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Aboriginal and Torres Strait Islander Social and Emotional Wellbeing

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OVERVIEW

This chapter examines understandings of social and emotional wellbeing (SEWB) with the aim of clarifying the relationship between SEWB, mental health and mental health disorders from an Aboriginal and Torres Strait Islanders' perspective. The chapter begins with a brief historical overview of how the term 'social and emotional wellbeing' emerged as a signifier of Aboriginal and Torres Strait Islander concepts of health. We define SEWB as a multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or 'country', culture, spirituality, ancestry, family, and community.[1] The domains and guiding principles that typically characterise SEWB are outlined and situated within a framework that places Aboriginal and Torres Strait Islander world views and culture as central. The importance of recognising social, cultural, historical and political determinants in shaping Aboriginal and Torres Strait Islander SEWB is also discussed. We suggest that working within a SEWB framework involves developing an understanding of how these principles, domains and determinants manifest and operate at a local level, and explore how to apply these in a practical setting.

INTRODUCTION

Health and wellbeing are complex concepts and there is no clear consensus across or within cultures as to how these constructs should be defined.[2, 3] Policy makers, researchers and practitioners working to improve the SEWB and mental health of Aboriginal and Torres Strait Islander peoples in Australia have to grapple with the task of defining these health concepts in terms that are relevant and consistent with Aboriginal and Torres Strait Islander understandings and experiences. The linguistic and cultural diversity that exists within Aboriginal and Torres Strait Islander cultures needs to be acknowledged from the outset, as there are significant differences in the way SEWB, mental health and mental health disorders are understood within different Aboriginal and Torres Strait Islander communities across Australia. Similarly, the variation in other Australian understandings of what constitutes mental health and mental health disorder also needs to be recognised.

SEWB WITHIN ABORIGINAL AND TORRES STRAIT ISLANDER CONTEXTS

The World Health Organisation's (WHO's) Alma Ata Declaration on Primary Health Care (1978)[4] signalled a shift in thinking about health that mobilised a movement to tackle 'politically, socially and economically unacceptable' health inequalities through the delivery of comprehensive primary health care.[4] At the time, these global shifts in approach to health care were seen to be consistent with the views of Aboriginal people and the establishment of

Aboriginal Community Controlled Health Organisations (ACCHOs) that began in the 1970s. The uptake of the term 'SEWB' to reflect holistic Aboriginal and Torres Strait Islander concepts of health can be traced to the early efforts of these organisations to define health from an Aboriginal perspective. In 1979, the National Aboriginal and Islander Health Organisation (now the National Aboriginal Community Controlled Health Organisation) adopted the following definition of health:

> *Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities.*

This definition was used in the first National Aboriginal Health Strategy (NAHS).[5] In the section devoted to mental health, the NAHS Working Party held a strong line, arguing that 'mental health services are designed and controlled by the dominant society for the dominant society' and that the health system had failed 'to recognise or adapt programs to Aboriginal beliefs or law, causing a huge gap between service provider and user'.[5] One of the strategy's key recommendations was for a health framework to be developed by Aboriginal and Torres Strait Islander peoples that recognised the importance of culture and history, and which defined health and illness from an Aboriginal and Torres Strait Islander perspective. The Royal Commission Into Aboriginal Deaths In Custody (RCIADIC)[6] closely followed the release of the NAHS (1989),[5] and implementation of the strategy was one of the commission's recommendations, as was the need for a national consultancy on Aboriginal and Torres Strait Islander mental health. The latter culminated in the landmark *Ways Forward* National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health.[7] As detailed by Zubrick and colleagues in Chapter 5, the subsequent national efforts for policy reform led to the development of successive national action plans and frameworks, including the most recent National Strategic Framework for Aboriginal and Torres Straits Islander People's Mental Health and Social and Emotional Well Being 2004-09 (hereafter referred to as the 2004 SEWB framework).[1] Though now defunct, and with current efforts underway to renew this framework, it remains the guiding national document for defining Aboriginal and Torres Straits Islander-specific understandings of SEWB. Despite the limited implementation of past action plans and frameworks, the development of the SEWB concept at a nationwide level has been important to the process of reclaiming and renewing Aboriginal and Torres Strait Islander understandings of health and wellbeing, and legitimising and disseminating these understandings within the current health policy landscape.[8, 9]

