Social and Emotional Well-Being: "Aboriginal Health in Aboriginal Hands"

Pat Dudgeon, Chontel Gibson, and Abigail Bray

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P. Dudgeon (✉) · A. Bray
Indigenous Studies, University of Western Australia, Crawley, WA, Australia
e-mail: Pat.dudgeon@uwa.edu.au

C. Gibson
School of Health and Rehabilitation Science, University of Queensland, Sydney, NSW, Australia
e-mail: Chontel.Gibson@uq.edu.au

T. Carey, J. Gullifer (eds.), *Handbook of Rural, Remote, and very Remote Mental Health*,
https://doi.org/10.1007/978-981-10-5012-1_28-1

Abstract

An understanding of the Aboriginal and Torres Strait Islander health discourse of social and emotional well-being (SEWB) is necessary for effective and culturally safe work in rural and remote communities. Composed of seven inter-connected domains of well-being – country, culture, spirituality, community, family and kinship, mind and emotions, and body – SEWB represents a cultural understanding of Aboriginal and Torres Strait Islander relationality, identity, and holistic individual, family, and community health. Risk and protective factors for SEWB are detailed, evidence which supports the connections between well-being and the domains is presented, and finally, the findings of a strengths-based SEWB inquiry with older people in a remote community are discussed. In total, this chapter provides a valuable guide to essential principles, concepts, and practices, for those working with Aboriginal and Torres Strait Islander in rural and remote areas.

Introduction

Aboriginal and Torres Strait Islander peoples (herein referred to as Indigenous Australians) are two distinct cultural groups who make up 3.3% of the population of Australia. Indigenous Australians are the traditional custodians of the land now called Australia, one of the earth's oldest, sustainable, harmonious, and equitable continuous cultures which are estimated to be between 60,000 and 70,000 years old (Rasmussen et al. 2011). Indigenous knowledge systems include sophisticated therapeutic epistemologies and practices, philosophy, governance and law, agriculture, environmental science, and astronomy. Prior to the invasion of their country by the British Empire in 1788, Indigenous Australians had few illnesses and harmonious social structures, cared for a complex and diverse ecosystem, and enjoyed a flourishing and rich culture in which Elders played a vital role in the guidance, healing, and governance of the community. Today Indigenous Australians have a medium age of only 23 years old, which is significantly younger than the non-Indigenous medium age of 38 (ABS 2016), and experience an unusually high burden of ill-health, social marginalization, and poverty, and these complex inequities are more pronounced for Indigenous people living in rural and remote areas (Senate Community Affairs Reference Committee 2018; Cairney et al. 2017).

The health of Indigenous peoples in remote areas has often been characterized by "hardship, suffering and invisibility" (Gruen and Yee 2005, p. 182). Poverty within remote communities has long been recognized as a primary reason for ill-health, causing substantial "psychological and behavioral problems" which are "compounded by narrowly focused and inadequate mental health services, with children being particularly vulnerable" (Hunter 2007, p. 88). Homelessness, chronic

overcrowding, extended periods of hunger due to poverty, and lack of access to nutritious food and medical services have deleterious effects on children's well-being, including otitis media, skin infections, acute rheumatic fever, and rheumatic heart disease (Lowell et al. 2018). In the Northern Territory, "more than 38% of Aboriginal people live in crowded houses and most (92%) received that classification because they were living in severely crowded dwellings, defined as needing 4 or more extra bedrooms to accommodate the people who usually live there" (Lowell et al. 2018). In remote areas of Australian, two in five (41%) of Indigenous peoples live in overcrowded dwellings (AHMAC 2017), and their incomes are rapidly falling (Markham and Biddle 2018). Australia is one of the most wealthy countries in the world.

Furthermore, entrenched racism "across urban and rural Australia and in the health-care system itself" (Hunter 2007, p. 91) has too often produced forms of institutionalized discrimination within settler-controlled remote communities such that adequate access to services and basic human needs (food, housing, sanitation, education, health care) has been repeatedly blocked and withdrawn. There are now decades of evidence about the chronically destructive physical and psychological impacts of racism (Williams et al. 2019), and racism has emerged as a strong determinant of mental health (Paradies et al. 2015). The grave state of health of remote communities continues to be a national "matter or equity and social justice" and requires "broad, transdisciplinary, health-affirming approaches that are attuned to the circumstances and priorities of remote communities and initiatives that support empowerment at individual, family, and community levels" (Hunter 2007, p. 91).

