

REVIEW

De-problematising Aboriginal young peoples' health and well-being through their voice: An Indigenous scoping review

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Abstract

Background: The continued use of a deficit discourse when researching Aboriginal and Torres Strait Islander Peoples of Australia is problematic. Understanding and challenging the researchers position and the power of the words they use is important. It will ensure we do not persist in framing Aboriginal and Torres Strait Islander People as a problem to be solved.

Design: Indigenist review of the evidence of Aboriginal young people's health and well-being.

Methods: This review was conducted using an Indigenist approach to identify texts which amplified the voices of Aboriginal young people of Australia and presents a narrative summary of their accounts. This review is reported in line with the PRISMA-ScR reporting guidelines.

Results: Culture and connection are critical components of Aboriginal young people's health and well-being. Aboriginal young people describe feeling of powerlessness to influence health and well-being of their community, and they understood the risks they and their communities faced. Young people identified the importance of connection to culture, community and Elders as crucial to their social and emotional well-being.

Conclusion: By harnessing an Indigenous analysis, we were able to reveal a strong counter narrative of strength and resilience within their historical, social, and political contexts through the storied accounts of Aboriginal young people.

Relevance to clinical practice: Most of the currently available evidence about Aboriginal health and well-being is immersed in deficit discourse. Literature reviews being the foundation of research and informing nursing practice, we call for a purposeful shift towards the adoption of an Indigenist strength-based approach which emphasises the strength and resilience of Aboriginal young people.

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KEYWORDS

Aboriginal, adolescent, decolonising, First Nations, health and well-being, Indigenous, Social and emotional well-being, young people

1 | INTRODUCTION

In 2019, a group of young Aboriginal Australian people wrote to the Prime Minister and his ministers asking them to challenge themselves to think differently about Aboriginal young people (Imagination Declaration—NRG). In doing so, it was their intention to end the current situation where Aboriginal Peoples are perceived as a problem; to overcome this issue, they asked him to think differently and see Aboriginal young people as the key to unlocking Aboriginal brilliances, leadership and imagination. By making their desire explicit, Aboriginal young people were making it known that they wanted to be heard, wanted to be tested and respected, and for us (government, policy writers, researchers) to expect the unexpected of them (Shay et al., 2019).

The purpose of this review is to understand Aboriginal young peoples' own experiences of health and well-being through their own voice. This goal has been achieved by the adoption of an Indigenous research approach to review the literature guided by Rigney's (1999) seminal work that articulated Indigenous research principles. Shay and Sarra's (2021) recent review of the literature has informed this approach in ensuring that indigenous voices are at the centre of research and informed by how this is applied to reviewing relevant literature on the topic of interest. As an Aboriginal and non-Aboriginal team of researchers, we are aware of the need to be critically conscious to shift the way(s) in which research paradigms can both shape and inform how Aboriginal people are reflected in the literature. Recognising this, we acknowledge that Aboriginal Sovereignty was never ceded in this Country we now call Australia. Furthermore, we recognise that Aboriginal and Torres Strait Islander People (respectfully referred to as Aboriginal people throughout this paper) have ongoing deep connections to land, sea and water.

Reflecting on the plethora of research conducted on Aboriginal young people and researchers' pursuit to understand their health and well-being issues (Azzopardi et al., 2013; Blair et al., 2005; Marmot, 2011), we recognised that the space is predominately dominated by western constructions of knowledge as has been previously acknowledged (Sherwood, 2010). As a result, the production of this *knowledge* continues the deficit narrative of what is *known* and what is to be *known* about Aboriginal young people, particularly from the position of what they lack or need (Blair et al., 2005; Marmot, 2011). These perspectives have been defined by Fogarty, Bulloch, et al. (2018), as a deficit discourse in action. Fogarty, Lovell, et al. (2018) further claim there is emerging evidence that the deficit discourse has had an impact on the health and well-being of Aboriginal people and their lives both in social and political contexts. This, they argue, is evident in the scholarly literature that has framed and represented Aboriginal identity

What does this paper contribute to the wider global clinical community?

- Aboriginal young people foster resilience and strength, of which can be strengthened and empowered by clinicians and service providers meaningfully embedding the principles of social and emotional well-being into their care.
- Due to the lasting impacts colonisation, disconnected Aboriginal young people recognised the collective need to connect or re-connect to culture, community and Elders, as a way of building strength and resilience holistically.
- Aboriginal young people experience oppression and marginalisation in systems in which we all engage. As clinicians, it is integral to consider the ways in which we can empower and promote Aboriginal young peoples' voices and rights to self-determination in health care.

and experience in a narrative of negativity, deficiency and failure. Fogarty, Lovell, et al. (2018) caution that they are not wanting to deflate the problems present in the realities of disadvantaged and socio-political-economic experiences of Aboriginal people. Rather, they are concerned the deficit discourse narrative evident in policy and related discussions aimed at 'alleviating disadvantage' in fact operates as a tool for defamatory, patronising and race-based discourse (Bamblett et al., 2010; Doel-Mackaway, 2017; Fogarty, Bulloch, et al., 2018). Unfortunately, this deficit discourse has been used as a consequential reinforcement of the ongoing marginalisation of Aboriginal people and has rendered their voices, perspectives and worldviews silent (Bamblett et al., 2010; Fogarty, Bulloch, et al., 2018). These experiences and subsequent discourses have stemmed from the lasting impact of colonisation, particularly in countries that share similar colonial narratives such as countries in Canada, Australia, New Zealand and the United States (CANZUS) (Smallwood et al., 2021). Hyett et al. (2019) and Pitama et al. (2018) highlight in their respective countries that the 'creation' and persistence of the deficit discourse continues to be problematic for Indigenous people, where (often like Aboriginal people in Australia), individuals and communities are positioned as being responsible for the problems they experience, whilst there is a failure to recognise the wider socioeconomic and historical-political structures faced by indigenous peoples globally.

