a result, hunting is prohibited in those areas, effectively creating refuge in which the particular species, and other species that use the area, are safe from human predation (Rose 1996).

Observing sacred sites is not just obligatory for Aboriginal peoples: when someone is injured or when damage is caused to Country from an outsider, it is considered that Country has not been cared for properly. As a result, it is believed that the spirits will punish people for not taking proper care of their Country.

The Commonwealth Scientific and Industrial Research Organisation (Hill et al. 2013; Putnis, Josif & Woodward 2007) reports that Indigenous land management (ILM) programs have a wide range of benefits for Aboriginal people and communities. Caring for Country is linked to the maintenance of cultural ties, identity, autonomy and health. This results in benefits for the socio-political, cultural, economic, and physical and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (Altman & Whitehead 2003; Burgess et al. 2009; Garnett & Sithole 2007; Altman 2003; Preuss & Dixon 2012; Green & Minchin 2014).

ILM programs are achieving a broad range of environmental, cultural, social, educational, health, employment and economic development outcomes. With strategic government and private investment, the sector has potential to grow further, both providing income for communities and reducing healthcare associated costs (Putnis, Josif & Woodward 2007; Burgess et al. 2009; Campbell et al. 2011; Campbell 2015, 2016).

Formal involvement of Aboriginal and Torres Strait Islander people in environmental management has grown in recent decades, with cross-cultural engagement following the advent of non-Indigenous land management and ILM programs (Hill et al. 2013). Research by Watkin Lui and colleagues, which was conducted with Torres Strait Islander people living in the Australian mainland cities of Brisbane, Cairns

and Townsville, found that 70 per cent of respondents considered that protecting the environment was an important value for them (Watkin Lui, Stoeckl et al. 2016:351).

Caring for Country has always involved fire. According to Rose (1996:65), 'All over Australia, when Aboriginal People speak English, they describe their burning practices as "cleaning up the Country"'. Aboriginal practices of patch burning with low-intensity fires over a number of years to create a mosaic of habitats has been necessary, as many Australian plants require fire in order to flower or for their seeds to germinate. Many animals also depend on, or respond well to, the effects of fire (Rose 1996; Moorcroft et al. 2012). Today, ILM activities involve Aboriginal and Torres Strait Islander people using traditional approaches to land and water management, including fire management, feral animal and weed control, biodiversity monitoring and threatened species protection (Putnis, Josif & Woodward 2007). Environmental benefits of ILM also extended to the public—for example, the bio-sequestration of greenhouse gases, soil stabilisation, and the mitigation of dust storms and excess smoke from bushfires (Campbell 2015).

In 1997 the Australian Government established the Indigenous Protected Area (IPA) program to support Aboriginal and Torres Strait Islanders with the management of their own Country, combining traditional knowledge with Western science. IPAs are vital components of Australia's National Reserve System of recognised parks, reserves and protected areas. The IPA program was initiated to address shortcomings in the recognition that Aboriginal and Torres Strait Islander

traditional owners were receiving for their work in land management (Gilligan 2006). These programs have re-established traditional land management practices, and have also increased peoples' willingness to co-operate with government conservation agencies to address contemporary environmental issues (Ens et al. 2012; Gilligan 2006).

Indigenous ranger projects are funded by the federal government to create employment, training and career pathways for Aboriginal and Torres Strait Islander peoples in land and sea management. Indigenous Rangers combine traditional knowledge with conservation training to protect and manage vast areas of Australian land, sea and culture (DPM & C 2016).

The growth in the number and extent of IPAs and ranger projects, including Ngadju Conservation, Dhimurru Aboriginal Corporation and Olkola Aboriginal Corporation, has been widely noted as a demonstration of commitment to looking after Country. Woinarski and Lewis (2017:180) comment on the 'commitment to looking after Country, and of the particular applicability and fit of Indigenous knowledge to land management in Australia'; they add, 'These programs have nurtured land, communities and culture and have contributed to far better governance across large areas of the Outback.'

Following the analysis of the ranger programs, rather than imposing mainstream ecological paradigms on the categorisation of weeds, it was recommended that rangers should be allowed to base their weed management on culturally embedded perspectives, integrating it into other aspects of their work. A greater emphasis on

site-based, rather than species-based, management was also recommended, thus framing weed management as promoting healthy Country rather than destroying plants (Bach 2017).

The IPA programs have been successful, with both direct economic and financial benefits and considerable social and cultural outcomes from promoting conservation activities for Aboriginal communities. These include land management employment opportunities, contribution to social cohesion within communities, an increased sense of worth and an improvement in social outcomes for early childhood development, early school engagement, reduction of alcohol and other drug use, restoration of relationships, and reinforcement of family and community structures (Gilligan 2006; Preuss & Dixon 2012).

ILM programs assist people to work in order to maintain the health of their Country, which has benefits for the environment, but they also benefit the physical, mental and cultural health of the people involved (Garnett et al. 2009). Aboriginal and Torres Strait Islander peoples have distinct relationships between law and culture, language and Country. This is apparent in the 'Healthy Country, Healthy People' concept—Griffiths and Kinnane (2010:3) report that 'Kimberley people commonly speak in terms of healthy Country, healthy people. If you look after Country, the Country will look after you.' This is seen as a reciprocal relationship necessary for the land as well as the people (Dwyer 2012; Griffiths & Kinnane 2010; Rigby, Rosen et al. 2011; Kingsley et al. 2009; Moorcroft et al. 2012).

1. In earlier versions, we used the word 'remote' before 'Northern Territory'. We are grateful to a reviewer who shared with us advice from an Elder, who indicated that, in his world, Sydney was remote and that the term had negative consequences for people living in these locations. With the benefit of this insight, we have removed all instances of the word 'remote' from the main body of this document.

Thompson, Chenhall and Brimblecombe (2013) explored local perspectives, experiences and meanings of physical activity in two Northern Territory Aboriginal communities.¹ They found that:

being and walking on Country and regular participation in associated activities are central to the cultivation of Indigenous health [in Aboriginal communities]. These kinds of physical activity allow for the maintenance of social and cultural traditions that are seen to provide a link between health, the environment and economics. (Thompson, Chenhall & Brimblecombe 2013:9)

Following their research with participants in the Indigenous Cultural and Natural Resource Management sector, Burgess and colleagues (2009) concluded that there were positive associations between caring for Country activities (which people perceived as beneficial to their health) and health outcomes. Several benefits have been associated with caring for Country, including:

- building self-esteem; fostering self-identity; maintaining cultural connection and enabling relaxation and enjoyment through contact with the natural environment (Kingsley et al. 2009; Schultz & Cairney 2017; Trzepacz, Guerin & Thomas 2014; Weir, Stacey & Youngetob 2011; Campbell 2015)
- physical health benefits, including increased physical activity; lower rates of obesity, diabetes, renal disease and cardiovascular disease; and less psychological stress (Garnett & Sithole 2007; Burgess et al. 2009; Johnston et al. 2007; Thompson, Chenhall &

Brimblecombe 2013; Anderson & Kowal 2012; McDermott et al. 1998)

- direct health impacts, including reduced morbidity and extended life expectancy, which are associated with the use of both traditional foods and medicine (Rowley et al. 2008; Campbell 2015; Johnston et al. 2007) and decreased smoking (Johnston & Thomas 2008), and alcohol and other drug use (Johnston et al. 2007; Schultz & Cairney 2017; Hill et al. 2013)
- psychosocial determinants of health, which include identity and cultural continuity (Burgess et al. 2009; Kingsley et al. 2009; Preuss & Dixon 2012), meeting cultural responsibilities (Campbell 2015), social cohesion, self-esteem and mental health (Trzepacz, Guerin & Thomas 2014), relaxation and stress reduction (Guerin et al. 2011), autonomy and self-determination.

These results indicate that caring for Country may offer a means of improving the current poor health status of Aboriginal and Torres Strait Islander peoples.

Impacts of tourism

An investigation by A. J. Smith, Scherrer and Dowling (2009) on impacts of Aboriginal spirituality and culture on tourism in the coastal waterways of the Kimberley region in north-west Australia found that private vessels and expedition cruise vessels regularly visit sites of Aboriginal significance, including rock art and burial sites. Many commercial operators use Aboriginal aspects in their marketing. Concerns raised by the communities about tourism activities along the coast relate to:

- uncontrolled access
- the number of visitors
- lack of consultation with traditional owners

- not being asked permission for access
- not being advised of where visitors are going and what they are doing
- lack of respect
- tourism activities causing damage to Country
- the disturbance of sites of Aboriginal importance
- visitors going to places they should not go
- visitors not following cultural protocols.

This resulted in stresses because the community did not know what was happening on Country, approval was not sought to access Country, and burial sites and sacred places were being disturbed (Smith, Scherrer & Dowling 2009). It has also been found that, in order to address disadvantages experienced by Aboriginal and Torres Strait Islander people in the mental healthcare system, concepts such as 'Country' and 'connection to Country' need to be understood by non-Indigenous practitioners. This will enable them to provide a quality service that is culturally appropriate (Bishop et al. 2014).



Indigenous beliefs and knowledge

The Western medical approach centres on the biological processes involved with illness. Limited attention is placed on social, emotional and spiritual aspects of health and wellbeing. This has resulted in the development of systems or viewpoints that attempt to address these facets. In Australia, New Zealand, Canada and the United States, traditional healers and Elders have been prevented from providing ceremonies and other healing interventions, sometimes through punitive and legislative methods. This has resulted in medicines and treatments developed over the centuries being discounted as superstition and quackery (Anderson & Olson 2001; Hopkirk & Wilson 2014).

Recently, however, there has been growing recognition of the holistic approach of First Nations groups. In this approach, health and wellness are seen not only as the absence of disease—the spiritual, emotional and cultural dimensions of a person's life, which extend beyond healthcare and into the community, are also acknowledged. This intersects with, and complements, many Aboriginal and Torres Strait Islander views and value systems (Anderson & Olson 2001; Arnott et al. 2010; Bishop et al. 2014; Biddle & Swee 2012; Colquhoun & Dockery 2012; Dew et al. 2015; Durie 2004; Ganesharajah 2009; Johnston et al. 2007; Trzepacz, Guerin & Thomas 2014; Yap & Yu 2016; ATSIHF Development Team 2009; National Aboriginal Health Strategy Working Party 1989).