Across the world, Indigenous communities have campaigned for and initiated just such health-affirming approaches (Foley 1991; Chandler and Dunlop 2018). Strength-based culturally safe comprehensive primary health care which is founded on holistic Indigenous understandings of health has now emerged as an evidence-based approach to the empowerment and healing of Indigenous individuals and their families and communities (Radford et al. 1990; McCoy 2007; Rowley et al. 2008; Bourke et al. 2018). Aboriginal and Torres Strait Islander-led holistic approaches which support the empowerment of individuals, families, and communities have existed since at least the 1970s when the self-determination movement successfully mobilized for Aboriginal Community Controlled Health Organisations (ACCHOs) (Foley 1991). As of 2018 there are roughly 150 such organizations across Australia. Importantly, a strength-based Aboriginal and Torres Strait health discourse, social and emotional well-being (SEWB), emerged from the self-determination movement and is now central to the practices and policies of numerous ACCHOs, as well as state and federal health policies. Indeed the vision of the National Aboriginal Community Controlled Health Organisation (NACCHO) reflects the centrality of SEWB: "Aboriginal people enjoy quality of life through whole-of-community self-determination and individual, spiritual, cultural, physical, social and emotional well-being. Aboriginal health in Aboriginal hands" (NACCHO 2019).

Composed of seven interconnected domains of well-being – country, culture, spirituality, community family and kinship, mind and emotions, and body – SEWB is a *core concept* within Aboriginal and Torres Strait Islander psychology. The first part of this chapter offers a description of SEWB which can be understood as a *distinctive feature* of Indigenous health and health care. SEWB is a holistic strength-based model of health. Strength-based approaches to individual, family, and community well-being are becoming more prevalent with the primary health-care sector (Fogarty et al. 2018a). Aboriginal and Torres Strait Islander strength-based approaches uniquely draw on Aboriginal and Torres Strait Islander epistemologies of health (SEWB) and are as such an integral part of reclaiming Aboriginal and Torres Strait Islander knowledge systems for Aboriginal and Torres Strait Islander people. Further, there is a consensus in the Aboriginal and Torres Strait Islander health field that strength-based approaches enable the sustainable empowerment of individuals, families, and communities (NACCHO 2019).

Second, this chapter explores the *practice implications* of understanding the centrality of SEWB for strengthening health and mental health and discusses the identified risk and protective factors for SEWB and the evidence-based benefits of using a SEWB approach across the rural health-care sector. The second section also focuses on strength-based SEWB research undertaken with Elders and older people in communities in New South Wales.

To begin with, however, it is important to highlight key engagement principles relevant to all health professionals working in rural or remote areas with Aboriginal and Torres Strait Islander people. These principles embody a holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander peoples, were first identified by the 1989 National Aboriginal Health Strategy, later developed by the landmark *Ways Forward* (Swan and Raphael 1995), and contained in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004–2009. These principles underpin a central text in the field, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing: Principles and Practice* (Dudgeon et al. 2014). The revised 2017–2023 National SEWB Framework promotes these principles which are underpinned by a recognition that self-determination in the health sector is the solution to overcoming the complex burdens of colonization (Department of Prime Minister and Cabinet 2017; Dudgeon et al. 2017).

1	Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural, and spiritual health. That Land is central to well-being.
2	Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
3	Culturally valid understandings must shape the provision of services and must guide assessment, care, and management of Aboriginal and Torres Strait islander peoples' health problems generally and mental health problems, in particular.
4	It must be recognized that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural well-being. Trauma and loss of this magnitude continue to have intergenerational effects.

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5	Human rights of Aboriginal and Torres Strait islander peoples must be recognized and respected. Failure to respect these human rights constitutes continuous disruption to mental health (versus mental ill-health). Human rights relevant to mental illness must be specifically addressed.
6	Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
7	The centrality of Aboriginal and Torres Strait islander family and kinship must be recognized as well as the broader concepts of family and the bonds of reciprocal affection, responsibility, and sharing.
8	There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural, or remote settings, in urbanized, traditional, or other lifestyles, and frequently move between these ways of living.
9	It must be recognized that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, and endurance and a deep understanding of the relationships between human beings and their environment.

An understanding of these principles of engagement is vital to the practice of culturally safe work with Aboriginal and Torres Strait Islander peoples.