Recognising this, we began by critically reflecting on this perspective as we attempted to understand Aboriginal young peoples' well-being. To do so, we started to unpack the notion of health from

Aboriginal peoples' perspectives, that encompassed the holistic view of body, mind and spirit. The guiding principles, highlighted by Gee et al. (2014), informed this discourse through the construction of the concept of Aboriginal social and emotional well-being. The principles are as follows:

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 cultural diversity
8. Recognition of Aboriginal strengths.

(Gee et al., 2014, p. 57).

By acknowledging this Aboriginal holistic paradigm of health, we as the authors, choose not to provide, you, the reader, a list of statistics, case studies and figures of Aboriginal young people's health and well-being from a deficit lens; instead, we engage with the work of Rigney (1999), where he offers a unique position of how Aboriginal people engage with research. Rigney (1999), in his Indigenous research agenda, articulated a legacy of racialised ideology that continues to reshape and construct knowledge about Aboriginal people. Rigney (1999) affirms that overcoming such racialised oppression will not be achieved by simply changing the attitudes and values of non-Aboriginal researchers, nor adding Aboriginal researchers into the space; he argues that Aboriginal people must be involved in defining, controlling and owning the Aboriginal epistemological and ontological experience articulated in research. By doing so, we collectively carry the potential to strengthen the opportunity for emancipation and liberation from oppression (Rigney, 1999). Rigney (1999) proposes his principles as a pathway forward to begin to construct the need for a unique epistemological and ontological way towards liberation. We have summarised Rigney's principles below:

- Resistance—research is undertaken to articulate and be part of the struggle of Aboriginal people and recognise self-determination. It aims to support the personal, community, cultural and political struggles to heal from past oppressions towards the future;
- Political integrity—Indigenist research is undertaken by Aboriginal people, we must set our own political agenda for liberation, which included being responsible to the community of focus;
- Privileging indigenous voices in research is to be focus on the lives, historical experiences, ideas, traditions, aspirations, interests and struggles of Aboriginal people. Centering the research towards giving voice to Aboriginal people.

(Rigney, 1999, p. 116)

2 | AIM

Therefore, the aim of this review is to use an Indigenous approach to understand Aboriginal young people's health and well-being from their perspective. The following research question guided the review:

From their perspective, how is Australian Aboriginal young people's health and wellbeing currently experienced?

The review protocol and the representation of the included studies are articulated through the critical reflection of these principles proposed by Rigney (1999). Importantly, it was further informed by a previous review Usher et al. (2021) that also used a reflective decolonising approach to scope Aboriginal young peoples' social and emotional well-being and resilience. That body of work began with the same challenges of being critically aware of the Westernised lens through which Aboriginal young people are viewed, understood and constructed in the scientific literature, the retrieved bodies of evidence all focused on the inadequacies and pit falls of Aboriginal young people rather than their strength, resilience and ability to bounce back. As highlighted by Fogarty, Lovell, et al. (2018), the decolonising process can be seen as both a regenerative concept that reinforces strength-based approaches and as a deliberate mechanism to move away from dominant deficit narratives in Aboriginal health research. By re-framing our approach through re-designing our research focus, we were able to peel away the layers of what was presented to us from the perspective of a deficit narrative others have warned about (Fforde et al., 2013; Fogarty, Bulloch, et al., 2018), and move towards incorporating literature that was holistic and strength focused in nature.

2.1 | Method

This research approach adopted an Indigenous-led worldview. This was informed by several Indigenous people, who have undertaken significant methodological work in this space, both for and with indigenous people globally. Enaction of this methodology started within the politically charted agenda, stated by Rigney (2003), informed by an Aboriginal worldview, which drew conscious attention to Aboriginal ways of knowing, being and doing and how we were able to reflect this in the findings using Indigenous narrative analysis (Kovach, 2010; Martin, 2008). Every stage of the review process (search, inclusion/exclusion, extraction, interpretation, findings) was guided by local Aboriginal peoples, both academic and non-academic. The chosen inclusion and exclusion criteria are reflective of this process of engagement including the use of the social and emotional well-being principles (Gee et al., 2014) (See Table 1). To further ensure a systematic approach, we have reported our process against the PRISMA-ScR guidelines (See Supporting Information 1).

The chosen search strategy (displayed in Table 2) was developed from Usher's et al's (2021) method, with assistance from two

TABLE 1 Inclusion and exclusion criteria

Inclusion	Exclusion
Primary studies that include Aboriginal young peoples as participants and their voice	Studies that included comparison of non-Aboriginal people against Aboriginal people
Aboriginal young people's voice about their perspectives of health and well-being (Health is defined as term that is not just the absence of illness, but encompasses, social, political, economic impacts (Gee et al., 2014))	Studies that speak on behalf of Aboriginal young people or their issues/topic of interest
Demonstrated collaboration with Aboriginal peoples (studies conducted by and with)	Studies that show no engagement with communities Studies that conduct research on and for Aboriginal people Studies that focus on risk or concepts of risk-based analysis Studies that are quantitative or mixed methods
Studies conducted in English or indigenous languages (with English translation)	Studies outside of Australia
Studies Based in Australia	Studies that include populations outside of young/youth/teenager Aboriginal young people
Studies conducted 1990–2021	Studies outside 1990–2021

TABLE 2 Search strategy

Population		Context	
Young	Aboriginal people	Australia	Health and well-being
young OR youth OR adolescen* OR teenage*	Indigenous OR Native OR Aborigin* OR "Pacific Islander*" OR "Torres Strait Islander*" OR "First Nation*"	Australia*	resilien* OR "mental health" OR wellness OR "well-being" OR "well being" OR wellbeing OR strengths OR psychosocial OR "protective factor*" OR "coping behaviour*" OR "coping behavior*" OR growth OR emotion* OR value* OR health OR "physical health"

research health librarians. This was to ensure no studies were missed in the review. When the final studies were extracted by RS and JD, a summary and characteristics table was used (See Table 3). RS, CW, KU and DJ then familiarised (Earl Rinehart, 2021) themselves with the studies, drawing out exactly what was spoken and not spoken about by Aboriginal young people. This was mapped and grouped, which informed the Indigenous approach through narrative representation of the studies. The team reflected critically across the presentation on the studies, with attention drawn to where the main groupings were connected, how they were reflected, or not, and where knowledge gaps were present in the literature as required in a scoping review (Bradbury-Jones et al., 2021).