DEFINING SEWB AND MENTAL HEALTH

The synergies with Aboriginal and Torres Strait Islander mental health reform and the development and advocacy of SEWB as a guiding health concept have not necessarily translated into a clear and concise conceptualisation of the differences in understandings of SEWB and mental health, nor widespread agreement about how these concepts ought to coexist or intersect at the level of theory and practice.[10,11]

Most of the Aboriginal and Torres Strait Islander SEWB and mental health literature draws upon the NAHS (1989)[5] or the *Ways Forward* report (1995)[7] to adopt a broad, holistic definition of health and wellbeing.[12, 13] Beyond that, as supported in the literature there is some divergence in understanding of the terms 'social and emotional wellbeing' and 'mental health' and what they mean. In some of the literature the terms have been used interchangeably, either as an attempt to subvert the stigma associated with mental illness or to try and move away from biomedical perspectives of mental health and mental illness.[14, 15] Kelly and colleagues[16] suggest that the term SEWB signifies an Aboriginal and Torres Strait Islander concept of wellbeing that differs in important ways to Western concepts of mental health. We suggest that, within the Aboriginal and Torres Strait Islander SEWB and mental health landscape, SEWB signifies a relatively distinct set

of wellbeing domains and principles, and an increasingly documented set of culturally informed practices that differ in important ways with how the term is understood and used within Western health discourse, discussed in Chapter 6 (Zubrick and colleagues) and Westerman.[17]

Guiding Principles of Social and Emotional Wellbeing

The 2004 SEWB framework[1] sets out nine guiding principles that were developed during the *Ways Forward* national consultancy[7]. These guiding principles shape the SEWB concept and describe a number of core Aboriginal and Torres Strait Islander cultural values that are detailed on page xxiv.

Nine guiding principles that underpin SEWB

1. Health as holistic
2. The right to self-determination
3. The need for cultural understanding
4. The impact of history in trauma and loss
5. Recognition of human rights
6. The impact of racism and stigma
7. Recognition of the centrality of kinship
8. Recognition of cultural diversity
9. Recognition of Aboriginal strengths

Created by SHRG,[1] adapted from Swan and Raphael[7]

Cultural Domains of Social and Emotional Wellbeing

Members of the Australian Indigenous Psychologists Association (AIPA) have endeavoured to link some of these areas of SEWB in a way that has utility for mental health practitioners (AIPA cultural competence SEWB workshop module).[16, 18] Figure 4.1 shows some of the domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of SEWB.[1, 14, 16, 19-21]

Figure 4.1: Social and Emotional Wellbeing from an Aboriginal and Torres Strait Islanders' Perspective



*This conception of self is grounded within a collectivist perspective that views the self as inseparable from, and embedded within, family and community.

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We note the somewhat artificial separation of these areas of SEWB, and recognise that the cultural diversity that exists amongst Aboriginal and Torres Strait Islander peoples means that no single grouping is necessarily applicable or relevant for every individual, family or community. Whilst cognisant of the dangers in essentialising Aboriginal and Torres Strait Islander SEWB, it is evident that there is considerable uncertainty amongst many practitioners about how to approach working in this area. Consequently, it is useful to make clear some of the guiding principles[1] and broad areas of wellbeing that need to be considered when working in this field.

The diagram shows that the SEWB of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality (the important role of broader level determinants is also addressed below). The term 'connection' refers to the diverse ways in which people experience and express these various domains of SEWB throughout their lives. People may experience healthy connections and a sense of resilience in some domains, while experiencing difficulty and/or the need for healing in others. In addition, the nature of these connections will vary across the lifespan according to the different needs of childhood, youth, adulthood and old age.

If these connections are disrupted, and for many Aboriginal and Torres Strait Islander peoples and families some of these connections have been significantly disrupted in multiple ways as a result of past government policies associated with colonisation, then they are likely to experience poorer SEWB. Conversely, restoring or strengthening connections to these domains will be associated with increased SEWB. We briefly describe each of these domains below and discuss how to apply some of the guiding SEWB principles in a practical setting.

Encouragingly, the arrangement of domains in Figure 4.1 has been presented and collectively discussed with, and supported by, over 300 SEWB members during National and State SEWB conferences held in 2012 and 2013.[22, 23] An early version of the diagram was also used in the national consultation phase of the development of the renewed Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (Social Policy Research Centre, 2013). The current diagrammatic representation incorporates feedback from the extensive community consultations that were held in 2013.