Social and Emotional Well-Being: Distinctive Features

SEWB is a strength-based Aboriginal and Torres Strait Islander health discourse which is recognized across Australia (and internationally) as culturally unique and community created. An emerging health paradigm which informs policy, research, and therapeutic practices, SEWB is grounded in Aboriginal and Torres Strait Islander knowledge systems (Dudgeon and Walker 2015) and has been continually validated through comprehensive Aboriginal and Torres Strait Islander participatory feedback over the years and across the country. SEWB was reclaimed by the Indigenous mental health movement, specifically by the 1989 National Aboriginal Health Strategy Working Party (Swan and Raphael 1995) and then later in *The Ways Forward* Report (1995), the first national analysis of Aboriginal and Torres Strait Islander mental health and SEWB which supported the development of strength-based, culturally appropriate, community-led primary mental health and SEWB services and programs for Aboriginal and Torres Strait Islander peoples.[1]

SEWB was defined by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004–2009 as a holistic connection to "land, culture, spirituality, ancestry, family and community" (Social Health Reference Group 2004, p. 9). There are now seven recognized interconnected Aboriginal and Torres Strait Islander domains of SEWB: country, spirituality, culture, family and kinship, mind and emotions, and body (Gee et al. 2014; Dudgeon et al. 2014; Dudgeon and Walker 2015).

The diagram below illustrates the SEWB concept and the influence of historical and social determinants on SEWB (Gee et al. 2014).

Strong and dynamic relationships between the seven domains enables individuals, families, and communities to thrive. This model also recognizes that relationships between the domains vary within communities and across the life span (Dudgeon et al. 2014).

Although SEWB is a national Aboriginal and Torres Strait Islander health discourse, specific cultural articulations can be found across the nation. For example, the term *Ngarlu* or *Lian* is used by the Yawuru people in the Kimberley to describe "a driver of emotional, spiritual and physical health [. . .] the connectedness of the individuals inner spirit and the collective grip, and shows how the connectedness between the inner spirit, body and country are one and the same" (Yap and Yu 2016, p. 28). The Yawuru concept for good life is *Mabu Liyan* (ibid.). There is also the central desert concept of *Kurunpa*:

> Kurunpa is the foundation of vitality and is critical to the physical, emotional, and spiritual well-being of Aboriginal men; it exits in physical, emotional, and spiritual form which can be injured, manipulated, moved, lost, felt, seen, found, and relaxed. Kurunpa goes beyond metaphor; it is not only a feeling, or a means of expressing distress, but it is the vessel of life force itself. (Brown et al. 2012 n.p.)

Life force and well-being are also connected in other similar Aboriginal and Torres Strait Islander people's concepts (Rose et al. 2003) but have yet to be researched in great depth.

In Aboriginal and Torres Strait Islander communities, SEWB includes a strong sense of self- and cultural identity, which can provide meaning and resilience in times of adversity. Identifying, participating in, and engaging with cultural activities are essential to the development of strong and resilient children, young people, families, and communities. A positive cultural identity assists children and young people to navigate the challenges in Australia, such as the racial tensions and discrimination, including racism and oppressive policies (Manning et al. 2015; Yap and Yu 2016; Prince 2018).

Elders and older people often hold special relationships with younger generations, particularly children. These relationships support the passing of cultural knowledge and connections, like kinship networks, language, culture, and cultural identity (Marmion et al. 2014; Rose et al. 2003; AHRC 2009; Yap and Yu 2016). Strong connections to culture serve as key protective factors that predict resilience in children (Prince 2018; Smith et al. 2017).

When these domains and the connections between them are impaired – for example, by the loss of country due to the political and historical determinants of colonization – well-being suffers, and this suffering "may be manifested in a physical, social, emotional, mental, or spiritual manner" (Haswell-Elkins et al. 2009, p. 3). The forced removal of small children from families and communities, for example, disrupted the domain of family, kinship, and community creating forms of historical and intergenerational trauma: the 2004 Social Health Reference Group recognized this as a significant SEWB disruption (Social Health Reference Group 2004).

A Strength-Based Approach for Aboriginal and Torres Strait Islander Social and Emotional Well-Being Service Providers

A strengths-based approach recognizes the resilience of individuals and communities. It focuses on abilities, knowledge, and capacities rather than a deficits-based approach, which focuses on what people do not know, or cannot do, problematizing the issue or victimizing people. It recognizes that the community is a rich source of resources; assumes that people are able to learn, grow, and change; encourages positive expectations of children as learners; and is characterized by collaborative relationships. It focuses on those attributes and resources that may enable adaptive functioning and positive outcomes.