Given this approach, all original studies included in the full-text screen were considered if they had community members or service provider voices alongside young people's voices; studies were removed if they spoke on behalf of Aboriginal young people (Shay & Sarra, 2021). Furthermore, we excluded studies that used comparative methods where Aboriginal people and conditions/behaviours such as substance abuse, chronic health conditions and mental health issues were compared against those of non-Aboriginal populations. Comparative studies reviewed predominately occurred through positivist research approaches that were excluded in the

title and abstract screen. The importance of a decolonising approach to the literature was also crucial when reviewing texts; therefore, studies that showed no engagement with or by Aboriginal people were excluded. In addition, literature that did not articulate evidence of Aboriginal authorship, community engagement strategies or acknowledgement of positioning of non-Aboriginal researchers with/in community were excluded from the review. Only Australian studies were considered.

Importantly throughout the process of engagement with the texts, we needed to ensure we did not apply blanket understandings across the diverse Aboriginal populations of Australia. To do this, we were guided by the local Aboriginal people involved in the project, by so doing, we demonstrated respect for their cultural safety and security throughout the review process. Uncle Neville Sampson, the Chair of the local Cultural Advisory committee, brought forward this review to the committee to ensure the inclusion of studies, analysis and findings were reflective of the cultural guidance given throughout the preparation of the paper. The robust committee discussion with both community members, peers and supervisors ensured the review was constructed from a decolonising position and that an Indigenous research approach was used, and a subsequent strength-based Indigenous narrative analysis resulted. Additionally, included studies

TABLE 3 Characteristics and contexts of included studies

Reference	Research Q/aim	Study type	Methodology	Effectiveness or acceptability	Aboriginal Group names (based on location of study)	Region (urban, remote, rural)	Population	Inclusion in Study
Cerreto (2018)	The study aimed to gather stories from Aboriginal young people about their lived experience with encountering the justice system	Qualitative design was employed to enable deep understanding of the lives of young people and associated experiences	Yarning methodology was employed through yarning circles and individual interviews	Independent report	Koori area	Urban/rural/regional	42 Aboriginal children/young people of various ages	Recruitment of participants at two youth centres and four community sites, where either they were under supervision or were previously under supervision through the youth justice system
Garay (2021)	The aim of the research was to privilege the voices, experiences and perspectives of Aboriginal young people accessing mental health (MH) and social and emotional well-being services (SEWB). Then how their voices can build on the strengths and successes to better services for young people	Qualitative Study as a sub-study of larger longitudinal study: Study of Environment on Aboriginal Resilience and Child health (SEARCH). Results were reported against the Consolidation Criteria for Reporting Qualitative Studies (COREQ) (Tong et al., 2007)	Face to Face, in-depth interviews, using yarning methodology. For analysis, thematic analysis was used (Braun & Clarke, 2006)	Masters Thesis	Koori area	Urban/Regional Setting	10 Aboriginal young people aged between 16–25 years. Average age was 21	Participants were able to participate if they participated in the larger SEARCH project. They were purposively recruited through local Aboriginal controlled health services (ACCHS). Inclusion was if they identified as Aboriginal, aged between 16–25 years and was seen for SEWB services in the previous 12 months within the local health district. Participants were also screened for inclusion using Kessler 10 Psychological Distress Scale (K10), participants were excluded if they scored <30

TABLE 3 (Continued)

Reference	Research Q/aim	Study type	Methodology	Effectiveness or acceptability	Aboriginal Group names (based on location of study)	Region (urban, remote, rural)	Population	Inclusion in Study
Jalla (2016)	The aim of this research is to explore Aboriginal youth's perspective on health, well-being, and disability	Qualitative design employed drawing upon research topic yarning principles (Bessarab & Ng'andu, 2010)	Yarning circles with storytelling that were analysed using thematic analysis (Braun & Clarke, 2006).	Masters thesis	Noongar area	Urban	A total of 24 children and young people were recruited, aged from 9 to 26 years, mean age of 15.9 years. Eight participants were diagnosed with a disability	Recruited through purposive and snowball sampling. Identified through the ACCHs of which the young people attended. Inclusion was young people and children aged between 9 and 26 and having identified as Aboriginal and/or Torres Strait Islander. Participants were excluded if they were diagnosed with intellectual disability
Mohajer et al. (2009)	The overall aim was to design a health program for Aboriginal adolescents, with sub-objectives to understanding perceptions, interests and goals of Aboriginal adolescents. The projected sought Aboriginal peoples' views on the needs of youth in community, to define topics for the intended health programs	Qualitative design.	In-depth interviews and focus group discussions. Data analysis was obtained through thematic content analysis using matrices (Schutt, 2014)	Peer-reviewed	Noongar area	Rural	99 Aboriginal adolescents, mean age was 13 years with a range of 11 to 17 years. All participants were considered vulnerable or at risk, based on the assessment of the workers and teachers in the communities	Snowball sampling employed of participants who were Aboriginal and/or Torres Strait Islander, were marked as low attendance to school and have informed consent. Recruitment occurred through Aboriginal health workers and teachers who were connected to the participants' communities