Connection to Body, Mind and Emotions

The wellbeing domains we have termed connection to body, and mind and emotions, refer to those aspects of health and wellbeing that are rooted in bodily, individual or intrapersonal experience.[24]

Connection to Body

Connection to body is about physical wellbeing and includes all of the normal biological markers and indices that reflect the physical health of a person (i.e. age, weight, nutrition, illness and disability, mortality).

Connection to Mind and Emotions

Connection to mind and emotions refers not only to an individual's experience of mental wellbeing (or mental ill-health) but also the whole spectrum of basic cognitive, emotional and psychological human experience, including fundamental human needs such as: the experience of safety and security, a sense of belonging, control or mastery, self-esteem, meaning making, values and motivation, and the need for secure relationships. The 2008 National Aboriginal and Torres Strait Islander Social Survey[25] found that the majority of adults reported feeling happy, calm and peaceful, and full of life, all or most of the time. However, nearly one-third of adults reported experiencing high to very high levels of psychological distress (more than twice the rate for other Australians) and Aboriginal and Torres Strait Islander women are 31 times—and men 25 times—more likely than other Australians to be admitted to hospital as a result of family violence-related assaults.[26] Given these alarming statistics, we stress the primacy of personal safety and freedom from abuse as a most fundamental human right and determinant of SEWB. For further discussion see Chapter 17 (Atkinson and colleagues), Chapter 23 (Cripps and Adams) and McGlade.[27]

In relation to working with mental health and SEWB, general recommendations in the literature include the need to:

- collaborate and build relationships within community
- have prior knowledge of appropriate referral pathways
- coordinate work with other service agencies
- have access to a cultural mentor or consultant
- carefully consider the meaning of the signs and symptoms of distress experienced by clients.[28, 29]

Recognising Cultural Differences in Mental Health Diagnoses

From a practitioner perspective, it is important not to rely solely on Western psychiatric classification systems when trying to identify, understand, and work with symptom patterns of distress in Aboriginal and Torres Strait Islander populations. Westerman[17] has written about some of the implications of cultural differences within an Aboriginal and Torres Strait Islander mental health context, identifying the need to recognise culture-bound disorders (for example, longing for country) that 'often mimic mental health disorders, however, the triggers and maintaining factors lie with the cultural beliefs of the client, and therefore resolution often needs to occur at the cultural level'.[17(p4)] Brown's[30] work on depression and Aboriginal men in central Australia documents the unique determinants and ways in which the expression of depression differs from mainstream populations (for example, the presence of weakened spirit, anger and worry). Atkinson's[31] research into post-traumatic stress identifies a wider range of associated cultural and interpersonal trauma symptoms that require assessment and attention, including fragmented identity construction, community disconnection and difficulties in maintaining close relationships.

The common denominator amongst their findings is that, while there are specific symptom patterns congruent with Western mental health diagnoses that can be detected in Aboriginal and Torres Strait Islander clients (making it all too easy for practitioners to simply tick the box), there are additional symptom patterns of distress that need to be recognised. The meanings, determinants and causal theories attributed to these distress patterns can often differ dramatically. Therefore, practitioners also need to consider the pathways of healing and recovery that are most congruent with the client's needs and world views. For example, traditional healing methods may be a preferred option for a client, or they may wish to use such practices in conjunction with the services offered by the practitioner. It is important not to assume that self-disclosure or emotional expression is necessarily valued by the client as a healing mechanism, as is often the case in Western therapies.

Connection to Family, Kinships and Community

The SEWB domains of connection to family and kinship, and community, refer to aspects of wellbeing that are rooted in interpersonal interaction.

Family and Kinship

Family and kinship systems have always been central to the functioning of traditional and contemporary Aboriginal and Torres Strait Islander societies. These systems are complex and diverse, and serve to maintain interconnectedness through cultural ties and reciprocal relationships.[32, 33] Milroy states:

> *These systems locate individuals in the community and neighbouring clans within relationships of caring, sharing, obligation and reciprocity. Essentially, the kinship system provided a very secure attachment system that established caring relationships, so that everyone grew up with multiple carers and attachment figures and, in turn, provided care for others.*[12(p126-127)]

She also notes that in contemporary society, kinship and cultural obligations can place significant burdens on members of the family. Grandmothers, for example, may not have the adequate levels of support and resources necessary to care for large numbers of family. It is important that practitioners develop an understanding of the different language and family groups of the communities they work in.[17] In traditional regions, this usually includes moiety or skin group systems that can entail complex avoidance relationships that determine the nature and extent of interaction between different family and kin members.