> – National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017–2023, 2017, p. 22

Why is a strength-based approach emerging within the field of Aboriginal and Torres Strait Islander health? In order to appreciate the importance of this conceptual shift, it

is necessary to consider how a hegemonic "deficit discourse" about Aboriginal and Torres Strait Islander people legitimizes and popularizes a plethora of racist narratives which pivot around ideas about the essential incapacity of Aboriginal and Torres Strait Islander people. Two important Lowitija Institute reports – *Deficit discourses and Indigenous health: how narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy* (Fogarty et al. 2018b) and *Deficit discourse and strengths-based approaches: changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing* (Fogarty et al. 2018a) – provide a comprehensive analysis of the deficit discourse and its multiple impacts on health policy and wider perceptions of Aboriginal and Torres Strait Islander people by the dominant non-Aboriginal and Torres Strait Islander culture and Aboriginal and Torres Strait Islander people themselves. "Assumptions of Aboriginal and Torres Strait Islander deficit have characterised relations between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people since colonisation. Contemporary discourses of deficit have their origins in the race paradigm and subsequent colonial ideology" (Fogarty et al. 2018b, p. viii). There are numerous iterations of this discourse, and they are so common that they are familiar to most Australians: from the idea that Aboriginal and Torres Strait Islander people have lower IQs to assumptions that parents neglect and abuse their children, through beliefs that communities are unable to manage themselves, the deficit discourse has operated to pathologize and criminalize the dignity of Aboriginal and Torres Strait Islander people and justify the colonial control and surveillance of their lives. The deficit discourse can also be understood as opportunistic insofar as it masks the vast theft of Aboriginal and Torres Strait Islander land – the real "deficit," as it were, which underlies the social, historical, and political determinants of Aboriginal and Torres Strait Islander health. The deficit discourse also operates to deflect critical attention from the deficiencies of the dominant colonial culture. For as the former Prime Minister Paul Keating admitted in his 1992 Redfern Park address: "[w]e took the traditional lands and smashed the traditional way of life. We brought the diseases, the alcohol. We committed the murders. We took the children from their mothers. We practiced discrimination and exclusion" (Keating 1992). In this light of all of this, it is important to respect the dignity of Aboriginal and Torres Strait Islander resilience.

There are a number of strength-based approaches identified by Fogarty, Lovell, Langenberg, and Heron (2018a, p. 15) which are useful for culturally safe work with rural and remote communities.

Strengths-based approaches		Key elements	Example texts
1	Asset-based	Utilizes existing positive attributes, characteristics and resources of a person and/or community	Priest et al. 2012, 2016; Brough et al. 2004
			Grothaus et al. 2012
			GCPH 2017

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Strengths-based approaches		Key elements	Example texts
2	Resilience	The ability to withstand adverse circumstances through mental, emotional, social, and spiritual strength	Jain and Cohen 2013
			Payne et al. 2013
			West et al. 2016
			Thomas et al. 2012
3	Cultural appropriateness	The tailoring of programs, resources and health care to privilege cultural aspects of indigeneity	Grothaus et al. 2012
			Monchalin et al. 2016
			Smith et al. 2010
4	Social determinants of health and ecological theories	Structural factors or conditions that influence health and well-being	Di Pietro and Illes 2016
			Rowley et al. 2015
			Neumayer 2013
			Nelson et al. 2010
5	Protective factors	Non-physical and non-medical elements that counteract or mitigate the effects of adversity	Henson et al. 2017
			Tagalik 2009
6	Empowerment	Focuses on self-determination and abilities rather than limiting factors, such as poor physical health	Sweet et al. 2015
			Nagel et al. 2012
			Prillentesky 2005
7	Holistic approaches	Privilege indigenous ways of knowing and being	Priest et al. 2012
			Priest et al. 2016
			Rowley et al. 2015
			Hinton and Nagel 2012
8	Wellness and well-being	Measuring health in a wider range of metrics than physical illness or disease, usually including mental, social, emotional, spiritual, and communal wellness	Thomas et al. 2012
			Day and Francisco 2013
			Sweet et al. 2015
			Tagalik 2009
9	Strength-based counselling approaches and positive psychology	Prioritizes capabilities, talents, competencies, hope, resources, optimism, and autonomy of individuals and communities when remedying challenging circumstances	Saleeby 1996
			Grothaus et al. 2012
			Craven et al. 2016
10	Decolonization methodology	A broad methodology proactively shifting the Western and European worldview to the indigenous	Sweet et al. 2015
			Geia and Sweet 2015
			Monchalin et al. 2016

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Strengths-based approaches		Key elements	Example texts
11	Salutogenesis	Focuses on the assets and origins of health rather than the deficits of ill-health, to shift the pathologizing paradigm Prentice 2015	Antonovsky 1979, 1989
			Mittlemark et al. 2017
			IUHPE n.d.