(Continues)

TABLE 3 (Continued)

Reference	Research Q/aim	Study type	Methodology	Effectiveness or acceptability	Aboriginal Group names (based on location of study)	Region (urban, remote, rural)	Population	Inclusion in Study
Mukandi et al. (2019)	Investigate the impact of rituals upon young Indigenous men's social and emotional well-being, their roles within their families/communities and their expectations. Including how they are enacted and challenged through racialised, cultural, and gendered expectations	Qualitative design. Co-led Aboriginal project with Aboriginal academic and community-based workers who live and work within community	Participatory action approach (PAR), using video recorded brief interviews. Analysis through Indigenous standpoint	Peer-reviewed	Murri area	Urban	13 participants were interviewed, ranging from young teenagers to Elders. Among them were Traditional Owners, school pupils, university students, community workers, health professionals and retirees. Unidentified of exactly how many were young/youth. The extracted data only includes young participants' voices where the article made it explicit	Aboriginal and/or Torres Strait Islander men were invited to participate, using a selected network or snowballing technique of Indigenous men who are connected to the selected community
Murrup-Stewart et al. (2020)	How do young urban Aboriginal people experience and perceive culture in relation to social and emotional well-being?	Indigenous research paradigm design (Datta, 2017; Kovach, 2010; Wilson, 2008)	Yarning and knowledge analysis using thematic analysis (Braun & Clarke, 2006) and interpretation through Aboriginal epistemology	Peer-reviewed	Koori area	Urban	20 young people aged between 18–28 years, with an average age of 22 years	Aboriginal and/or Torres Strait Islander people, who were aged between 18–28 years, living in Narrm (Melbourne) were recruited. Recruitment was through using hard-copy flyers, social media and advertisement through Aboriginal spaces (on-line/in-person) and via relevant networks

TABLE 3 (Continued)

Reference	Research Q/aim	Study type	Methodology	Effectiveness or acceptability	Aboriginal Group names (based on location of study)	Region (urban, remote, rural)	Population	Inclusion in Study
Murrup-Stewart et al. (2021)	How do urban Aboriginal young people in Narrm experience cultural and describe the SEWB impacts of these experiences?	Indigenous research paradigm design (Datta, 2017; Kovach, 2010; Wilson, 2008)	Yarning and knowledge analysis using thematic analysis (Braun & Clarke, 2006) and interpretation through Aboriginal epistemology	Peer-reviewed	Koori area	Urban	20 Aboriginal young people aged 18–28 with a mean aged of 21.67 years	Aboriginal and/or Torres Strait Islander people, who were aged between 18–28 years, living in Narrm (Melbourne) were recruited. Recruitment was through using hard-copy flyers, social media and advertisement through Aboriginal spaces (on-line/in-person) and via relevant networks

written in English or indigenous languages of Australia were sought. We recognised that if we found any studies written in Indigenous language, the process would require seeking advice and translation of these studies. In the end, no such studies were located.

2.2 | Search strategy

The search strategy included both a comprehensive search of the literature using search terms within library databases (CINAHL, PsychINFO, ProQuest, Embase, Scopus, Informit, Medline and PubMed) and included search terms (See Table 2) with adaptations from research health librarians. Additionally, two non-peer-reviewed Aboriginal databases were searched, but no sources were identified against the inclusion criteria at title and abstract screen (Australian Indigenous Health Info Net and AIATSIS—Research Publications). The additional search terms included were tested and kept broad enough to ensure no studies were inadvertently removed throughout the review.

2.3 | Study selection and outcome

All identified citations were collated and uploaded to EndNote X9 (2020), and duplicates removed. Titles were screened by two independent reviewers RS and JD; this process was undertaken to ensure that each study included matched the outlined inclusion criteria. After full-text screening, the team met and discussed the final studies against the inclusion criteria.

The search yielded a total of 4295 citations; this included studies retrieved from full-text review of reference lists. Using Endnote, several citations (4242) were excluded using key title/abstract search terms such as risk-based study titles (smoking, sexual health, diabetes), and perspectives of health workers/service providers, comparative studies and study types that were either reviews or quantitative study types. After this phase, a total of 53 articles remained for full-text screening for inclusion, of which a total of 38 citations were excluded as predominately they were not focused on the perspective of young Aboriginal peoples' voices or their voices on health and well-being, including the voices of others on the issues of Aboriginal young peoples without the young people's perspectives/voices. After full review and at data extraction, a further 8 citations were removed due to topic focus outside of health and well-being. A total of 7 studies were finally included in the current review. Included studies with characteristics and contexts are included in Table 3. A flow chart detailing this process is included in Figure 1 (Moher et al., 2009).

2.4 | Types of sources

The review considered all study types that were qualitative or indigenous research paradigm in nature. The inclusion of grey literature sources was considered, especially if all inclusion was met and the study showed ethical and cultural appropriateness in their approach.