Spiritual and religious beliefs

Aboriginal and Torres Strait Islander spirituality is complex, with differing cultural traditions across Australia. Concepts and experiences of spirituality can be found in the Dreaming, storytelling, art, ceremonies, and songs and dance, as well as in values and social structures with a strong connection to land and place (Poroch et al. 2009; Burgess et al. 2009).

In research in Victoria among the Bangerang, Boonwurrung and Yorta Yorta peoples, Kingsley and colleagues (2009:295) found that 'This spiritual and cultural relationship to land increased identity, pride and self-esteem'. The authors add that this spiritual connection to nature is often referred to as reconnecting individuals to their ancestry, 'meaning they were pulled to land which gave them a sense of belonging' (Kingsley et al. 2009:295). Mikhailovich and Pavli (2011) have argued that it is misleading to try to separate traditional Australian Aboriginal and Torres Strait Islander peoples' religious or spiritual experience from other aspects of life, culture and history, since their economic, physical, social and emotional wellbeing are interconnected with spiritual wellbeing.

Ancestral creators are spirits who formed the world. Their presence, indicated by what they left behind in the creation—often through physical form (for example, mountains rivers etc.)—may no longer be apparent. Other spirits exist alongside humans. These can take the form of animals, plants, landmarks, water, or whirlwinds and mists. They can be good or bad spirits and can affect health and wellbeing (Clarke 2007). When a person dies, his or her spirit is torn between the desire to stay with loved ones and the desire to return to Country to rest with the ancestors. In

his work in northern Australia, Clarke (2007:148) found that:

mortuary rituals and name-avoidance customs are still routinely practiced. In part, these are aimed at ensuring that during the transition of the spirit to the 'Land of the Dead,' sometimes called the 'Skyworld,' there are no ghosts left behind in the land of the living.

A study of Aboriginal palliative care conducted among healthcare providers and patients in the Northern Territory found a multiplicity of spiritual perspectives on death and dying that juxtaposed Christian and cultural beliefs. Perspectives included those of spirit animals, strong beliefs in traditional healers and an importance of returning to Country to die where a person's spirit can re-enter the Dreamtime (McGrath & Phillips 2008). Mikhailovich and Pavli (2011) found that, although Christianity is more prevalent, spiritual traditions have persisted and are sometimes combined with other religious traditions. They concluded:

Everything about Indigenous society is inextricably woven with, and connected to land or sea. Understanding the importance of this connection is important for all Australians if freedom of religion is to be realised for Indigenous Australians. (Mikhailovich & Pavli 2011:no page nos)

In Native American tradition, the medicine wheel encompasses four components of health—physical, emotional, mental and spiritual—and balance between and among all four components is required for good

health and wellbeing (Anderson & Olson 2001). For the Yup'ik people of Alaska, strength comes from connection to the land of their ancestors. The teachings, practices and knowledge of the ancestors are important in keeping individuals, families and communities safe. The Yup'ik people believe the spirit of the universe, Ellam Yua, gave life to all people, animals and plants on the land and water, thus all living things created must be respected. Healing is also incorporated into this belief. Woodworking is considered to have healing power and 'if a man became deranged, he would be put to work on wood so that he could recover' (Ayunerak et al. 2014:5).

Oosten and Laugrand (2002:27) quote the first recommendation of the Nunavut Social Development Council regarding spirituality, shamanism and customary law: 'Traditional Inuit laws, practices and beliefs, including those pertaining to spirituality and shamanism, need to be researched, recorded and shared'. The beliefs and practices of shamanism reflect values with respect to people, the land and animals (animals are also said to have *tarniit*—shades or souls). According to Elders, respectful relationships with animals and spirits are to be preserved and maintained in an appropriate way in order to uphold the social order. Hunters, therefore, have to respect animals and not abuse them. Shamanism has always and will continue to play an important part in preserving social order. In modern society it is paramount to find a balance between useful elements of shamanism practice with Inuit Christian beliefs. Further study by Oosten, Laugrand and Remie (2009) found that focusing too much on the person of the shaman and underestimating the importance and strength of the ideological system and values involved led to

the perception of shamanism being in decline. Oosten, Laugrand and Remie (445) concluded that, instead, today 'shamanism is for many Inuit part of a wider cosmology that is dynamic, open to innovation, and marked by strong continuity'.

In their summary of a workshop addressing health inequalities in Indigenous communities, K. M. Anderson and Olsen (2001:39), the workshop rapporteurs cite this comment by Nia Aitaoto, one of the workshop participants: 'For many Pacific Islanders... a person's spirit has many parts, including shame, fear, forgiveness, and repentance, and Western medicine does not address these aspects of the spirit'. Aitaoto's comment was, inferentially, based on research she and colleagues conducted on diabetes among the people of the United States Associated Pacific Islands* (Hosey et al. 2009).

One priority identified as part of a Cooperative Research Centre for Aboriginal Health roundtable to identify priorities for research around social and emotional wellbeing was spirituality and its connection with social and emotional wellbeing. The review by Poroach and colleagues (2009:2)—which was instigated by this roundtable—found that:

Spirituality is a dynamic, evolving, contemporary expression of Indigeneity. Spirituality connects past, present and future. Spirituality emphasises people's relationships with each other, the living (other entities—animals) and non-living (mating season, tides, wind and mythology) life forces premised by an understanding or

experience of their place of origination.

Poroach and colleagues (2009) concluded that there is a relationship between spirituality and health and wellbeing, coping and building resilience in those suffering mental health disorders.

Fonda (2009) examined the extent to which Canadian Aboriginal spirituality is practised on-reserve and its effects on wellbeing. He found that 'Revitalising traditional Aboriginal religions could be another means by which individuals and cultures can locate themselves in time, which can improve personal and cultural continuity and increase wellbeing' (Fonda 2009:76–7). This is because it provides motivation for integration into traditional societies and social healing, thus having benefits for community continuity and wellbeing (Fonda 2009). Other research with Canadian First Nations adults has also found that a high level of spirituality was associated with a decreased likelihood of smoking among adult Métis (Ryan et al. 2015).

Australian research reached similar conclusions. It was found that, for Aboriginal people, community wellbeing is strongly linked to components of spirituality and culture, which have an impact on positive identity, including storytelling, ceremonies, ancestors, sacred sites and tribal areas (McLennan & Khavarpour 2004). An analysis of the strengths of Australian Aboriginal cultural practices in family life and childrearing found that:

- spirituality helps families cope with challenges
- families and communities that engage in spiritual practices benefit from a greater sense of identity

* The United States Associated Pacific Islands include American Samoa and Guam, the Commonwealth of the Northern Mariana Islands, the islands of Chuuk, Kosrae, Pohnpei and Yap, the Republic of Palau and the Republic of the Marshall Islands.

- individuals are more likely to connect with, and support and help protect, each other (Lohoar, Butera & Kenned 2014).

Successful Aboriginal-led programs for youth in Queensland use culture, connection and community, as well as practical work and life skills, to set young people up for a better future and ensure that they do not spend time in detention. The focus is on restoring the pride of the young people, with spiritual guidance and support provided by Elders and mentors (Amnesty International 2016).

Traditional knowledge

Inuit Qaujimajatuqangit (Inuit traditional knowledge) encompasses passing Qaujimajatuqangit from Elders down to the younger generations. This knowledge includes a philosophy and way of living; knowledge of wildlife, hunting and migratory patterns; survival skills; traditional healing and counselling; an understanding of family relationships; and a system of laws, values and consultations for the community. Research with Inuit Elders on ways of integrating Qaujimajatuqangit into methods of social control to address social problems of unemployment, alcohol and other drugs, domestic violence and suicide found that there was a close relationship between the preservation of knowledge and the maintenance of social order. However, there was also considerable concern that the traditional knowledge of Inuit societies was rapidly eroding. Therefore, acknowledging and recording tradition is of the utmost importance (Oosten & Laugrand 2002).

Canadian First Nations peoples have described how having the knowledge and capacity to survive on the land makes them feel good, or brings them a sense of wellbeing. Durkalec and colleagues (2015) explored

the impact of climate change and the relationship between the environment and health in the Inuit population of northern Canada. The study showed continued traditional practices and sea ice use had a positive impact on health, particularly mental, spiritual, social and cultural health. One Inuit Elder described his wellbeing, which has arisen from his expert knowledge of how to use ice, as:

ippigusutsianik, which translates to being aware and conscious of your surroundings, being of sound mind, having knowledge of what could happen, and being prepared for what may occur. Ittulak described how knowledge prevents health impacts and promotes benefits, like the feeling of freedom: ‘There’s a lot of freedom when you go out on the land, especially by yourself, without nobody telling you what to do or what not to do, especially if you know the land... That’s one of the biggest part (sic) of freedom in a person’s life, in an Inuk’s life. As long as you know the land, if you’ve been gone for a few days all on your own, you know the land and you feel so free’ (Durkalec et al. 2015:23).

Research by Cidro and colleagues (2014) on the traditional and cultural approaches to childrearing in the Cree Nation of Canada found that traditional knowledge sometimes conflicts with primary healthcare advice. However, they also found that traditional methods of childrearing (including

feeding) resulted in strong and resilient children, and traditional medicines for teething and swaddling were directly linked to oral health, particularly the development of healthy deciduous teeth. The researchers concluded that opportunities to share the traditions of infant feeding were essential in order to restore skills and pride and that these traditions were a mechanism for building family and community relationships. In addition, they provided intergenerational support.

It has been recommended that the Australian government invest in cultural knowledge centres as a way to increase the capacity to share and transmit cultural knowledge (ATSIHF Development Team 2009). These centres would be developed to document and display Aboriginal and Torres Strait Islander culture, histories and stories to benefit Aboriginal and Torres Strait Islander people, as well as non-Indigenous people (ATSIHF Development Team 2009).