Practice Implications of Using a Strength-Based SEWB Approach

Cultural continuity is an important element of many SEWB community development programs. Among the identified protective benefits of cultural continuity are reductions in youth suicide, strengthening cultural identity and self-continuity, intergenerational communication and the transmission of cultural knowledge through the empowerment of Elders,; the restoration of supportive peer relationships, family thriving, language reclamation, cultural revitalisation, and increased collective social and cultural capital (Busija et al. 2020; Chandler and Lalonde 1998; Dudgeon et al. 2016; Jongen et al. 2020; Prince 2018; Yap and Yu 2016). By extension, young people also conceive of themselves as having a future (as bearers of that culture). While the implications of cultural continuity as a concept are yet to be fully explored, including their application in Aboriginal and Torres Strait Islander settings, and in urban settings, support for cultural continuity is a highly productive line of policy development in relation to suicide prevention (and more broadly, Aboriginal and Torres Strait Islander peoples' mental health and SEWB) based on cultural maintenance and, where necessary, reclamation.

Chandler and Lalonde's (1998, 2008) research across First Nations peoples in Canada should be considered for application to Australian Aboriginal and Torres Strait Islander settings. If thematic elements can be drawn from this work, the first is the importance of self-determination and community empowerment to individual well-being and mental health; and the second is the potential importance of what the researchers called "cultural continuity." More broadly, the studies indicate that primordial prevention that incorporates these two themes has an important place in suicide prevention in Australian Aboriginal and Torres Strait Islander communities (Dudgeon et al. 2016).

Chandler and Lalonde examined cases of suicide among young First Nations people of British Columbia and the potentially protective effects "cultural continuity" against suicide. In their first study (1987–1992), cultural continuity was defined according to six indicators of self-determination and cultural maintenance/reclamation:

- Measures of self-government
- Have litigated for Aboriginal title to traditional lands
- A measure of local control over health
- A measure of local control over education

- A measure of local control over policing services
- Community facilities for the preservation of culture

Chandler and Lalonde mapped suicides in 197 communities or bands in British Columbia and found that those that had all six markers above had no or little cases of suicide among their younger people. Conversely, in communities where there were none or fewer of these markers, youth suicide rates were many times higher than the national average. A second study (1993–2000) identified two other markers and found similar results to those of the first study. The additional markers were a measure of local control over child welfare services and band councils that included equal numbers of women (Chandler and Lalonde 2008).

Chandler's research into cultural continuity provides compelling evidence for the multiple benefits of self-determination and is recognized within the Indigenous health-care sector to be aligned with NACCHO and the principles of supporting comprehensive primary health care. In terms of practice implications, support for community control of community issues can be understood as a guiding approach. The next section provides some further guide to culturally safe practices in the field.

Risk and Protective Factors for Healthy Social and Emotional Well-Being

To reiterate, SEWB is fundamental to any understanding of individual, family, and community health. It is worth recalling the words of Swan and Raphael, who define SEWB as:

> holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the "whole body" but in fact is steeped in the harmonised inter-relations which constitute cultural well-being. These inter-relating factors can be categorised as largely spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist. (1995, p. 19)

The protective and risk factors for the seven Aboriginal and Torres Strait Islander domains of SEW are identified by the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 as follows.