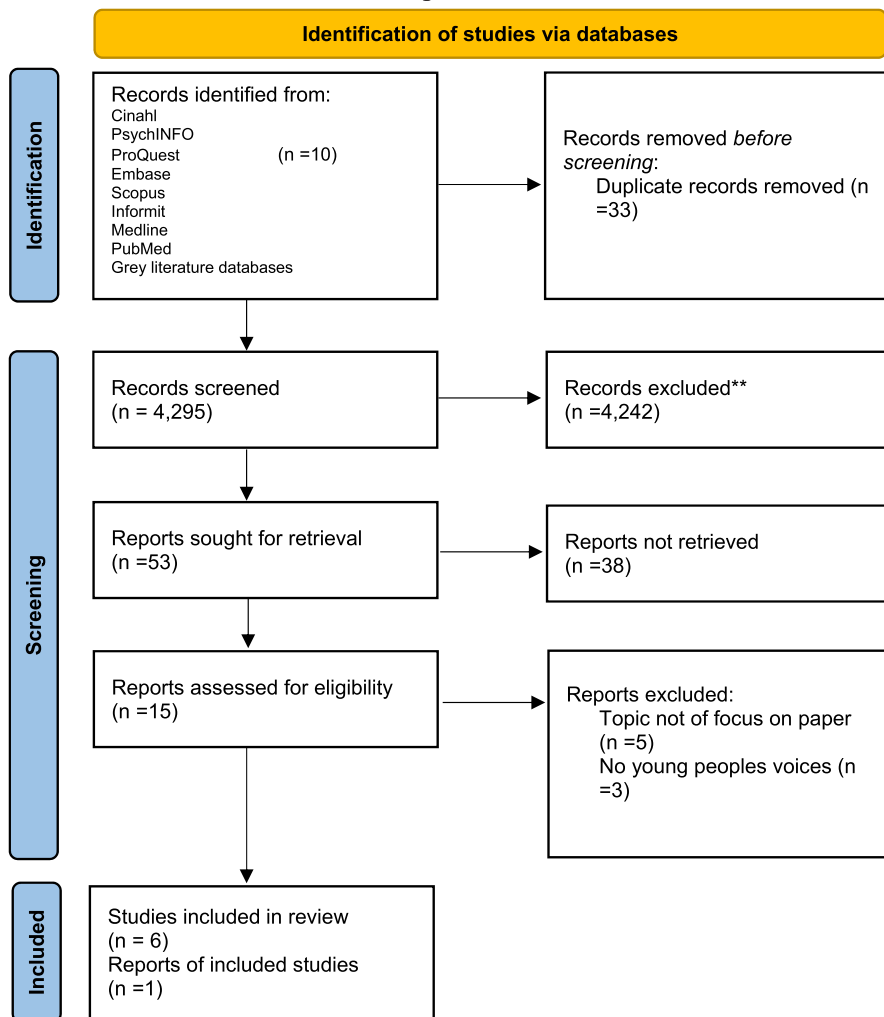


FIGURE 1 PRISMA 2020 flow diagram [Colour figure can be viewed at wileyonlinelibrary.com]

Grey literature in this context, is studies that were conducted outside of formal scholarly or peer-reviewed publication processes, these include studies that were conducted on behalf of agencies such as health and government organisations (Shrivastava & Mahajan, 2021). One grey literature report was included which was produced as an external research activity on behalf of an organisation, thus limiting organisational bias. All the included seven studies were qualitative in nature, primarily using either interviewing (individual/focus groups) or yarning as their method of data collection. The total number of Aboriginal young people in the total studies were 228, aged between 11 years and 28 years, with a mean age of 19.5 years. Studies were from various locations in Australia, including urban, regional and remote locations. None of the quantitative studies, systematic reviews, texts or opinion articles met the inclusion criteria. Studies published in English since 1990 were reviewed to ensure a comprehensive contemporary analysis of all relevant literature was included.

2.5 | Quality appraisal

As this review is indigenous and decolonising in approach, it was decided that it would not be appropriate to apply a Westernised process such as quality appraisal to dictate the inclusion of

studies that potentially could be discounted, yet valuable to this indigenous approach and agenda of the review. By engaging with an indigenous approach, studies were assessed for inclusion of community stakeholders and relationships, further if there was presence of application to the state-based application from the Aboriginal Health Medical Research Council (AH&MRC), where for ethical approval researchers are expected to engage with how, why and who will conduct research and what is the benefit or potential risk of this activity to community. Further during extraction, it was ensured that all studies included stated ethical approval, enacted appropriate methodologies and were explicit about the consideration of cultural obligations in obtaining knowledge from their participants. Thus, no formal quality appraisal tool was used, nor is one required for a scoping review (Bradbury-Jones et al., 2021).

2.6 | Interpretation of the data

The interpretation of the data has been informed using an indigenous analysis, which has been developed using Rigney's (2003) Indigenous research principles as a foundational layer in the methodology. This enabled the researchers to move through the interpretation as a

concept of 'self-in-relation' to the research data (Kovach, 2010, p. 14), where we learn in relationship to others, through a process of knowing and critical reflexivity (Nicholls, 2009). Adopting this approach allows space within the methodology to move beyond the confines of the mainstream research process to a deeper place of sense making within the context of the narrative (Kovach, 2010; Nicholls, 2009). This was enhanced by the two Aboriginal people on the review (RS and NS), who were continually guided by yarns with Aboriginal people from the local Aboriginal Cultural Advisory Committee and community members. In that way, the methodology was reinforced from an ethical starting place and positioned as a practice of respect and reciprocity in the community of relevance (Kovach, 2010).

3 | RESULTS

Across the seven included studies, all studies engaged within qualitative methods that enriched the process of storytelling and voice from and within the participants' stories. The studies considered the notion of holistic principles of health, and how one maintains health outside of the western notions of absence of ill-health; but more so the spiritual, physical, mental and social considerations in health. This includes young people themselves recognising and navigating risk and negative experiences, including disconnection, loss of trust, and the political and social contexts in which they exist. Given the methodological approaches, emerging from the stories was the young ones' drive to connect, belong and embed cultural beliefs and values in their everyday lives. Which includes building trusting, respectful relationships as way to maintain strength, identity and feelings of belonging.