Traditional healing

The Aboriginal and Torres Strait Islander concept of health is holistic, with spirituality being a central aspect of wellbeing and where ill health is more than physical illness. It is a manifestation of other factors, including spiritual and emotional alienation from land, family and culture (Mikhailovich & Pavli 2011). In a section on the nature of healing the Aboriginal and Torres Strait Islander Healing Foundation (ATSIHF) Development Team (2009:4) cite Phillips and Bamblett (2009) who define Aboriginal healing as ‘a spiritual process that includes addictions recovery, therapeutic change and cultural renewal’. The Aboriginal and Torres Strait Islander Healing Foundation Development Team (2009:4) also refer to a publication by Phillips, who documents the following personal communication with an Elder of the Brisbane community:

Aboriginal people believe that the spirit child comes from the earth... we are born from the earth. We believe that the whole of life is a spiritual experience and that... Aboriginal people are actually more spirit than matter...The spirit cannot be in balance if it is out of balance with the body. If you're spiritually unwell, you can't help but affect the whole of your being... (Phillips 2003:25).

The Native American concept of healing incorporates traditional practices, spiritual values, traditional knowledge and culture. It rests on the idea that the health and wellbeing of individuals, families, communities and nations requires the restoration of the balance of the four components of health: physical, emotional, mental and spiritual (Anderson & Olson 2001). An Australian study found that Westernised treatments are centred around medication, counselling and hospitalisation, while traditional Aboriginal treatments focus more on methods that build resilience against spirits (Vicary & Westerman 2004). Australian Aboriginal medicine seeks a deeper understanding of illness, seeing health as holistic, with illnesses explored not only at the individual level but at the level of underlying family and community issues, which may have contributed to how the person became sick (Devanesen 2000). Traditional medicines incorporate traditional beliefs and recognise social, physical and spiritual dimensions of health and life, rather than a single illness (Vicary & Westerman 2004).

Medicinal plants are often an important component of healing methods (Clarke 2008; Galles 2011; Packer et al. 2012, 2015). Ceremonies, chants, cleansing and

smoke rituals, counselling, healing circles, bush trips to special sites, painting and other forms of art therapy, vision quests, massage and residential treatment are examples of methods that are often used in various combinations (Swan & Raphael 1995; Arnott et al. 2010; Devanesen 2000; Dobson 2007; Dudgeon & Bray 2018; Oliver 2013). Ngangkari (traditional Australian Aboriginal healers of the Western Desert) deal with spirit causes of illness—including thought disturbances, headaches, blocked ears and lost spirit—by ‘singing’ people to make them well, making trips to the bush, and gathering bush foods and medicine. Some modern adaptations have been added to these traditional ways (Swan & Raphael 1995; Porocho et al. 2009). Ngangkari healers work with the spirit, or *karanpa*, by using a psychic medicinal tool called a *mapanpa*. This removes bad spirits, or *mamu*, from the body, returns a lost *karanpa* to the body or strengthens the spirit, thus restoring its vitality (NPY Women’s Council 2003; Dudgeon & Bray 2018). Minyma Ngangkari (traditional women healers) are leading a renaissance of cultural healing within Australian communities. This indicates the enduring strength of traditional healing. Ngangkari women healers usually focus on women’s health issues—a practice aligned with traditional gendered healing practices where women healers treat women and their male counterparts treat men (Dudgeon & Bray 2018).

A review of spirituality and wellbeing found that traditional Ngangkari healing, bush food and bush medicine are more likely to be used in rural rather than urban locations. However, there is also evidence of healing programs in urban settings generally, where traditional healing is used in combination with Western medicine (Porocho et al. 2009; Holmes 2016). The variation in practising traditional medicine across Australia depends on association with culture

and beliefs about disease causation, type of illness, success of biomedical treatment, and accessibility to traditional healers and bush medicines (Oliver 2013). Research among Aboriginal people in Western Australia on the use of bush medicine for the treatment of cancer found that some people preferred traditional healing processes. This was because they helped reconnect them with their heritage, land, culture and the spirits of their ancestors, thus bringing peace of mind during their illness (Shahid et al. 2010). Similarly, in New Zealand, alternative approaches to Western medicine were used more among Māori people than non-Māori but were usually used in combination with Western medicine (Dew et al. 2015; Durie 2004, 1999).

Healing traditions for Canadian First Nations peoples often engage supernatural or spiritual forces with two possible aims:

- transformative healing, which is a continuous, developmental process in which a patient undergoes changes in physical, behavioural, cognitive, emotional, social, spiritual and/or existential functioning
- restorative healing, where the goal is to return the patient from the illness status to the preceding psychological or physiological state (Waldram 2013).

Contemporary healing traditions involve continued processes of cultural education, which subtly transform the individual or community (Waldram 2013). The Aboriginal healing movement in Canada—which aims for individual, family and community healing—has consisted of a variety of programs and activities. These include participation in traditional healing and cultural activities, culturally based wilderness camps and programs, treatment and healing programs, counselling and group work, and community development

initiatives. Many of these programs centre on 'culture as treatment' and include arts, fishing, hunting and food gathering, storytelling, songs, history and activities that promote connection to the natural world, cross-cultural understanding, healthy self-identity and sense of respect for one's own and other cultures (Lane et al. 2002; Day, Silva & Monroe 2014).

The Akeyulerre Healing Centre, run by the Arrernte people in Alice Springs in the Northern Territory, conceptualises healing in terms of:

spiritual, social, physical and emotional wellness that is connected to family, culture, language and Country. Healing is achieved through a combination of what on the surface may seem to be simple activities, such as bush trips, collecting bush medicines and bush tucker, barbecues, story-telling, singing and dancing. However, surrounding these activities is a spiritual dynamic that is expressed through the work of Angankeres [healers], in ceremonies, and in the transmission of knowledge from one generation to the next. It is about keeping culture strong, reconnecting with Country, and building a sense of belonging. (Arnott et al. 2010:vi)

However, trust in the 'medicine man' can be accompanied by a distrust of clinical medicine (Dew et al. 2015). An individual's response to traditional healing depends on his or her beliefs about the cause of the illness (McGrath & Phillips 2008; Shahid et al. 2010).

Several commentators have also emphasised the need for healthcare providers to acknowledge traditional knowledge, be respectful of beliefs and practices, and accept that these can be important additions to healing and can also complement Western medical treatment regimes (Shahid et al. 2010; Swan & Raphael 1995; Arnott et al. 2010; Baba, Brolan & Hill 2014; Durie 2004; Holmes 2016; NPY Women's Council 2003; Oliver 2013; McLennan & Khavarpour 2004).

Researchers and practitioners have recommended that, when treating Aboriginal and Torres Strait Islander peoples, the holistic nature of health and wellbeing must be considered. Holistic care includes an acknowledgment of social–historical–political factors such as:

- the impact of colonialism
- trauma, loss and grief
- separation of families and children
- the taking of land
- explicit attempts to remove culture and identity
- lateral violence (explained below)
- the impact of social inequity, stigma and racism (Vicary & Westerman 2004; Swan & Raphael 1995)
- intergenerational trauma, specifically related to institutional racism within the healthcare system (explained further below) (Henry, Houston & Mooney 2004).

Knowledge transmission and continuity

The National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families described the process of forced removal as cultural and spiritual genocide. The process of forced removal results in the destruction of culture and

deprivation of songs, spiritual and cultural heritage, and spiritual connection with Country. These are known to be major contributors to the resulting intergenerational trauma and poor health and wellbeing of Aboriginal and Torres Strait Islander peoples (HREOC 1997). Intergenerational trauma has been defined as 'The tendency for trauma to be passed down through generations... Intergenerational trauma creates lasting emotional effects on future generations of Indigenous people' (Hellsten 2014:208).

Institutional racism occurs when there are 'conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups' (Paradies, Harris & Anderson 2008:4). Racism towards Indigenous patients in health services has a history of being institutional and interpersonal (Durey & Thompson 2012). Lovett (2014) writes about the historical impacts of colonisation and discriminatory practices, such as treating Indigenous people outside on verandas, which continued until the 1970s. Other examples of institutional racism include funding inequalities, different performance criteria for medical services and different streams of money for health conditions (Henry, Houston & Mooney 2004). According to Sherwood (2013:37):

colonisation continues today both politically and through the health service provision, research and scholarship. This is because the context of causal agents that have impacted upon the health of Indigenous Australians be they children, mothers, father, and grandparents... have been maintained through problematic constructions

of Aboriginal people that were established when the concept of terra nullius was applied to this continent.

Models developed by Aboriginal and Torres Strait Islander people to assist those affected by the forced removal programs include family tracing and reunion services and the Marumali Journey of Healing, which seeks to restore connections to identity and social and emotional wellbeing through a grounding in traditional knowledge systems, thus restoring connections to spirit and spirituality (Peeters, Hamann & Kelly 2010).

One barrier identified as impacting on the continuation of knowledge transition and continuity is lateral violence. Lateral violence is summarised in the Social Justice Report 2011 as having its roots in colonisation and control of Aboriginal and Torres Strait Islander people through:

- creating a sense of powerlessness
- the diminishment of traditional roles, structures and knowledge
- attacking and undermining Aboriginal and Torres Strait Islander culture and humanity
- creating conflict about Aboriginal and Torres Strait Islander identity (Aboriginal & Torres Strait Islander Social Justice Commissioner 2011:8).

Gorringe, Ross and Fforde (2011:8) state:

[Lateral violence is] a range of damaging behaviours expressed by those of a minority oppressed group towards others of that group rather than towards the system of oppression. Although the behaviours result from experience of oppression, they are expressed

sideways (laterally) towards peers and, in particular, use accusations of inauthenticity as a mechanism of social exclusion. Lateral violence is prevalent among many Indigenous groups, although it is not exclusive to Indigenous people

The Aboriginal and Torres Strait Islander Social Justice Commissioner (2005:8) adds that 'While lateral violence has its roots in our history, it thrives today because of power imbalances, control by others, identity conflict, negative stereotypes and trauma'.

According to an Aboriginal woman quoted in a study by Y. Clark and Augoustinos (2015:26):

[Lateral violence is] just a normal sort of thing for Aboriginal people. We didn't have the term, didn't know anything about lateral violence... what is this and I thought 'that is so true' about our mob.