Redfern	Redfern	Redfern	Redfern
Connection to body	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life	Chronic and communicable diseases Poor diet Smoking	Access to good healthy food Exercise Access to culturally safe, culturally competent and effective health services and professionals

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Redfern	Redfern	Redfern	Redfern
Connection to mind and emotions	Mental health – ability to manage thoughts and feelings.	Developmental/ cognitive impairments and disability Racism Mental illness Unemployment Trauma including childhood trauma	Education Agency: assertiveness, confidence and control over life Strong identity
Connection to family and kinship	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies	Absence of family members Family violence Child neglect and abuse Children in out-of-home care	Loving, stable accepting and supportive family Adequate income Culturally appropriate family- focused programs and services
Connection to community	Community can take many forms. A connection to community provides opportunities for individuals and families to connect with each other, support each other, and work together	Family feuding Lateral violence Lack of local services Isolation Disengagement from community Lack of opportunities for employment in community settings	Support networks Community controlled services Self-governance
Connection to culture	A connection to a culture provides a sense of continuity with the past and helps underpin a strong identity	Elders passing on without full opportunities to transmit culture Services that are not culturally safe Languages under threat	Contemporary expressions of culture Attending national and local cultural events Cultural institutions Cultural education Cultural involvement and participation
Connection to country	Connection to country helps underpin identity and a sense of belonging	Restrictions on access to country	Time spent on country
Connection to spirituality and ancestors	Spirituality provides a sense of purpose and meaning	No connection to the spiritual dimension of life	Opportunities to attend cultural events and ceremonies Contemporary expressions of spirituality

In many ways, SEWB reflects each of the important and interrelated aspects of cultural determinants. SEWB works to reduce psychological distress because it acts as a source of resilience that provides a "buffer" against the worst impacts of stressful life events. This is important because Aboriginal and Torres Strait Islander peoples experience stressful life events at higher rates than other Australians (Aboriginal and

Torres Islander Health Survey, 2012–2013). Without SEWB/resilience, exposure to such events can leave individuals, families, and communities vulnerable to psychological distress and trauma.

Strengths-Based SEWB Approach for Working with Rural and Remote Communities

The Aboriginal and Torres Strait Islander Social and Emotional Well-Being Framework introduced health professionals with a new way of practicing. The following strength-based approach will draw together this Aboriginal and Torres Strait Islander Framework, as well as the community contexts or rural and remote practitioners. The strength-based approach and philosophy for Aboriginal and Torres Strait Islander social and emotional well-being services was developed as a part of a research project (Gibson et al. 2018) which focused on working with Elders and older people in New South Wales. This strength-based approach includes six key dimensions.

Strength-based approach for working in rural and remote communities
Listen respectfully to the person
Build genuine relationships
Use appropriate communication skills
Critically reflect on Australia's political, historical, and social context
Apply a human rights-based approach
Evaluate the processes and outcomes

Each of the six dimensions are now explained and then followed by examples of how rural and remote practitioners could use each of these dimensions to deliver a social and emotional well-being service in rural and remote Australia.

Listen Respectfully to the Person

Listen respectfully to the person, including their expressions and experiences of health, well-being, and quality of life. Listen and inquire about how the person understands and expresses their lived experience of social and emotional well-being. Listen and inquire about how the social and cultural determinants influence the person and their community. Rural and remote communities are more likely to experience social determinants that negatively influence health and well-being (Zubrick et al. 2014). Take the time to explore the social determinants, and do this by using the domains of social and emotional well-being, as illustrated above. Additionally, consider the nine guiding principles of social and emotional well-being and their relevance for the person, family, and/or community.

Build Genuine Relationships

It is important for the health professional to remember that their position or title does not guarantee the right to hear the person and/or community's stories. Therefore, it is vital that health professionals build trusting relationships so that community members feel connected and open up about their social and emotional well-being experiences. Building relationships with the person and/or community requires appropriate communication skills, and as such, the communication strategies will support the relational development and/or maintenance. The rural and remote practitioner should also build relationships and work collaboratively with other service providers, including any Aboriginal organizations and/or networks, like Elders groups. For example, build relationships with service providers like housing organizations to take any affirmative actions to decrease the impact of broader social determinant issues. Build relationships with Aboriginal organizations, as they often hold close ties with communities and deliver services that meet health and/or health-related needs.

Use Effective Communication

Rural and remote practitioners need to employ a number of communication strategies, which are strength-based, to support interventions, for example, connecting and working with local Aboriginal and Torres Strait Islander health service providers, who may share with the rural and remote practitioners any local communication and cultural communication strategies (Sheldon 2010). Rural and remote practitioners may need to negotiate where and how to conduct the initial interview with the person and/or community (Sheldon 2010), noting that some community members may not use or feel safe with certain services and/or buildings in the community. This may include negotiating the location of the interview (Sheldon 2012), such as in a park under the shade of a tree, in the clinic, or in the person's home. Seek to understand who needs to be present for the interview (Sheldon 2010), such as consider conducting a joint visit with an Aboriginal Health Worker who knows the person or consider family members who may need or want to be present. Consider how gender might affect how and what information is shared. Furthermore, using a yarning style, which is relaxed and responsive to the person and their needs in the interview may help to develop rapport (Lin et al. 2016). Remaining mindful of culturally sensitive topics, such as bereavement, ceremonial business, sexual issues, and marital problems, is also essential (Sheldon 2010).