Community

The concept of community has been described as fundamental to identity and concepts of self within Aboriginal cultures (see Dudgeon and colleagues, Chapter 1), a collective space where building a sense of identity and participating in family and kinship networks occurs, and where personal connections and sociocultural norms are maintained.[34, 35] The establishment of ACCHOs has been found to play an important role in strengthening cultural identity and fostering a sense of ownership, cultural pride and belonging for some communities.[36, 37]

Connection to Spirituality, Land and Culture

Spirituality

Many Aboriginal and Torres Strait Islander peoples' cultural worldviews include beliefs and experiences that are grounded in a connection to spirituality.[20] Within traditional contexts, the essence of spirituality has been most popularly translated and depicted as '*The Dreaming*' or '*The Dreamtime*', which has become an iconic referent for Aboriginal metaphysical world views, though in reality Aboriginal and Torres Strait Islander nations and language groups have different terms, practices and epistemologies that reflect these world views. These understandings of spirituality broadly refer to a cultural group's traditional systems of knowledge left by the ancestral beings that typically include all of the stories, rituals, ceremonies and cultural praxis that connect person, land and place. In ceremony, the critical transitions from childhood to adulthood, and other life stages, are marked through specific rights of passage. It is through ceremony and everyday cultural praxis that children, women and men of the community learn about their culture's systems of moral and ethical practices that guide behaviour, and determine their personal, familial and cultural rights, obligations, and responsibilities.[21, 38]

Perhaps here, in the connection to spirit and spiritualty, the consequences of colonisation for many Aboriginal and Torres Strait Islander peoples are most keenly felt, because for many this has involved a permanent severance of the links to their traditional customs, leaving a cultural void and an unfulfilled longing and need for recreating and redefining the spiritual. It is not surprising then, that Poroch and colleagues[21] in their review of spirituality and Aboriginal SEWB have found that spirituality is an evolving expression of Indigeneity that in contemporary Aboriginal cultures is experienced in a multitude of ways. They note that spirituality for many Aboriginal and Torres Strait Islander peoples today has been transformed by engagement with other cultures, and is now experienced in multiple contexts, including in combination with and alongside other religions; in contemporary Aboriginal healing practice settings; and as an ethos related to a holistic philosophy of care that underpins community-controlled health centres and other types of Aboriginal organisations.[21]

Land or 'Country'

For many Aboriginal and Torres Strait Islander peoples, spirituality is closely tied to their connection to land or 'country'. Country or land has been described as an area to which people have a traditional or spiritual association,[39] and the sense of connection as a deep experience, belief or feeling of belonging to country—see Chapter 1 (Dudgeon and colleagues).

Connection to country and land extends beyond traditional cultural contexts, however, and the SEWB literature documents the importance of country across the whole spectrum of diverse Aboriginal and Torres Strait Islander cultural groups around Australia.[39-41]

Culture

Connection to culture, as we use the term here, refers to Aboriginal and Torres Strait Islander peoples' capacity and opportunity to sustain and (re) create a healthy, strong relationship to their Aboriginal or Torres Strait Islander heritage. This includes all of the associated systems of knowledge, law and practices that comprise this heritage. Culture is, of course, a complex concept to try and define or articulate. We ascribe to Hovane and colleagues (2013) articulation of Aboriginal culture as constituting a body of collectively shared values, principals, practices and customs and traditions—Chapter 30 (Hovane, Dalton and Smith). Within this context, maintaining or restoring SEWB is about supporting Aboriginal and Torres Strait Islander peoples to maintain a secure sense of cultural identity and cultural values, and to participate in cultural practices that allow them to exercise their cultural rights and responsibilities.