Another Aboriginal woman said:

If I had a wish list I would make lateral violence more of a household name cos [we are] naming it. It's like domestic violence that gets a name; it gets a name and people understand well hang on yeah these things are happening, its domestic violence, it's not on. (Clark & Augoustinos 2015:27)

A major theme identified in a study of the connection to Country in northern Australia was a concern for the loss of understanding and respect for traditional culture by

the younger generations. The study found that adults considered that returning to Country was a powerful way to educate young people and deepen respect for their traditional culture, as adults believe that youth are 'missing their culture' (Johnston et al. 2007:495). One interviewee expressed it in this way: 'It might be they [youth] lose their culture and they might lose their Country' (Johnston et al. 2007:495). Chandler and Lalonde's studies on suicide among First Nations youth in Canada revealed that, despite the national high rate of suicide, more than half of the communities they studied had no youth suicides over the past 15 years. The researchers noted that knowledge about youth suicide prevention is well established in these communities and that this needs to be preserved, shared, nurtured and incorporated by governments (Chandler & Lalonde 2004).

Oral history—the telling of a story through words, culture and identity—is a part of Aboriginal and Torres Strait Islander culture that comes with the recognition of the complex responsibilities involved with receiving oral knowledge. Oral records are records of Aboriginal and Torres Strait Islander knowledge. The knowledge holder dictates the use and access. Cultural practices involve the reinterpretation of knowledge in relation to each generation and the passing on of that knowledge to the next, thus affirming cultural practices and affirming knowledge through respecting the past (Vickery, Clarke & Adams 2004; Vickery et al. 2007). As knowledge is traditionally transmitted orally, older Aboriginal and Torres Strait Islander people play a fundamental role in situating a traditional sense of place within the world and instilling a sense of self and community through educating the young in their culture (Warburton & Chambers 2007). Three avenues identified for providing children

with cultural experiences and knowledge are family interactions, community collaborations and school influences such as NAIDOC (National Aboriginal and Islander Day Observance Committee) Week activities (Crowe et al. 2017).

A review of the IPA programs found that not only did they provide direct economic and financial benefits to the communities, but there were also considerable social and cultural outcomes, including their use as a means to facilitate the transfer of knowledge and engage young people in positive educational experiences centred on the equitable exchange of Western science and traditional knowledge (Gilligan 2006). McCalman and colleagues (2009:563) investigated the efforts of an Aboriginal men's group in Yarrabah, Queensland, to facilitate and support the empowerment of young people in their community and found that:

Yarrabah men developed locally appropriate strategies to strengthen social norms towards 'bringing back respect', which resonate closely with strategies for coping with stress described in the international literature for Aboriginal spiritual renewal, cultural belonging, promoting values and traditions, reconciliation and the generation of 'hope for healing'.

These promising findings suggest that knowledge sharing has resulted in indications of improved individual and organisational capacity, implying that existing resources of traditional knowledge within Aboriginal communities may have been overlooked or underdeveloped. Likewise, the support and transfer of childbearing knowledge facilitated by the kinship system among Aboriginal women in New South Wales has been identified as a mediating factor on the negative impact of perinatal health outcomes due to the closure of rural maternity units (Dietsch et al. 2011).

Traditional healing in Canada provides a vehicle for traditional knowledge to be maintained and developed. Although First Nations' knowledge systems still encounter obstacles, they are today being applied to help communities and individuals recover from intergenerational pain and suffering endured during colonisation and forced assimilation (Robbins & Dewar 2011). Other research from both North America and Australia found that not only do cultural practices involving traditional knowledge maintain that knowledge, they also provide restoration of skills and pride in culture, build community capacity and are a mechanism for building family and community relationships and intergenerational support, all of which have positive effects on health and wellbeing (Cidro et al. 2014; Chandler & Lalonde 2006; Ayunerak et al. 2014; Anderson & Kowal 2012; Anderson & Olson 2001; McDermott et al. 1998).



One pivotal aspect of culture and identity is language (Biddle & Sweet 2012; Dorais 1995; Setee 2008; Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012; Bougie & Senecal 2010; Marmion, Obata & Troy 2014). Two Australian writers highlight:

[There is a need] to provide creative resources for the survival of the languages in traditional and dynamic hybrid forms, not least because Aboriginal peoples' individual and collective resilience and, indeed, survival are uniquely dependent upon connectedness to and the regeneration of their languages... (Regan & Troy 2014:120–1)

If a culture loses or has restrictions placed on language use, it is a loss that the culture is unlikely to survive (Hallett, Chandler & Lalonde 2007; Walsh 2014; Dorais 1995; Posey 1999; Oster et al. 2014). Land, language and culture are related—the maintenance of each helping to protect the other—so sustaining languages is essential (Biddle & Sweet 2012). Language is both part of culture and can be the most central means of expressing culture—communicating it to others and transmitting it to the next generation (McConnell & Thieberger 2001; Posey 1999; Inuit Circumpolar Council 2012).

Of the 200 to 300 Aboriginal and Torres Strait Islander languages spoken prior to white settlement, by 1990 only 20 remained strong and

were being spoken by all age groups regularly. By 1996, 13 per cent of Aboriginal and Torres Strait Islander peoples spoke Indigenous languages. Both 'the number of Indigenous languages, and the percentage of people speaking [them]... continued to fall in the period 1986–1996, accelerating over [those] ten years' (McConvell & Thieberger 2001:viii). Post-colonisation, Aboriginal and Torres Strait Islander people have often had negative experiences when they speak their language—for example, there have been negative implications when dealing with the health and justice systems (Eades 1991, 2015; Lowell et al. 2015; Goldflam 1997).

Knowing an Aboriginal and/or Torres Strait Islander language is essential for the preservation of culture, for identity and to learn where you belong (Walsh 1993; Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012). An Aboriginal and Torres Strait Islander language is a great source of knowledge and tradition about the environment and culture for both Aboriginal and Torres Strait Islander peoples and non-Indigenous people (Biddle & Swee 2012; McConvell & Thieberger 2001). For the Nunavut and Nunavik Inuit, language plays a crucial role within contemporary Inuit culture whereby 'Inuktitut is highly valued by most of its speakers, both as the easiest way to express their feelings and inner thoughts, and as a symbol of who they really are' (Dorais 1995:295).

Impacts of language on health

The dismantling and suppression of Aboriginal and Torres Strait Islander languages throughout colonialism has broken links to and between generations. Since colonisation, Australia has been regarded as a monolingual society, with limited value placed on Aboriginal and Torres Strait Islander languages (Simpson, Caffery & McConvell

2009). Aboriginal and Torres Strait Islander people growing up on missions were prohibited from speaking their languages (Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012). Many Aboriginal and Torres Strait Islander people were actively discouraged from speaking their languages in public (Walsh 1993).

This has led to the loss of oral culture and intergenerational relationships (Walsh 1993; McConvell & Thieberger 2001; Simpson, Caffery & McConvell 2009). Canadian First Nations children placed in the Indian residential schools system were prohibited from speaking their own languages or expressing and practising cultural and spiritual beliefs. Residential school attendance was found to be a significant determinant of health, with poor health status being more commonly reported by those who attended a residential school when compared with those who did not attend (Kaspar 2014).

There is a positive relationship between the sustainability of Aboriginal and Torres Strait Islander land, language and culture on subjective emotional wellbeing (Biddle & Swee 2012; Marmion, Obata & Troy 2014; Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012). The loss of language has been linked to the loss of environmental knowledge—in particular, knowledge of local biodiversity and natural medicines (McConvell & Thieberger 2001; Posey 1999; Vass, Mitchell & Dhurrkay 2011; Biddle & Swee 2012).

Over several years, Chandler and colleagues studied the protective factor of language against the high risk of suicide in Canadian First Nations communities. They found that efforts to preserve and promote culture, including language, are associated with dramatic reductions in rates of youth suicide (Chandler & Lalonde 1998, 2006; Chandler et al. 2003a, 2003b; Chandler & Proulx

2006). For Canadian First Nations peoples, the ability to converse in their own languages produces a strong sense of self and thus reduces rates of suicide among youth. It has been found that, if half of the members of a community reported a conversational knowledge of their own language, the youth suicide rates effectively dropped to zero (Hallett, Chandler & Lalonde 2007). Writing in an Australian context, Regan and Troy (2014:121) state:

There is a critical correlation between the strength of the languages, the pride and wellbeing of the communities, and the mental and physical health of individuals. The benefits of teaching Aboriginal people, especially children and youth, the languages include better outcomes in English language education and employment, and reduced substance abuse and suicide...

However, there have been few formal evaluations or studies of Aboriginal and Torres Strait Islander suicide prevention programs, and those that have occurred are inconclusive (Dudgeon, Calma & Holland 2016).

A wealth of research demonstrates that learning and speaking in language is associated with many positive outcomes. These include:

- significantly higher traditional food consumption (Galloway, Johnson-Down & Egeland 2015; McConvell & Thieberger 2001; Posey 1999)
- improved physical health (Oster et al. 2014; Wham et al. 2015)
- improved educational performance (Bougie & Senecal 2010; Berger 2009; Simpson, Caffery & McConvell 2009; Fiddler 2015; Lowe, K. 2015)

- a reduction in mental health symptoms and increase in resilience (Bals et al. 2011; Nystad, Spein & Ingstad 2014; Hallett, Chandler & Lalonde 2007; Chandler & Proulx 2006; Pearce et al. 2015)
- a higher level of self-reported happiness (Biddle & Swee 2012)
- community interconnectedness (Bishop, Colquhoun & Johnson 2006)
- cultural continuity (Bougie & Senecal 2010; Marmion, Obata & Troy 2014; Nystad, Spein & Ingstad 2014; Oster et al. 2014; Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012).

Language revitalisation

Researchers studying the survival of Aboriginal and Torres Strait Islander languages (Walsh 2005, 2010) and the Inuit language (Dorais 1995) have concluded that the process of language revitalisation is political and will take a tremendous commitment on the part of the communities and those who might assist them if these languages are to survive. Following their survey of Aboriginal and Torres Strait Islander languages, Marmion, Obata and Troy (2014) concluded that active use and transmission of languages is key to strengthening and maintaining them.

Language revitalisation has been led by the younger generation in Canada with the creation of the Inuit Circumpolar Youth Council in 1994 to develop Inuit youth networks. Its goals were to instil pride in speaking the Inuit language, to motivate youth to learn or speak it more often, and to inspire youth to respect all dialects (Coley & Tulloch 2008). Elders in Canada have noted that 'involvement in ceremonies is an antecedent to learning one's language' (Fonda 2009:4). For language revitalisation, attendance and participation in ceremonies, particularly those involving songs,

have stimulated Aboriginal people to learn their language (Fonda 2009).