Critically Reflect on Australia's Historical, Political, and Social Contexts

Critically reflecting on Australia's historical, political, and social contexts is essential. For example, the rural and remote practitioner should understand power and privilege and how it is enacted by the organization, the profession, and practitioner. Any form of institutional discrimination, perceived or real, effects the person and/or communities' ongoing perceptions of an organization and its employees. Often professions, such as medicine, psychology, occupational therapy, and so on, are reflective of Western sciences, which can oppress and/or omit Aboriginal and Torres Strait Islander ways of knowing, being, and doing (Gilroy et al. 2018). Sometimes, rural and remote practitioners may be socialized into not seeing these contexts and therefore reflecting with other professionals may be useful. Furthermore, social contexts of Aboriginal and Torres Strait Islander communities are often overlooked during events (like drought) caused by climate adversity and, as such, should be considered by rural and remote practitioners.

Apply a Human Rights-Based Approach

A human rights approach encompassed not only basic rights for individuals and communities accessing health-care services, but it also includes access to social determinants, which support good health and well-being. Although individual rural and remote practitioners are not responsible for delivering all services, being aware of what services are available and/or accessed is important. Furthermore, self-determination or the right to be in control of one's own life is important (Gibson et al. 2015). Therefore, it is important for rural and remote practitioners to not only ensure that community voices and choices are privileged in service delivery but also more broadly in the community. Listening to the person and understanding their context is essential, so that the rural and remote practitioner can work with the person, to pursue personal goals and aspirations.

Evaluate the Process and Outcome

In the absence of a formal evaluation tool for rural and remote practice in Aboriginal and Torres Strait Islander social and emotional well-being contexts, services should consider how individuals are encouraged to maintain cultural connections (Davy et al. 2016; Lindeman et al. 2016). Evaluating how services support independence and autonomy, including self-determining processes like being involved in the design, delivery, and evaluation of the program is also essential (Davy et al. 2016; Lindeman et al. 2016). Finally, services should be evaluated in terms of their culturally competency, such as not being discriminative and being inclusive of Aboriginal staff and incorporate local knowledge/culture into the program (Davy et al. 2016; Day and Francisco 2013; Day et al. 2015).

Concluding Comments and Recommendations

In conclusion, SEWB is an emerging strength-based health discourse which is increasingly important to the restoration of resilience within rural and remote communities (Dudgeon et al. 2020). Australia, as a signatory to the UN Declaration of the Rights of Indigenous People, has a specific and historical human rights duty toward Aboriginal and Torres Strait Islander people and under obligation to ensure that the principle of self-determination is respected and upheld throughout the health sector (United Nations 2007). No other nation on earth has such a dramatic socio-economic disparity between Indigenous and non-Indigenous people. It is a testament to the power of Aboriginal and Torres Strait Islander communities and leadership that despite the uniquely deleterious impact of Australian colonization, a strong Aboriginal and Torres Strait Islander health movement has risen up to protect and empower individuals, families and communities.

Extensive national and international research has found that Indigenous self-determination in the health sector is linked to improved outcomes for vulnerable communities. The nine guiding principles of SEWB presented in this chapter are recognized as an ethical foundation of holistic Aboriginal and Torres Strait Islander health services. For example, the ninth principle – "It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment" – offers a useful corrective to the "deficit discourse" and the race-based shaming of Aboriginal and Torres Strait Islander people.

The section on the risk and protective factors for SEWB further explores the complexity of this innovative Aboriginal and Torres Strait Islander health discourse and offers readers a general guide to identifying some of the core issues at stake in the field. Finally, this chapter explored the dynamic emergence of strength-based approaches, highlighting Gibson's work in rural and remote communities and the development of six key principles for empowering social and emotional well-being: listen respectfully; build genuine relationships; use culturally appropriate communication skills; critically reflect on Australia's political, historical, and social context; apply a human rights-based approach; and evaluate the processes and outcomes.