3.1 | An interconnected picture: With Aboriginal young people

Young Aboriginal people see themselves as strong, resilient and deadly¹, as evident from their voice stating their ability to know what it means to be healthy (body, mind, spirit) and how they are able to navigate and overcomes risks and build resilience associated with social and emotional well-being (Jalla, 2016, Mukandi et al., 2019). They recognise there are several components that influence their health and well-being, this includes having a job, taking care of family, friends and being part of their culture (Mukandi et al., 2019). This not only includes taking care of ones' physical, mental and social health (Jalla, 2016), but also recognises how young people within community must meet social and cultural obligations as part of being healthy and well within their local context (Mukandi et al., 2019). One young person from the Mukandi et al. (2019) study articulated this perfectly:

'Strong Black man? I don't know ... I reckon somebody, like... independent, takes care of his family, doesn't walk out on anyone in his life, somebody who works, has a job, takes care of his family and friends, and just represents his culture, and himself, in a good way and that, and yeah, just be pretty deadly' (Mukandi et al., 2019, p. 258).

As part of staying healthy, being independent and socially engaged, young people identified that it is a not a one-size fits all solution or a quick fix, but rather it involves ongoing maintenance of health (body, mind, spirit), for example, exercising, having a healthy diet, and positive experiences with positive people, and being supported from both individual and external factors (Jalla, 2016). This was seen by young people as having a holistic view of health and well-being that challenges the notion of health as not just being the absence of ill-health, but as seen within a broader lens of social and emotional well-being context. When young people accessed social and emotional well-being services, they reported that services that treated them holistically were crucial to the overall effectiveness of the service and the subsequent treatments received (Garay, 2021). Often central to the idea of seeing oneself through a holistic lens and receiving help, was the understanding of being supported to maintain all components of the body, mind, and spirit (Jalla, 2016).

Understanding support in the studies was seen at various stages in these young people's lives; support was not only experienced from young people's families or friends, but it was also extended to people around them like Elders, health professionals, justice workers, teachers and at times (Cerreto, 2018) *whoever* was there to listen and offer support (Mohajer et al., 2009). Importantly, when understanding these stories of support, they were interspersed with stories of feeling being respected, building trust and feeling *heard* (Cerreto, 2018; Jalla, 2016).

Within the studies (Cerreto, 2018; Garay, 2021; Mohajer et al., 2009), the voices of the young people's account towards self-determination and feeling supported were interrupted by experiences of not being listened to, not being heard and of being stuck in systems. These experiences occurred often in spaces of the justice, health and education systems, where young people felt powerless and often felt like giving up (Cerreto, 2018; Garay, 2021). In this articulation of the need to be heard and listened to, young people also recognised they may never be heard in the spaces of which they (are forced to) engage: 'They didn't know my story and they didn't ask. What did they think would change? My life was the same, I was the same, my stupid crimes were the same' (Cerreto, 2018, p. 27).

Within this experience of powerlessness through the telling of adversity, notions of giving up and through the scene setting of their context, the participants articulated stories of generational crime, poverty and grief (Cerreto, 2018). They also spoke of the stories of the negative experiences of racism, not belonging, substance abuse and being stereotyped; these experiences were framed by how the young people made sense of their adversity in relationship to the

¹Deadly is an adopted Aboriginal English word in Australia, as a word that means excellent, amazing, awesome or really good.

world around them (Cerreto, 2018; Garay, 2021; Mohajer et al., 2009; Murrup-Stewart et al., 2021).

Whilst at first glance, this quote frames this young person in a narrative of trauma or from a deficit discourse explained earlier in this paper as a tension, what is evident is that young people, despite trauma and being in trouble from birth, can still draw upon their deep connection to family, blood and kinship systems as a strength through one's affinity to family, 'I've been in trouble since before I was born. It's in my blood, my family...we were stuck...I learnt how to fend for myself' (Cerreto, 2018, p. 16). Building strength by positioning oneself outside of the discourse, challenging and resisting authority as a way to build hope, offers a counter narrative from an Indigenous perspective.

Consequently, these events described by the participants were storied with the pervasiveness of racism and all its manifestations in their lives; often occurring in places like school, including experiences of physical, verbal and emotional attacks (Cerreto, 2018). Subsequently, these young people were then labelled as the 'troubled one' or 'no hoper' stereotype, where the expectation from others is to fail. Ultimately, these stereotyped labels are internalised by the young person who may then begin to 'act out' as a way to overcome the hopeless situation they are exposed to (Cerreto, 2018, Murrup-Stewart et al., 2021). An example of this is the internalisation of the covert racism that occurs in relationship to expectations of self-achievement; young Aboriginal people who do set high expectations are often confronted by their peers who have internalised the notion of not being expected to succeed and they then shame their peers for trying to aim high (Murrup-Stewart et al., 2021). To further explain this phenomenon, a participant in the study reported by Murrup-Stewart et al. (2021) accounts a story of the ubiquity of the problem, where in some instances young people compare themselves to an Australian racialised stereotype of what it means to be Aboriginal. The story told in this instance is when a young Aboriginal woman pulls out a book for enjoyment and was confronted by her friend who claimed this act was going against the expectation that Aboriginal people do not read:

'I pulled out a book she was like, "what are you doing?" It was funny, the more she whispered the louder I got I was like "what do you mean what am I doing?" She's like "what are you doing you're being embarrassing?" I was like "huh, did I just fart and I not know..." And she's like, "blackfellas don't read" . . . I was like, "blackfellas write books! (p. 5)'

Despite this one participant's account and the demonstration of 'speaking back', young people still need to navigate overcoming these lowered expectations placed on them, by building their futures, this was recognised as getting educated (Cerreto, 2018; Jalla, 2016). Contextually, young Aboriginal people recognised their identity was not regarded or considered in school, where they felt they were expected to 'tick a box' and disappear into the fabricated narratives (Cerreto, 2018). The fabricated narratives relate to the broader

experience of Aboriginal young people being taught in schools about the narrative of Captain Cook and the discovery of Australia. A fabricated truth, in this case in relation to the so-called history of Australia, asserts and contributes to the larger Australian narrative where the point of 'discovery' is considered the beginning of Australia. One of Cerreto's (2018, p. 26) participants explains, 'I wrote essays about Captain Cook, a happy white history where my people didn't exist'.