Respondents to the Second National Indigenous Languages Survey were unanimous about wanting Aboriginal and Torres Strait Islander languages to be strong well into the future, to have their languages taught in schools, and for their languages to have better recognition in Australia (Marmion, Obata & Troy 2014). ATSIHF concluded that language and its revitalisation are key to healing from intergenerational trauma due to colonial settlement. The ATSIHF Development Team (2009) recommended that language be incorporated into cultural renewal initiatives with the re-establishment of song, dance and ceremony.

Essential elements for the successful delivery of language activities are involvement of, and commitment by, community members; adequate funding; and access to language resources, including children's books (Marmion, Obata & Troy 2014; McLeod, Verdon & Bennetts Kneebone 2014; Simpson, Caffery & McConvell 2009). Australian and Canadian research has shown that radio and television network broadcasting in an Indigenous language has been crucial for raising awareness of Indigenous languages among the general public, strengthening language use and empowering communities (Minore & Hill 1990; McConvell & Thieberger 2001).

Indigenous language education

Education predominantly based on Euro-Canadian values, curricula and pedagogy, privileging English over Inuit languages, has been linked to poor academic achievement (Berger 2009). In Norway, guaranteeing education in, and giving official language status to, the languages of its Aboriginal people, the Sami, has had a major impact on Sami education (Corson 1996).

Articulating language subsistence, social and socioeconomic skills and practices as parts of an integrated whole by presenting language learning as lifelong, holistic and anchored in meaningful and safe contexts—including spaces, activities and relationships—is key to achieving and sustaining bilingualism and bi-literacy (Tulloch et al. 2009). Following their research on bilingual education for Aboriginal peoples in the Northern Territory, Simpson, Caffery and McConvell (2009) concluded that, in order to give authority to the reclaiming of official space for language in schooling, it will be necessary to adopt strong bilingual models of education, along with community-anchored leadership.

For Aboriginal and Torres Strait Islander children, a strong family and community focus on storytelling and book reading, and undertaking activities such as music, art and craft in Aboriginal and Torres Strait Islander languages, are major parts of the language-learning environment. The Longitudinal Study of Indigenous Children found that more children used an Aboriginal and Torres Strait Islander language during oral storytelling and swimming than in any other activity (McLeod, Verdon & Bennetts Kneebone 2014). Language education also has important sociocultural and practical implications. It can help reverse some of the adverse effects of colonisation by assisting the minority language to gain prestige. It can also be a vehicle for transmitting history and cultural heritage to both Aboriginal and Torres Strait Islander communities and non-Indigenous people, thus promoting cross-cultural communication and understanding (Dundon n.d.; Minore & Hill 1990; Simpson, Caffery & McConvell 2009; Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012; O'Bryan & Rose 2015; Perso 2012).



Aboriginal and Torres Strait Islander identity is more than simply biology—it is predicated on descent and Country or island of origin. It is about knowing and being part of a community and perception of oneself as Aboriginal and/or Torres Strait Islander. Despite the processes of colonisation, dispossession and dispersal, there is still a strong sense of community. Aboriginal and Torres Strait Islander societies are constructed around communities that have within them strong kinship and family ties. As Nyungar man and academic Ted Wilkes (in Dudgeon et al. 2002:248) said:

The Aboriginal community can be interpreted as geographical, social and political. It places Aboriginal people as part of, but different from, the rest of Australian society. Aboriginal people identify themselves with the idea of being part of ‘community’; it gives us a sense of unity and strength. Sometimes issues based groups are perceived as a community—but that is not the case, it is a re-configuration of some parts of the existing community. I think of all of us together, as a political and cultural group. It includes everyone, no matter what ‘faction’ or local group they are affiliated with, or which

part of our diversity they live in. It is [also] a national concept.

Family and kinship

The Aboriginal and Torres Strait Islander concept of kinship is more than the Western concept of being born or marrying into family. Christine Fejo-King’s father was a Larrakia man and her mother a Warumungu woman. She explains the concept of kinship in the publication that followed her research on her peoples. She describes kinship as ‘a network of social relationships and a form of governance’ (Fejo-King 2013:69), then elucidates further:

Kinship and family law is taught at a young age and reinforced throughout childhood. Family extends beyond a westernised perspective, with terms like mother, father, auntie and uncle carrying different meanings. The sisters of my mother and all the women of her generation, with some kinship or ceremony tie, whether blood related to her or not, would all share the same skin name. The same applies for my father and his brothers and all the men born in his generation... share the same skin name. They are all my mothers and fathers and we would have the same obligations of care and reciprocity existing between us as though they were my literal biological parents... Everyone is treated the same within these skin groupings whether they are

biologically related or not, as kinship and ceremonial ties are binding. This would apply even if I had never met the individual concerned. (Fejo-King 2013:76)

The extended kin network has the same connections, responsibilities and rights as the Western nuclear family. Thus a man’s children are those of his patrilineal line and a woman’s children are those of her matrilineal line (Morphy 2004; Dietsch et al. 2011). The kinship system provides a support network with defined roles within the extended family that link people through duty and care. Kin terms situate a person’s identity and create both biological and social networks (Warburton & Chambers 2007; Bishop, Colquhoun & Johnson 2006). Kinship has had positive effects on the retention and transfer of cultural knowledge and overall health and wellbeing of Aboriginal and Torres Strait Islander peoples, particularly children (Dietsch et al. 2011).

Family is defined in Aboriginal and Torres Strait Islander terms as a fluid and complex composition based on overlapping kinship systems and networks and with adults and children moving between households (Lohoar, Butera & Kenned 2014). Connections to family and friends, and volunteering in local support centres, are not only considered important for social capital, health and wellbeing, but are also part of family responsibility (Browne-Yung et al. 2013). These family and kinship networks have been identified as essential for the transmission of knowledge about chronic disease and health behaviours to young people by older family members and Elders (Aspin et al. 2012; Oosten & Laugrand 2002). The need for these networks also manifests in the advocacy and support provided to people with chronic diseases and Elders in the

healthcare system (Aspin et al. 2012; Smith, K., Grundy & Nelson 2010; Waterworth et al. 2015; Waugh & Mackenzie 2011).

Similarly, for Māori people, extended family or Whānau knowledge is considered crucial to supporting the healing of ill family members (Hopkirk & Wilson 2014). Extended family networks and interconnectedness among community members and the environment appears to strengthen Norwegian Sami adolescents' ethnic identity and pride. This strengthening of identity and pride in turn acts as a potential resilience mechanism (Nystad, Spein & Ingstad 2014; Bals et al. 2011).

Research on factors that help build social conditions to ensure Aboriginal and Torres Strait Islander children are raised in a safe and happy environment emphasise the importance of a socially inclusive approach to raising children where their wellbeing and safety is a shared responsibility. Elderly family members providing support, and contributions to family functioning is crucial (Lohar, Butera & Kenned 2014; Priest et al. 2016; Waugh & Mackenzie 2011). Childcare and childrearing involving extended family and kin are also a significant part of life for Native Americans. Local health knowledge and traditions (provided by grandmothers and Elders) in the raising of children have been identified as essential for building family and community relationships and for children's overall health (Cidro et al. 2014).

Research on Aboriginal and Torres Strait Islander and Māori peoples has found that, where there is a strong cultural obligation to family, including providing for a large network of people (as a result of the kinship system), there can be a negative impact on health and healthy behaviours. These include the psychological and physical

demands placed on individual resources (Waterworth et al. 2015; Johnston et al. 2007), pressure or influence on initiating poor health behaviours (Johnston & Thomas 2008; Warbrick, Wilson & Boulton 2016) and disruption of stability in family life with changes in the family membership or household (Ritchie et al. 2014; Zubrick et al. 2010).

Findings from research conducted by Watkin Lui and colleagues with Torres Strait Islander people living in the Australian mainland cities of Brisbane, Cairns and Townsville found that 'Around 90% of respondents indicated that family security was very important to them, with 36% indicating that it was the most important value in their life' (Watkin Lui, Stoeckl et al. 2016:351). Watkin Lui's earlier (2012:146) work in the Torres Strait led her to conclude that 'Family and kinship connections were the biggest influences shaping the narratives of place and home, responsible for fostering a sense of belonging to a collective, even if the person had never been to the Torres Strait'. In a conversation with Watkin Lui, a Torres Strait Islander male in his early thirties who lived on the Australian mainland expressed this sense of belonging:

It's just funny how most of the people I've met who are from the Torres Strait Islands, most of the young fellas or the women who have come down from the Islands to study, I identify with them straight away. I know a lot of people from the Islands. I've got cousins up there [referring to the Torres Strait] so we yarn and say do you know such and such... (Watkin Lui 2012:146)

Aboriginal and Torres Strait Islander concepts of life balance are deeply connected to family and society, Country and way of life. As health is spiritual, emotional, psychological, physical and connected to the land and ancestors, it cannot be isolated from the social, economic and historical state of colonisation, disconnection from land and kin, and continuing marginalisation (Baba, Brolan & Hill 2014; McDermott et al. 1998; Thompson, Chenhall & Brimblecombe 2013; Saunders 2014; Pulver et al. 2010; Zubrick et al. 2010). The impact of colonisation on the health and wellbeing of Canada's First Nations peoples also affects many aspects of their lives—a major loss being breakdown of the family unit through residential schooling and assimilation policies (MacDonald, C. & Steenbeek 2015; Bougie & Senecal 2010; Dyck et al. 2015; Kaspar 2014; Richmond & Ross 2009).

Community

Rowley and colleagues reviewed hospital and primary healthcare records and death certificates from 1995 to the end of 2004 for 296 Aboriginal people in the Northern Territory aged 15 years and over. The review revealed better than expected health for all-cause and cardiovascular diseases since rates were 40–50 per cent lower than average for Aboriginal adults in the Northern Territory (Rowley et al. 2008). A follow-up analysis of anthropological records by Anderson and Kowal (2012) showed that, for that community, the cultural and social structures were maintained from before colonial occupation in the 1930s. This was facilitated by late colonial occupation, intercultural practices of the local pastoral industry and the absence of a mission or government settlement. Maintenance of the Aboriginal social and cultural structures strengthened

the psychosocial determinants of health, such as connectedness to culture and land.