This can be deeply rooted in areas of wellbeing such as connection to spirituality and land, but also might not be due to the large variation and increasing complexity of Aboriginal identity.[42] We suggest that important roles for practitioners include, for example, supporting people to develop and strengthen a sense of continuity and security in their Indigenous identity, supporting people to re-affirm and strengthen their cultural values, and assisting them to develop effective strategies to respond to racial discrimination, which has been shown to be associated with depression, anxiety and other mental health difficulties.[43]

The wellbeing domains of spirituality, land and culture can be sensitive and complex areas to work with. For some Aboriginal and Torres Strait Islander families and communities, the extent of cultural loss associated with colonisation has been profound. Many members of the Stolen Generations and their descendants continue to experience a deep grief and a longing to reconnect with their cultural heritage and ancestry. With appropriate cultural supervision, and in the right circumstances, it is important for practitioners to be able to provide clients with an opportunity to discuss whether issues such as cultural loss, identity and belonging are in any way linked to their current difficulties, and whether personal work in this area is important for their healing process. Practitioners need to make sure they have a sound knowledge of the appropriate cultural services available in the community—for example, the availability of traditional healers, the nearest *Link Up* and *Bringing Them Home* services, and the availability of any local healing programs. Across the country, community-driven healing programs that have a focus on cultural healing and cultural renewal have gained greater prominence.[44] The Aboriginal and Torres Strait Islander Healing Foundation, for example, with a focus on the Stolen Generations and the intergenerational trauma impacting many families and communities, now funds over 97 community designed programs across Australia. These include healing programs, education and training programs centred on healing and trauma recovery, and research and evaluation programs that include measures of cultural wellbeing developed by communities themselves.

SOCIAL, CULTURAL, POLITICAL AND HISTORICAL DETERMINANTS

It is also important to consider SEWB connections within broader social, cultural, political and historical contexts. Zubrick and colleagues in Chapter 6 show that the social determinants of mental health and SEWB for Aboriginal and Torres Islander people include such things as socioeconomic status and the impact of poverty, unemployment, housing, educational attainment, racial discrimination, exposure to violence, trauma and stressful life events, and access to community resources. Importantly, they note these social determinants do not occur in isolation, but rather impact SEWB concurrently and cumulatively. For practitioners, this often translates into complex client and family presentations that involve multiple stressors and issues. Solutions to these types of issues often lie outside the health sector, and require accessing services related to housing and community infrastructure, education, employment, welfare services, family and children's services, and building community capacity. Swan and Raphael[7] and the Social Health Reference Group (SHRG)[1] highlight the need to incorporate two additional dimensions in relationship to Aboriginal and Torres Strait Islander SEWB. The first is the historical context of colonisation and its legacy, which we have termed 'historical determinants' in the diagram. Historical determinants refers to the impact of past government policies and the extent of historical oppression and cultural displacement experienced by individuals, families and communities or, conversely, the extent to which communities have managed to accommodate cultural displacement (i.e. communities consisting of many language groups), and build capacity for self-governance that helps to maintain or renew cultural continuity and control. The second, which we term 'political determinants' refers to:

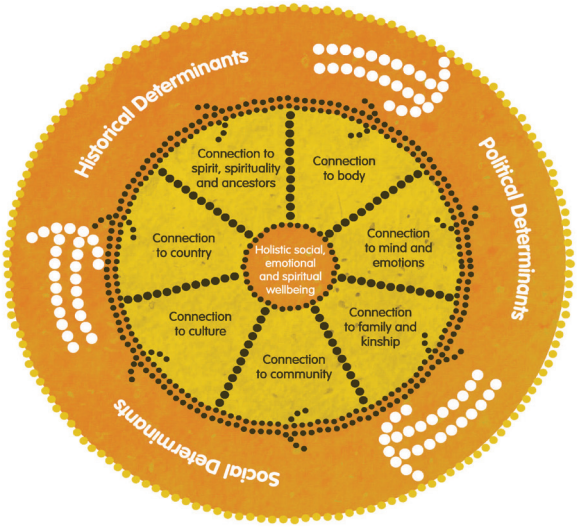
> *the unresolved issues of land, control of resources, cultural security, and the rights of self-determination and sovereignty, which are recognised as contributing to health and wellbeing and reducing health inequities for Aboriginal and Torres Strait Islander peoples.*[1(p7), 45, 46]

These individual and collective rights of Indigenous people are provided under the United Nations Declaration on the Rights of Indigenous People.