Take-Home Messages

- Racism is a significant determinant of mental health (Paradies et al. 2015) and has profoundly *harmful* impacts on health and mental health across the life span (Williams et al. 2019). Indigenous Australians endure the added burden of cross-generational poverty, forms of trauma from colonization, and lack of access to culturally safe comprehensive primary health-care services, as well as secure food and accommodation. These social justice inequities are more pronounced in rural and remote regions. The nine engagement principles first identified by the 1989 National Aboriginal Health Strategy (see above) are crucial for any sustainable

culturally safe work with rural and remote Indigenous peoples and are important in dismantling *harmful* racist narratives.

- An in-depth understanding of the historical and cultural determinants of SEWB, the relational aspects of the seven connected domains of well-being – country, culture, spirituality, community, family and kinship, mind and emotions, and body – and the culturally unique risk and protective factors for each domain is essential for those working in the field.
- The evidence-based around cultural-continuity supports the long-held knowledge of Indigenous Elders and their communities that self-determination improves the health of individuals, families, and communities. NACCHO recognizes that local Indigenous designed and delivered comprehensive primary health-care services are an expression of Indigenous self-determination in the field: *Aboriginal health in Aboriginal hands*. Upstream solutions from communities exist and should be empowered.
- Gibson's development of six key principles for empowering SEWB – listen respectfully; build genuine relationships; use culturally appropriate communication skills; critically reflect on Australia's political, historical, and social context; apply a human-rights based approach; and evaluate the processes and outcomes – should be widely applied.

Box 1. Case Study: Suicide Prevention Through Cultural-Continuity and SEWB
The Yarrabah (Queensland) and the Tiwi Islands (Northern Territory) communities have successfully reduced youth suicide over two decades by creating holistic forms of cultural continuity (Prince 2018). By enabling the "reconnection and transmission of cultural processes and traditions that had been lost" – engaging Elders as leaders, especially "Elders-driven on-country healing programs for young people to help them become stronger and think differently," creating SEWB empowerment programs based on local Indigenous strengths-based cultural knowledge, strengthening the existing men and women's groups – both communities began to heal from the traumatic impacts of colonization and drastically reduced youth suicide (Prince 2018, p. 33).

Box 2. Case Study: The National Empowerment Project (NEP) and SEWB
An Indigenous designed and led SEWB and suicide prevention research program begun in 2012, the NEP engaged 11 communities across Australia in the design and delivery of a complex SEWB program. Between 2014 and 2016 a Cultural and Social and Emotional Wellbeing (CSEWB) program which had evolved from the NEP was delivered in Kuranda and Cherbourg (Queensland) and qualitative evidence gathered from communities found that a significant positive SEWB change had occurred for the majority of participants and that their families and communities were also more empowered (Mia et al. 2017).

Box 3. Case Study: The Back-to-Country Yiriman Project
Set in the West Kimberley region of Western Australia – the country of the Karajarri, Nyikina, Mangala, and Walmajarri peoples – the Yiriman Project is an Elder led "cultural maintenance project" and "a way to heal young people, heal country and heal community" (Palmer 2013, p. 10) which hosts cultural back-to-country trips for young people. The Yiriman Project has strengthened the SEWB of youth, as well as engaging them in community based land care, cultural education, economic and scientific development, fire management, and holistic community development.

Cross-References

- ▶ Aboriginal and Torres Strait Islander Health Professionals
- ▶ Children and Adolescents
- ▶ Context of Rural and Remote Mental Health
- ▶ Depression and Anxiety
- ▶ Future of Rural and Remote Mental Health
- ▶ Importance of Culture to Rural and Remote Mental Health
- ▶ Important Areas of Practice in Rural and Remote Mental Health
- ▶ Improving Access to Psychological Services in Remote Australia with a Patient
- ▶ Indigenous Mental Health in Remote Communities
- ▶ Mental Health Nursing
- ▶ Professional Ethics in Rural Practice: Relational Territory
- ▶ Professional Practice in Rural and Remote Mental Health
- ▶ Promotion and Privation of Mental Health Problems in Rural and Remote Context
- ▶ Psychology
- ▶ Recovery in Mental Illness Among Rural Communities
- ▶ Social Determinant and Rural and Remote Mental Health
- ▶ Suicide and Self-Harm
- ▶ Supporting Communities
- ▶ The Community
- ▶ Trauma
- ▶ Working with Families

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