Social support, in the form of positive interactions in a social setting, emotional support and guidance, tangible support, and community affection and intimacy are strong determinants of health identified for Canadian First Nations peoples (Richmond & Ross 2009; Richmond, Ross & Egeland 2007) and for Australian Aboriginal women (Holmes 2016). Community support for mother and child and social influences are also essential for child health and wellbeing, physical health, building social relationships, improving resilience and education readiness (Amnesty International 2016; Armstrong et al. 2012; Bishop, Colquhoun & Johnson 2006; Cidro et al. 2014; Commission for Aboriginal Children and Young People 2013; Goudreau et al. 2008; Yi et al. 2015).

Aboriginal and Torres Strait Islander Elders have crucial roles in their communities, including in kinship relationships, support for the young and transmission of cultural knowledge. There is also the key concept of respect for older people as 'survivors'. This essential role is highlighted by the time and effort that Elders invest in their communities. Contemporary contributions include sitting on political and cultural rights boards and visiting prisons, hospitals and schools (Warburton & Chambers 2007; Waugh & Mackenzie 2011). As custodians of traditional knowledge, history, culture and language, Elders have a vital role in the transfer of knowledge to the younger generation. This knowledge provides protective factors for the health and wellbeing of the next generation (Larkins 2010). Research conducted by Watkin Lui and colleagues with Torres Strait Islander people living in the Australian mainland cities of Brisbane, Cairns and Townsville found that almost 80

per cent of respondents indicated that honouring Elders was very important, and 22 per cent reported that it was the most important value in their lives (Watkin Lui, Stoeckl et al. 2016:351).

Research on Indigenous youths from Australia, Canada, Norway and the United States has concluded that community-based and community-driven programs for restoring, promoting and maintaining health are also key to the prevention of youth anxiety and suicide (Yi et al. 2015; Adermann & Campbell 2007; Ayunerak et al. 2014; Bals et al. 2011; Nystad, Spein & Ingstad 2014; Chandler & Proulx 2006; Haswell et al. 2013; Kral 2010; MacDonald, J. P. et al. 2015; McCalman et al. 2009; Thorpe, Anders & Rowley 2014).

Sport

For Aboriginal players in Aboriginal sporting organisations, community connection, cultural values and identity have been identified as significant. Social and community connection is an important mechanism for maintaining and strengthening cultural values and identity. Aboriginal sports teams play an important role in promoting social, emotional and physical wellbeing in young Aboriginal men and also have the potential to have a profound impact on the health and wellbeing of Aboriginal communities (Thorpe, Anders & Rowley 2014).

In 2008 McCoy wrote about Australian Rules football in particular and its popularity among Kimberley men for, at that time, more than 20 years. He wrote that 'It provides an energetic social and geographical space for exercise, discussion and male group activity. It is not surprising to see large groups of men travelling to football carnivals' (McCoy 2008:145). McCoy (2008:150) observed that:

Sporting carnivals also provide opportunities for important cultural values to be expressed and publicly maintained. In recent years I have witnessed how families have used these public gatherings to pay respect to those who have recently died and, in some ways, extend the ritual of sorry business.

McCoy (2008:149) cites a comment from a participant, which is directly related to the importance of football for social and emotional wellbeing:

The only time I see [that the men are happy is] when they play [sport] together. [They] come together and talk... about other issues and mixing and sharing... If we come together and talk a lot about the problems or things like that, we'll be happy. Our health will be happy. We know that everyone is happy....

Sports programs are a part of federal initiatives aimed at increasing school attendance and retention among Aboriginal children (Purdie & Buckley 2010). Their effects include improvements in:

- school retention
- attitudes towards learning
- social and cognitive skills
- physical and mental health and wellbeing
- social inclusion and cohesion
- validation of, and connection to, culture
- a reduction in crime (Ware & Meredith 2013; Yi et al. 2015).

Social determinants of health

'Social determinants' is the term used to 'describe the non-medical and behavioural influences on health' (Anderson, Baum & Bentley 2004:ix). Disadvantages in the social determinants of health include having 'few family assets, having a poorer education during adolescence... having insecure employment and living in poor housing' (WHO 2003:10). Disadvantage can also include 'social exclusion which results from racism, discrimination, stigmatization [and] hostility' (WHO 2003:16). For Aboriginal and Torres Strait Islander populations, culture is seen as the dominant social determinant of their health. Devitt, Hall and Tsey (2001:3) explored the social determinants of health in Northern Territory Indigenous populations and noted that 'Cultural change powerfully effects the structure of social relationships; in particular, it redefines the things that mark or indicate social standing'.

Using data from health and social surveys of the Aboriginal and Torres Strait Islander population between 2002 to 2012–13, Crawford and Biddle (2017) examined the association between social determinants and health and wellbeing outcomes. They found that employment status and housing were significantly associated with a range of health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. Crawford and Biddle (2017) concluded that a more detailed analysis of improvements in health and wellbeing outcomes outside urban areas—despite declining opportunities for employment—is required to ascertain whether there are any differences in health outcomes between Aboriginal and Torres Strait Islander people living in urban areas and those living in non-urban areas.



Culture is central to identity since it 'defines who we are, how we think, how we communicate, what we value and what is important to us' (Larkins 2010:11). Aboriginal and Torres Strait Islander cultures developed over an estimated 65,000 years prior to European settlement (Clarkson et al. 2017). During this time, customs and practices evolved into a sophisticated relationship of sustainability with the Australian environment. Aboriginal and Torres Strait Islander cultures are complex and diverse. There is no single culture or people (Dockery 2009; Vickery et al. 2007). Overall, Aboriginal and Torres Strait Islander cultures can be understood as connection to Country and community; respect for Elders, kinship and family connections; gender and age roles; identity; language, art and ceremony; and spirituality and storytelling (Priest et al. 2016; Vickery et al. 2007; Crowe et al. 2017; The Lowitja Institute 2014).

Colonisation, dispossession, the forcible removal of children and the devaluation of Aboriginal and Torres Strait Islander cultures have had profound effects on health and social and emotional wellbeing for individuals, families and communities (Dockery 2009; HREOC 1997; The Lowitja Institute 2014; Dockery 2011; Steering Committee for the Review of Government Service Provision 2014). However, the history of resistance and resilience are as much part of contemporary Aboriginal and Torres Strait Islander culture and identity as

are those experiences of devastation (Dudgeon et al. 2010).

Cultural education comes through passing down languages, dance, family and cultural history, music and knowledge relating to sites, food sources and bush skills. The Dreaming and Dreamtime stories with oral traditions and histories are integral for continuing cultural practices and recovery for those who have been misplaced (Vickery et al. 2007; Anderson & Kowal 2012).

Cultural healing or 'cultural intervention', reclaiming history and therapeutic interventions are the pillars of healing developed by First Nations peoples in Canada and subsequently by Aboriginal and Torres Strait Islander peoples (ATSIHF Development Team 2009; Aboriginal & Torres Strait Islander Social Justice Commissioner 2005; Peeters, Hamann & Kelly 2010). Aboriginal and Torres Strait Islander cultures and spirituality are great sources of strength and resilience for children (Priest et al. 2016; Amnesty International 2016) and the foundation for strong positive identities as adults. Cultural healing is, therefore, crucial to health and wellbeing (Larkins 2010; Priest et al. 2012; Saunders 2014). Due to the holistic nature of wellbeing, culture, empowerment and community are essential components for education, work, health and wellbeing (Cairney et al. 2017).

A study of Aboriginal parents found that great importance was placed on education and on children maintaining and learning about aspects of their culture for identity development, and on the positive experience of culture and the significance of support from the community to which they belong. These are all seen as preconditions for the achievement of success through education (Colquhoun & Dockery 2012). Cultural connection has been identified as a key factor for the health and wellbeing of

Aboriginal and Torres Strait Islander children, particularly where a child has been removed from his or her family or Country (Larkins 2010; ATSIHF Development Team 2009). Participation in cultural activities and community-led programs involving cultural learning and mentorship have been identified as key strategies to keep Aboriginal and Torres Strait Islander youth out of detention and the justice system (Amnesty International 2016).

Connection to self and culture can be developed and maintained through a range of activities and embedded throughout all avenues of life, including connecting with the land, learning from Elders through collecting and eating bush tucker, fishing and hunting (Crowe et al. 2017), and participation in Aboriginal sporting organisations (Thorpe, Anders & Rowley 2014). McCoy (2008:163) found that:

Football provides a contemporary space in which some Aboriginal men maintain and develop ancient hunting techniques. These experiences provide a source of energy for men as they result in personal and group satisfaction.

An example of the way that culture has been passed on to members of the Stolen Generations and their children was reported to Kevin Gilbert. A female Elder told him that, despite her mother being stolen at the age of six, she had learned ‘enough of her culture to impart it to me, and even the language’ (Gilbert 1977:11)—she went on to give a moving explanation of how this had happened:

It’s incredible what my mother learnt about herself when the tribal people weren’t even

supposed to come near her. My mother was in the compound, huge wire fence, concentration camp fence and the tribal people, old tribal women would come up to the fence and call the little children over. When the children came over they would hold their little hands through the wire and tell them who they were, who their mothers were, where they’d come from, what their skin was, what their totem and dreaming was.

Following their interviews with children in three urban Aboriginal communities, Crowe and colleagues (2017) concluded that positive emotional health was associated with connection and engagement with culture, sharing knowledge and seeking new understanding for Aboriginal children.

Participation in cultural activities by Aboriginal and Torres Strait Islander peoples has been identified as protective against mental health problems (Bals et al. 2011; Chandler & Lalonde 1998; Chandler & Proulx 2006; Colquhoun & Dockery 2012; Currie et al. 2013; Hinton et al. 2015; Kilcullen, Swinbourne & Cadet-James 2018; Kirmayer, Simpson & Cargo 2003; Larkins 2010; MacDonald, J. P. et al. 2015). However, an analysis of consultation–liaison psychiatry services found that culture is often only indirectly and infrequently documented in clinicians’ assessments of Aboriginal and Torres Strait Islander peoples (Wand, Eades & Corr 2010; Balaratnasingam & Aleksandar 2017; Janca et al. 2015).