Historical and political determinants are an important part of the broader level of cultural determinants that help shape the environment and circumstances in which Aboriginal and Torres Strait Islander peoples are born into. These critical factors—such as a community's local history of colonisation and the extent to which a cultural group is able to resist assimilation, maintain cultural continuity, and retain the right of self-determination and sovereignty—will all significantly influence a community's capacity to retain their cultural values, principals, practices, and traditions. This, in turn, will differentially empower or impinge upon individual and family SEWB.

To develop awareness and engage practically with historical, political and cultural determinants involves practitioners developing a basic knowledge of the history of the traditional owner groups in the community they work in, and thinking about the ways in which colonisation has impacted the community. This includes being able to identify who the traditional owner families and clans are, as well as other Aboriginal and Torres Strait Islander families who are an integral part of the community but who may not have traditional links. Practitioners also need to be able to develop an awareness of the extent of self-governance and community control of resources that exists in this community (or lack of), and this often includes locating and making links with community-controlled organisations and other key stakeholders in the community.

Figure 4.2: Social, Cultural, Political and Historical Contexts



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THE RELATIONSHIP BETWEEN SEWB AND MENTAL HEALTH

Our interpretation and description of the principles and domains of SEWB outlined in this chapter suggests that, within an Aboriginal and Torres Strait Islander health context, SEWB is a complex, multidimensional concept of health that includes but extends beyond conventional understandings of mental health and mental disorder. Mental health and wellbeing is an important component of SEWB, but needs to be viewed as only one component of health that is inextricably linked to the social, emotional, physical, cultural and spiritual dimensions of wellbeing. The 2004 SEWB framework[1] describes an interactive relationship between SEWB and mental health, where the two may influence each other and where a person can experience relatively good SEWB and yet still experience mental health problems, or vice-versa. SEWB problems include a wide range of issues, such as: 'grief, loss, trauma, abuse, violence, substance misuse, physical health problems, child development problems, gender identity issues, child removals, incarceration, cultural dislocation, racism and social disadvantage … while mental health problems may include crisis reactions, anxiety, states, depression, post-traumatic stress, self-harm, and psychosis'.[1(p3)] Many of the issues identified as SEWB problems, such as abuse, violence, racism and social disadvantage are also well-established risk factors for various mental health disorders. For further discussion, see Chapter 2 (Parker and Milroy), suggesting that in some cases mental health disorders are likely to be symptomatic of greater SEWB disturbance. The framework also emphasises that cultural and spiritual factors can have a significant impact on the ways mental health problems develop, by influencing the presentation of symptoms and psychological distress, the meaning attributed to this distress, and the appropriateness of different therapeutic approaches and expected outcomes.[1]

Other Considerations

We see a number of advantages to viewing mental health and mental health disorders as being positioned *within* a larger SEWB framework, rather than equated *with* SEWB. The first is that placing mental health within a broader SEWB framework helps to make explicit that, for many Aboriginal and Torres Strait Islander peoples and communities, mental health issues are still entwined with the past injustices associated with colonisation. The guiding principles and domains that define a SEWB framework as outlined in this chapter highlight the need to be

attendant to both mental health and social justice issues when working to improve the SEWB of Aboriginal and Torres Strait Islander individuals, families and communities.

Practitioners working in Aboriginal and Torres Strait Islander communities are often confronted with extremely complicated client presentations. It is not unusual to work with help seeking community members who simultaneously experience mental health issues, historical loss and cultural disconnection issues, multiple stressors in the form of poverty, child removal, or housing and other issues, as well as social and emotional difficulties such as trauma, abuse and loss. This level of complexity requires new approaches, different models of engagement, and new ways of thinking about working with Aboriginal and Torres Strait Islander mental health and SEWB. In circumstances where clients experience multiple SEWB and mental health issues and the negative impact of social determinants, it is often appropriate to begin with case management and problem solving approaches to address these issues, and support clients to establish safety, security and stability before focusing on other healing processes. It is also important to incorporate a trauma-informed approach to therapeutic practice, as often families and communities may have experienced multiple types of trauma (e.g. historical and intergenerational trauma associated with cultural dislocation and loss of identity and practices, direct interpersonal trauma such as physical or sexual assault/abuse, and within-community lateral violence). Strategies for addressing the associated trauma, grief and loss associated with the legacy of colonisation are discussed in several chapters of this book—see Chapter 17 (Atkinson and colleagues); Chapter 28 (Wanganeen); and Chapter 29 (Peeters and colleagues).