In understanding these narratives, young people often told stories of running from these low expectations and experiences of shame and racism; they speak of stories of finding places to *belong*. Whilst sometimes young people choose positive groups and social situations to belong to, for example within sport, cultural groups and other cultural activities (unpublished thesis, First Author), often what was found in these studies was that young people engaged in risky behaviours such as substance abuse, petty crime and risky sexual encounters in order to achieve a sense of belonging in their peer group (Cerreto, 2018; Garay, 2021; Mohajer et al., 2009). Within these stories, one paper reported, young people experienced homelessness and found themselves trapped in cycles where frequently a stopping point for young people is the inevitable confrontation with their mistakes, brought under the hammer of the justice and child protective systems that either contribute negatively or positively to their lives (Cerreto, 2018). Negative experiences include police brutality and detention; or through unnecessary and harmful intervention (removal of children) and control on their lives and the lives of their family (Cerreto, 2018). Positive in some instances, where the justice system has enabled young people to be linked into specific cultural support embedded as part of rehabilitation and healing (Cerreto, 2018). Within this support, the people often working in the system for the young people are the Elders, who finally *hear* what young people have been shouting for (Mohajer et al., 2009). Where they find belonging in places of both family and community or in cultural rehabilitation centres, where emphasis is placed on country, culture and kin; often, the first time a young person can call a place home (Cerreto, 2018). Central to the young people healing, importance is placed on re-connection to culture or in some instances of finding their culture for the first time. Prior to these instances of connection, young people have experienced disconnection and loss of culture and identity (Murrup-Stewart et al., 2021). This loss is expressed by young people as something that they lack or have missed, tied up in emotions of feeling divorced from a part of their identity, yet not able to regain or re-connect (Murrup-Stewart et al., 2021).

Culture is constructed as a central component to their lives and is presented as something that is multi-layered and multi-dimensional. Some studies identified that culture was about knowing your identity and having a Strong identity (Mukandi et al., 2019; Murrup-Stewart et al., 2021). Where the emphasis of a place-based identity is crucial: 'I think to be a Strong Black man, Aboriginal man...you need to know who you are, where you're from' (Mukandi et al., 2019, p. 256). Other notions of culture were experienced by young people feeling the presence of culture as part of their lives. This was through either traditional practices

or connection to people (Cerreto, 2018; Murrup-Stewart et al., 2021). In some instances, culture was seen as a backbone and central to the everyday way of being for Aboriginal young people. This was presented as a way of holding culture as central way of 'being' including holding shared beliefs with their family and community (Murrup-Stewart et al., 2020). Culture was perceived as something that was passed down as a generational tradition, that needs to be shared, taught and practiced throughout the everyday (Mukandi et al., 2019). As part of this everyday practice, young people identified that it is not something that someone just possess, that it is a process of 'constant teaching, learning and education of others and yourself', where often traditional practices such as dancing and art enacted as a conduit for teaching and practising culture (Murrup-Stewart et al., 2021, p. 6).

Understanding culture, young people identify with it as a process of healing for them, it is about being part of something, and appreciating times of stillness and moments of reflection. A young person identified that culture offered healing, strength, and beauty and it was about feeling safe and being looked over by their old people through connection on a spiritual level (Murrup-Stewart et al., 2021).

Young people identified through this practice and engagement of their culture, that connection occurred across several anchor points (Jalla, 2016, Cerreto, 2018, Mukandi et al., 2019; Murrup-Stewart et al., 2021). Where they experienced *Connection to*.

- Elders and Knowledge holders;
- Country;
- Community.

Connection to Elders and knowledge holders was expressed and experienced in various spaces. Young people see that for their social and emotional well-being, they must connect, stay connected and re-connect with Elders and knowledge holders, as people who are able to help them and guide them through their life 'being able to talk and sit around a campfire and just yarn' (Garay, 2021, p. 81). This practice was identified as something that assists them spiritually and culturally (Garay, 2021).

Young people who have encounters with the justice system, identified that connecting to Elders was crucial to their healing, recovery and putting their life back together (Cerreto, 2018). Whilst young people connecting to Elders was important, one young participant demonstrated that it was a two-way process of Elders connecting back to young people. This includes Elders connecting to young peoples' trauma and experiences. One participant highlights:

'She [an Elder] sat me down I was so shocked because she's like "I can feel what your body was doing all day, and we need to talk about it because you are broken," and I just lost it because I was like, "what do you mean? How did you know that? I was smiling and laughing all day," and then she goes, "you don't understand babe,

we're connected, I can feel every time, I can feel your heart break. . . I felt that" (Murrup-Stewart et al., 2021, p. 6)'.

Connection is experienced through the young people engaging with Country. This is across various spaces with various experiences. Similar to connecting with Elders, young people connected with Country as a way of spiritual healing, where they can sit, reflect and acknowledge and recognise the importance of connection to country (Cerreto, 2018; Jalla, 2016). The connection is experienced at certain times, or, throughout their everyday practice, such as crushing and smelling the eucalypt from a leaf (Murrup-Stewart et al., 2020). Other instances are mapping out times to engage with Country, and being safe on country, and to be present and to learn from Country (Murrup-Stewart et al., 2021).

Connection is lastly expressed by young people recognising the importance of Community and how they belong and the relationships they have in Community. This relationship includes developing and being responsible and enacting reciprocity as member of the community. A young person in Mukandi et al. (2019) accounts, identified the important of having his cousins be there for him during a time of sadness and distress, as opposed to developing anger, he was taught rap and how to combat his negative emotions. Mukandi et al. (2019) goes on to further identify how the men in the community develop a Brotherhood, centred around showing each other loyalty, respect and support.