Several researchers have recommended that, since culture is a fundamental aspect of the social and emotional health and

wellbeing of Aboriginal and Torres Strait Islander peoples, it should be routinely included as part of holistic care in psychiatric assessments (Wand, Eades & Corr 2010; Balaratnasingam & Aleksandar 2017; Hinton et al. 2015; Isaacs, Maybery & Gruis 2012; Janca et al. 2015; Kilcullen, Swinbourne & Cadet-James 2018; Le Grande et al. 2017; Mares & Robinson 2012). In addition, acknowledging Aboriginal and Torres Strait Islander spirituality is a significant factor for wellbeing (McLennan & Khavarpour 2004; Kilcullen, Swinbourne & Cadet-James 2018).

In Canada, specific measures have been developed to assess child health and wellbeing. The Aboriginal Children’s Health and Wellbeing Measure was developed intentionally for children so that Aboriginal health directors could gather local data to guide the planning and evaluation of health services, since it was determined that mainstream measures were not appropriate for use in their communities (Young et al. 2017). For this Canadian measure, cultural relevance was of critical importance in the development process, also taking into consideration cultural diversity between communities and involvement of children early in the research practice.

Identity

Cultural identity may be described as connection to community, respect for Elders, kinship and family connections, gender and age roles, identity, language, art, and ceremony and connection to Country. Culture is critically important—it is the central core of Aboriginal child health and wellbeing. Following their interviews with 25 caregivers of Aboriginal children living in Melbourne, Priest and colleagues (2012:183) concluded that culture provided ‘a basis for both “Strong Child” and a “Strong Environment”’—they added that it ‘was seen as the ultimate

source of answers and meaning in life and as a supply of strength for Aboriginal children as they grow'. In an interview with Watkin Lui (2012:149), a first-generation mainland Torres Strait Islander in his early sixties explained the importance of the relationship between culture and identity:

When you practise culture then you understand who you are and where you come from and what you believe in. That's why we need to keep it alive and get our children to carry on and keep it alive.

Cultural practices

Using data gathered during the 2007–2008 Inuit Health Survey, Galloway, Johnson–Down and Egeland (2015) investigated the socioeconomic and cultural correlates of diet quality. Their logistic regression revealed that age and cultural variables were significant predictors of higher diet quality. Increased age and use of the Inuit language in the home were significant predictors of traditional food consumption. There were also significant regional differences in total energy intake, as well as percentages of energy intake from saturated fats and high-sugar beverages. Galloway, Johnson–Down and Egeland (2015) also found that traditional food consumption was positively associated with greater energy from protein and negatively associated with total energy.

Kerpan, Humbert and Henry (2015) found a common theme of 'Traditions and Sharing' in their ethnographic study examining diets for urban Aboriginal youth in North America. They reported that food-sharing networks were often used to acquire traditional food, which was believed to be healthy and was desired by the study participants.

The role that culture plays in diet was shown when participants, who took joy in eating traditional food, associated this with family and culture. The role of culture was also demonstrated by the influence of families on a participant's habits and beliefs about traditional foods, since those whose families regularly cooked traditional foods enjoyed them, ate them more often and assisted in their preparation (Kerpan, Humbert & Henry 2015).

Poroch and colleagues (2009) found that ceremony, art and song resulted in resilience in the face of racism and generational trauma as a result of colonisation, and resistance to the colonising of Aboriginal and Torres Strait Islander spirituality. In urban settings, this has been carried on through Welcome to Country ceremonies, Dreaming stories, smoking ceremonies, artefact making and face painting. It also manifests in young Aboriginal people being artists and painters, performing stories through hip-hop and rap, and playing the didgeridoo in both Aboriginal and non-Aboriginal settings.

Aboriginal women in northern Ontario have been using a hand-drumming circle as a means of social support and cultural revival. This has led to several positive outcomes, including 'a sense of holistic healing, empowerment, renewal, strength and Mino-Bimaadiziwin "good life"' (Goudreau et al. 2008:72).

For the Yup'ik of Alaska, traditional cultural practices such as the 'Qasgiq' (Men's House), where boys were taught survival and hunting skills and where people could go for advice and seek healing, were actively shut down by missionaries in many communities. This brought about rapid social change and dramatically altered the system and structure of communities. Today, however, revitalisation of key Yup'ik activity settings and social networks within communities is offering

new possibilities for the survival, growth and wellbeing of Yup'ik youth (Ayunerak et al. 2014).

Arts and music

Aboriginal and Torres Strait Islander peoples' participation in cultural activities, including arts and crafts, music, dance or theatre, and writing or telling stories, are important elements of traditions and community sustainability, as well as spiritual and social wellbeing (ATSIHF Development Team 2009; ABS 2010; Ware 2014). Stories, art and dance tell of the creation of Country, the Dreamtime and the people. They provide communication between ancestors and the natural world and are important means of passing on knowledge (Vickery, Clarke & Adams 2004; Martin & Mirrabooopa 2013; Prout 2012). Singing in language is part of spirituality and connection to Country and ancestors, since 'it awakens the ancestors and brings the Country to life' (Dwyer 2012:12). Arts, craft, music and dance provide a strong connection to culture, where participation in these activities is a measure of cultural activities (Larkins 2010).

Art and art therapy are important for improving mental health and enhancing the emotional and social wellbeing of Aboriginal and Torres Strait Islander people. They have been identified as ways for cultural healing (Allain 2011; Arnott et al. 2010; ATSIHF Development Team 2009; Ware 2014; Jersky et al. 2016). Engagement in music and arts is linked to mental health and social and emotional wellbeing because thoughts and feelings can be expressed in less public ways. It can also lead to employment and access to economic and social resources (Guerin et al. 2011). Times of hardship can spur an increase in arts and music. An effect of prolonged drought on the health and wellbeing of Aboriginal people living in communities in

rural New South Wales was that it prompted increased love of, and concern for, land. There was also a renewed enthusiasm for expressing connectedness to land through all forms of art, including painting, printing, photography, film, theatre, music and dance (Rigby, Rosen et al. 2011).

Participation in music, particularly in Aboriginal and Torres Strait Islander music groups, has many health-promoting benefits, including empowerment and renewal. Additional benefits include a sense of holistic healing and a building of strengths that already exist in the community (Goudreau et al. 2008). Language, song and dance, particularly as part of ceremonies, not only promote cultural learning, the transmission of cultural knowledge and spiritual awareness, but are also important for the healing process (ATSIHF Development Team 2009; Arnott et al. 2010; Dwyer 2012). A Canadian study found that traditional songs, particularly those in ceremonies, stimulated revitalisation of language—those attending ceremonies had been stimulated to learn their language in order to understand the songs (Fonda 2009).

Aboriginal art centres in Australia have social and cultural benefits, as well as positive effects on the economic, physical, psychological, spiritual and emotional development of people and their whole community (Allain 2011; Ware 2014). They provide a safe place to learn new skills, explore and deal with personal and community trauma and dysfunction, build social networks, counter boredom, and reduce crime and antisocial behaviour. They also increase civic engagement, social inclusion and engagement in cultural maintenance and transmission (Ware 2014; Barraket 2005; Allain 2011; Cooper, Bahn & Giles 2012; Jersky et al. 2016). Similarly, Aboriginal arts

organisations in Canada have been found to nurture and support traditional artistic freedom and growth. The freedom of self-governance provides expressions of cultural sovereignty that enrich the cultural life of broader society (Foster 2013). Arts also provide a cultural opportunity for those who are unable to participate in, or are unprepared for, outside employment, to earn income and be an active and contributing member of their community (Biddle & Swee 2012; Campbell 2016). Despite the growth in the Aboriginal art market, the socioeconomic circumstances of some Aboriginal communities where arts flourish require investigation (Altman 2005).

Although participation in cultural activities is higher among Aboriginal and Torres Strait Islander people living outside of cities and towns, there is still a large group of people in urban areas producing art, writing or telling stories, and performing music, dance or theatre (ABS 2010; Biddle & Swee 2012). One strategy for embedding Aboriginal and Torres Strait Islander perspectives in schools is to include art forms, song, dance, music and visual arts as a means of traditional knowledge transfer to children (Department of Education and Training 2011).

Cultural festivals, often with a ceremonial, dance, music and song focus, provide a strong method of cultural transmission and connectivity for Aboriginal and Torres Strait Islander people. They also foster intercultural exchange and broader community cohesion for non-Indigenous people (Ware 2014; Phipps & Slater 2010).



Self-determination and involvement in decision making and control over an area or program are both historical and current topics that are politically charged. They are also essential for the health of Aboriginal and Torres Strait Islander peoples. The loss of self-determination through dispossession and colonisation has resulted in the destruction of traditional governance structures and the breakdown of traditional and healthy patterns of individual, family and community life. These need to be addressed in order to improve health (Mowbray 2007).

Mowbray's international review of the social determinants of Indigenous health cites Article 3 of the (then draft) United Nations Declaration on the Rights of Indigenous Peoples: 'Indigenous people have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development' (Mowbray 2007:32). A requirement for reversing colonisation is self-determination to help people restore control over their lives and destinies. In order to achieve 'Political empowerment, legal and institutional reform':

[It is necessary to s]top the violation of the human rights of Indigenous people; recognize the collective rights of Indigenous peoples (e.g. political representation; treaties, rights to self-determination;

participation in institutional processes, land rights); reconciliation and negotiated settlements; Ameliorate the harms caused by omission and commission by the criminal justice and legal system... (Mowbray 2007:27)

Cultural safety

Policies and practices described as culturally safe include those that bring cultural considerations that have been shown to benefit communities into policy development, strategic planning and training (Hunt & Campbell 2016). There are Aboriginal and Torres Strait Islander and some community-based medical services that enshrine cultural safety as a central operational value (ATSIHF Development Team 2009; Alford 2014; Baba, Brolan & Hill 2014; Mares & Robinson 2012; Panaretto et al. 2014; Pulver et al. 2010; Smith, K., Grundy & Nelson 2010). Cultural safety means embedding cultural competence in training and policies (Bainbridge et al. 2015; Parker, McKinnon & Kruske 2014), education (Perso 2012; Rigby, Lyons et al. 2011; Clark, L. et al. 2011) and research (Hurst & Nader 2006; Martin & Mirraboopa 2013; Lowe, J., Riggs & Henson 2011). Culturally unsafe practices are those that adversely affect cultural identity, health (Blackman 2011; McMurray & Param 2008; Williams 1999), government policy and service delivery.