KEY ISSUES AROUND EFFECTIVE CLINICAL PRACTICE

There is a small but important literature base that documents some of the key issues around effective clinical practice, including knowledge related to: cultural disparities and gender differences between client and practitioner;[17] the use of cultural mentors and supervisors[47]; issues in mental health and psychiatric assessment—see Chapter 16 (Adams and colleagues); culturally appropriate counselling techniques;[17] culture-bound syndromes;[31] and the importance of accessing traditional and contemporary Indigenous healing models, programs and trainings developed by Aboriginal and Torres Strait Islander peoples themselves (refer to Part 6 of this book).

Finally, despite contemporary definitions of 'mental health' incorporating the notion of being 'not simply the absence of mental illness' and existing along a spectrum that includes 'positive mental health',[48] currently the discipline is still predominantly focussed on psychopathology and mental health disorders, with the notion of positive mental wellbeing yet to be really well defined.

We believe that situating mental health within an Aboriginal and Torres Strait Islander SEWB framework is more consistent with the view that Aboriginal and Torres Strait Islander concepts of health and wellbeing prioritise and emphasise wellness, harmony and balance rather than illness and symptom reduction.[12] This does not obviate the importance of addressing mental illness in our communities as a critical component of SEWB. However, the reduction of symptoms associated with mental health disorders should not be equated with experiencing a sense of wholeness or connectedness to the totality of SEWB as described in this chapter. In both research and at the therapeutic level, more priority needs to be given to understanding and promoting the kinds of strengths and resources that have assisted Aboriginal and Torres Strait Islander peopless, families and communities to maintain resilience and survive multiple and widespread adverse life events over several generations.

In the 1994 Wentworth lecture, Professor Mick Dodson, did well to remind us all that:

> *'Our people have left us deep roots, which empowered us to endure the violence of oppression. They are the roots of survival, but not of constriction. They are the roots of which all growth is possible. They are the roots that protected our end from the beginning'.*[49(p11)]

CONCLUSION

The aim of this chapter has been to define SEWB from an Aboriginal and Torres Strait Islander perspective. We have provided an overview of the guiding principles and broad domains of health and wellbeing that typically characterise SEWB, and highlighted the importance of social, cultural, historical and political determinants in shaping SEWB and mental health outcomes. The chapter has provided only the broadest of brush strokes in terms of identifying principles and domains of SEWB that may be relevant to Aboriginal and Torres Strait Islander peoples and communities. This is as it should be, because the concept of SEWB as we have defined it, is a cultural construct that describes general level features or characteristics of SEWB that are proposed to be 'similar enough' across different Aboriginal and Torres Strait Islander peoples and communities as to hold conceptual value and meaning.

We recognise and accept this limitation, as it underscores the important point that for health professionals to gain an in-depth, genuine understanding of mental health and SEWB as it relates to their local Aboriginal or Torres Strait Islander community, they must engage with that community in a meaningful way. This involves developing relationships with Elders, families and leaders of the community over time. There are no alternatives or short cuts to bypassing this need. A broad and coherent understanding of the SEWB concept and its relation to mental health should help to orientate health professionals and practitioners in their work. If practitioners can use this general knowledge within the context of developing meaningful relationships at a local level, then they will be able to work more effectively with Aboriginal and Torres Strait Islander peoples, families and communities in the areas of SEWB and mental health.

REFLECTIVE EXERCISES

1. Thinking about the concept of social and emotional wellbeing outlined in this chapter, and the holistic definition of health and wellbeing offered by NAHS, how might these understandings change the way someone works within the discipline of mental health?
2. If an Aboriginal and/or Torres Strait Islander client came to you presenting with mental health, social justice, and social disadvantage issues, what do you think would be some of most difficult challenges and tensions involved in trying to balance their needs? How would you try to address these challenges and tensions?
3. Connection to spirituality, land, culture and identity/belonging, can all be sensitive, complex areas of social and emotional wellbeing to work with due to the historical impact of colonisation and the cultural disparity that can exist between the client and the practitioner. What are some strategies you could use and things you could do (both face to face and when not directly engaged with the client) in order to feel more confident that your work is of value to the client (and culturally safe)?

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