Culture is a vital part of the lives of Aboriginal and Torres Strait Islander peoples. Therefore, healthcare practitioners must incorporate it into their holistic care. If not, health problems can be compounded, since patients may become reluctant to visit health facilities (Anderson & Olson 2001; Baba, Brolan & Hill

2014; Dew et al. 2015; Holmes 2016; Isaacs, Maybery & Gruis 2012). The wellbeing of Aboriginal and Torres Strait Islander people has been fundamentally affected by colonisation, historical trauma, grief, loss, and ongoing social marginalisation (Mathews 1997). This can result in symptoms not identified by 'standard' wellbeing assessment instruments (Le Grande et al. 2017; Wand, Eades & Corr 2010; Mares & Robinson 2012).

Thomas and colleagues (2010) found differences in symptomatology among young Aboriginal people in diverse communities across the Northern Territory. Feelings of sadness and low mood were linked with anxiety, and the expression of anger was verified as a unique symptom of depression. The pervasive influence of racism and discrimination in healthcare may have negative results for Aboriginal and Torres Strait Islander peoples, including reduced healthcare-seeking behaviour, unhealthy lifestyles and mental health issues (Baba, Brolan & Hill 2014; Brascoupe & Waters 2009; Dew et al. 2015; Dudgeon et al. 2014; Holmes 2016; MacDonald, C. & Steenbeek 2015).

Culturally appropriate healthcare involves respect for Aboriginal and Torres Strait Islander peoples and their cultures. It also involves respect for their rights to uphold and strengthen cultural values, beliefs, traditions and customs, and empowerment to develop their institutional structures (Brascoupe & Waters 2009) and partnerships through change at the societal, professional and individual levels (McMurray & Param 2008).

The need for cultural safety in healthcare is required not only for patients but also for healthcare workers. This is because a culturally safe and culturally aware workplace is necessary for the recruitment and retention of Aboriginal and Torres

Strait Islander healthcare workers, nurses and doctors (Aboriginal Nurses Association of Canada 2009; Anderson & Olson 2001; Blackman 2011; Knibb-Lamouche 2012; Medical Deans Australia and New Zealand 2016). Recommendations to reform healthcare include:

- improving cultural knowledge and embedding an attitude of cultural sensitivity in the healthcare workforce (Chong et al. 2011; Blackman 2011; Hopkirk & Wilson 2014; Janca et al. 2015; Knibb-Lamouche 2012; Le Grande et al. 2017; McLennan & Khavarpour 2004; McMurray & Param 2008)
- improving access to healthcare (Chong et al. 2011; Felton-Busch 2009; Hinton et al. 2015; Kildea et al. 2017)
- developing relationships with communities (Chong et al. 2011; Brascoupe & Waters 2009; Hinton et al. 2015; Isaacs, Maybery & Gruis 2012; Lowell et al. 2015)
- recognising and integrating Aboriginal and Torres Strait Islander peoples' knowledge in healthcare programs and services (Aspin et al. 2012; Day, Silva & Monroe 2014; Dew et al. 2015; Diabetes Western Australia 2014; Holmes 2016; Hopkirk & Wilson 2014; Kildea et al. 2017; Lowell et al. 2015)
- encouraging empowerment and self-determination over healthcare (Brascoupe & Waters 2009; Currie et al. 2013; Dawes et al. 2017; Hinton et al. 2015; Kirmayer, Simpson & Cargo 2003; Mares & Robinson 2012; McMurray & Param 2008)
- a commitment to supporting the workforce, including Indigenous health workers and liaison officers (Aboriginal Nurses Association of Canada 2009; Anderson & Olson 2001;

Blackman 2011; Isaacs, Maybery & Gruis 2012; Knibb-Lamouche 2012; McMurray & Param 2008).

Aboriginal Medical Services are acknowledged as being a crucial part of tackling the negative impacts on health because they provide comprehensive, culturally appropriate, community-empowering care (Baba, Brolan & Hill 2014). Panaretto and colleagues (2014:649) highlighted the vital need for Aboriginal Community Controlled Health Services specifically and maintain that, 'To achieve the best returns, the current mainstream Closing the Gap investment should be shifted' to that sector.

Self-determination and wellbeing

Self-determination discourse needs to be led by Aboriginal and Torres Strait Islander people to ensure successful decolonisation in health. Communities view control over their health as highly important (Vickery et al. 2007). The Wharerata Declaration—a framework to develop Indigenous mental health leaders in Canada, the United States, Australia, Samoa and New Zealand (Sones et al. 2010)—led to the development of the Gayaa Dhuwi (Proud Spirit) Declaration (Dudgeon et al. 2016). Based on the key principle of self-determination, Aboriginal and Torres Strait Islander leadership in mental health is paving the way for improving the health and wellbeing of First Peoples (Dudgeon & Bray 2018; Dudgeon, Garvey & Pickett 2000; Dudgeon, Milroy & Walker 2014). Chandler and Lalonde's (1998) studies in Native American communities found that, regardless of economics, those with the most self-determination and control over the social and cultural institutions in their communities had the lowest suicide rates.

Leadership

Leadership and community control are essential components of self-determination. They are necessary for the creation and definition of successful outcomes. Several commentators have identified Aboriginal and Torres Strait Islander leadership as critical for positive change and successful outcomes in health, education, governance and community programs (Hunt 2016; Perso 2012; Phillips & Bamblett 2009; Putnis, Josif & Woodward 2007; Vickery et al. 2007; Zubrick et al. 2010).

Sustaining success in a community or program means retaining the right people in leadership positions—that is, those people who put the community's interests to the fore. Even with native title and land rights, it is the development of community leadership and control that delivers successful and sustainable long-term outcomes (Hunt & Campbell 2016). Community control and leadership are required in order to tackle the health problems of Aboriginal and Torres Strait Islander peoples (Parker & Milroy 2014; Purdie & Buckley 2010; Queensland Mental Health Commission 2016; Thompson, Chenhall & Brimblecombe 2013) and related problems such as domestic violence (Dudgeon et al. 2012; Mowbray 2007; Prentice et al. 2014).

Communities with local leadership that organise change with consideration for their own cultural needs have significant positive impacts (DPM & C 2016; Lowe, K. 2015; Woinarski & Lewis 2017). Leadership not only includes Elders in a community but also requires that youth leaders, as drivers of social change, be developed and supported (Diabetes Western Australia 2014; Garnett & Sithole 2007; Phipps & Slater 2010; Ritchie et al. 2014; Ware & Meredith 2013).

In their research on reducing tobacco exposure in the Gitxsan Territory in rural British Columbia, Varcoe and colleagues (2010:155) found that leadership was understood as a key role for Elders:

Elders are people knowledgeable about culture and tradition... Elders are not always persons over a certain age, and not all older persons are considered Elders. Rather, Elders are those who have and show concern for others and the community and show leadership.

The leadership role is apparent in this comment from a young mother who participated in the research:

I think once our Elders step in and show what needs to be done... even though our Elders don't smoke, but if they were to enforce no smoking here... It would step up and show that our Elders are serious... (Varcoe et al. 2010: 156)

Findings from a VicHealth (2005:28) investigation led the authors to conclude that leadership is 'Critical to the long-term survival and growth of Koori [Aboriginal people from New South Wales and Victoria] communities'. The VicHealth (2005:53) study authors added:

participation in leadership projects improved self-esteem and confidence, facilitated supportive relationships and developed skills required for future growth. The opportunity to gain both

leadership skills and a greater understanding of the Koori community's key issues assisted participants in making informed choices about meaningful community development strategies.

O'Brien and colleagues specifically investigated leadership in sport for young people—an area where leadership is essential for the promotion of emotional and spiritual wellbeing of communities. They interviewed five men and one woman who ranged in age from 18 to 26 years. Almost all 'suggested that being a good role model was perhaps the most important quality of a good leader' (O'Brien et al. 2009:212). This is evident in quotes from two participants:

Just a good example of what to do, and what not to do, and what's right and what's wrong pretty much. Setting a good example, just always do what you say you're going to do, and to always be the first person to do it when you say you're going to do something.

Good background, you know like, hasn't done bad stuff in the past, or if he has he's made it better and is trying to be a good role model. (O'Brien et al. 2009:212)

Summary of cultural indicators

Our main findings from this synthesis highlight six main domains for describing culture specific to Aboriginal and Torres Strait Islander peoples in Australia. These domains, along with their corresponding sub-domains, are:

1 Connection to Country

spiritual connection

living on Country

land rights and autonomy

caring for Country

2 Indigenous beliefs and knowledge

spiritual and religious beliefs

traditional knowledge

traditional healing

knowledge transmission and continuity

3 Indigenous language

impacts of language on health

language revitalisation

Aboriginal and Torres Strait Islander
language education

4 Family, kinship and community

family and kinship

community

5 Cultural expression and continuity

identity

traditional practices

arts and music

community practices

sport

6 Self-determination and leadership

cultural safety

self-determination and wellbeing

leadership

There appears to be some overlap of these domains in the international context.



Conclusion

We have highlighted the often complex and overlapping factors that affect Aboriginal and Torres Strait Islander culture and wellbeing. These factors can operate at the individual or community level. Importantly, we have identified that, while some practices, processes and beliefs are different in the context of Aboriginal and Torres Strait Islander culture, there are some universal elements across Australia and internationally. We have highlighted in this review that health and more broadly wellbeing appear to be enhanced when cultural elements and culture more broadly is learnt, practiced and incorporated into people's lives.

While we have likely not produced a succinct definition of culture, as a result of this review we have a better understanding of what things constitute the varying parts of culture for Aboriginal and Torres Strait Islander peoples and how these relate to health and wellbeing.

The authors acknowledge that this review may not include some elements of Indigenous peoples culture however this paper, has for the first time, put in one place the range of factors describing Aboriginal and Torres Strait Islander culture from an Australian and international perspective. As a result of the extensive search we have been able to list broad domains of culture and a range of sub themes under each broad cultural domain. This is the first time to our knowledge this has been done.

Through the review we have been able to identify quantitative cultural measures that did not currently exist and this enabled the research team identify areas for data development – the creation of new measures for Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing. This review also assisted in informing the modification of existing measures for inclusion in the Study. The Mayi Kuwayu Study commenced data collection in October 2018.

While we have likely not produced a succinct definition of culture, as a result of this review we have a better understanding of what things constitute the varying parts of culture for Aboriginal and Torres Strait Islander peoples and how these relate to health and wellbeing.



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