4 | DISCUSSION

The aim of this review was to understand Aboriginal young people's health and well-being from their perspective. Given the ongoing and significant advance of indigenous research and the ongoing methodological leadership and progression in this area, the need for deficit based, comparative, defamatory studies must be a thing of the past, considered as a part of Terra Nullius research era (Sherwood, 2010). Emphasis on the use of studies that only included Aboriginal young people's voices in this review enacted a purposeful change in viewpoint to understand how they see their health and well-being.

Across the studies, young people did not speak to be listened to, they spoke to be heard. A troubling sub-text emerged that created a sense of powerlessness, where despite finding voice, young people still face significant issues associated with not being heard. This could be argued as the ongoing oppression and marginalisation of voice, that often occurred in the spaces where it is most needed. This occurred predominately in the colonised systems in which all of us have engaged across the CANZUS Nations. Whether it be the education, health and/or justice systems; young Aboriginal people highlight the reoccurring oppression of their voice and their identity as secondary to the agenda of the system. Shay (2016) highlights oppression-based discourse surrounding the education system, as a well-oiled capitalist machine, that educates, organises and pushes students through a rigid set of curriculums fulfilling the needs of the

teachers, professionals and 'society', not the students. This system fundamentally isolates and oppresses those students outside the dominant narrative.

Within the studies presented, young Aboriginal people recognised the importance of engagement with these systems, and they recognised, why they needed to connect with health professionals, their families, communities, Elders and the other supports around them to get educated and stay healthy. When engaging though, their narratives highlight the burden of these experiences and heaviness of surviving and thriving in these systems. To illustrate this, when young people engaged with emergency departments, seeking mental health crisis support, they were not listened to or heard; they were brushed quickly through an assessment and sent on their way (Cerreto, 2018; Garay, 2021). Similarly, Hyett et al. (2019) state that care was interrupted due to the stereotyping of indigenous people in Canada, where they found this was perpetuated by the deficit discourse taught and continued in health systems through policy, practice and research; subsequently failing indigenous peoples by failing to provide culturally safe health care. Within the literature, there is evidence of the systems and individuals lack of ability to recognise the impact of social and emotional well-being and their failure to recognise Aboriginal people's experience of loss, removal of culture, racism and stigmatisation, but also their cultural diversity, strength and self-determination (Gee et al., 2014; Hyett et al., 2019). What has been identified in other CANZUS indigenous populations is the need for the improvement and engagement with cultural relevant approaches to healthcare service delivery, that focuses not just on indigenous peoples issues, but nurses and clinicians receiving specific training to given proficient and culturally safe health care, that emphasises the need for clinicians to interrogate their own beliefs, values and privilege (Curtis et al., 2019; Wilson et al., 2021). Where the promotion of relational approaches is integral, with the need for delivery and interactions to be centred around cultural values, concepts and practices guided by/with family and community engagement throughout; to empower indigenous people to be self-efficient and self-determined whilst receiving culturally safe centred health care (Curtis et al., 2019; Wilson et al., 2021).

Understanding risk and the failings of the current systems, although framing young people from a deficit narrative, some of the perspectives of young people recognised the generational impact of being stuck and being part of the system prior to being born (Cerreto, 2018). Understanding this on a deeper level, young peoples' identities and experiences can be constructed within a social climate within a relational space of circumstances that either can enable or disable young people (Edwards-Groves & Murray, 2008). If we move forward using a strength-based Indigenous approach as used in this review, it is possible to see young people as individual social beings, who are positioned uniquely, in cultural, social, political and emotional spaces. Understanding that individuals are influenced not from one experience or one system, but from multiple positionings and relational experiences, we can begin to understand the importance of addressing and supporting young indigenous peoples' social and emotional well-being globally (Edwards-Groves & Murray, 2008).

Young Aboriginal people are constantly forming and creating their identity and how they enact that within the society in which they are placed. Historically and contemporaneously, the placement of Aboriginal young people in the broader narrative has focused on the inadequacies they possess, as opposed to their strengths (Askew et al., 2020). In refuting the notion of the everlasting deficit and failure lens, most prominent in this review was the emphasis of culture in young peoples' lives and learning how to navigate risks. Wingard and Lester (2001) offer words of wisdom that can be learnt through the potential acknowledgment of risk: Understand and know who you are, where you are from and what you and your family has been through, know and recognise your past and make others aware of this to make a difference. Further, they recognise that through this knowledge creation, pride evolves, and builds one's ability to see what they have been through, finding stories and finding ways to share, and finding those who will *hear*. Where young people draw upon their ongoing deep connection to their communities and important affinity to their family and kinship systems (Cerreto, 2018), this knowledge arises and supports them to move forward.

Extending on this strength, young people were drawn to culture as being central to their well-being and overall health (physical, mentally, spiritually). Understanding culture and recognition of this is crucial if we are to move forward creating and changing the way in which research engages with the health and well-being of Aboriginal Peoples of Australia (Salmon et al., 2018). Salmon et al. (2018), in their review of the literature around culture, health and well-being, identified the complexity and overlapping of factors that influence Aboriginal culture and well-being. Similar to this review, they found that well-being is experienced through Connection to Elders, Country, Community (Salmon et al., 2018). This includes people reconnecting to culture as a way of navigating out of detention and the justice system, and recognising the need for ongoing connection throughout their lives (Cerreto, 2018). Further, they identified that culture is crucial to their overall well-being and spirituality. Despite such significant evidence, the study identified that culture was still only indirectly or infrequently mentioned in mental health services when caring for Aboriginal people by clinicians (Salmon et al., 2018).

A significant difference in the Salmon et al. (2018) review to this current review is the recognition of colonisation and its impact on Aboriginal people, expressed as something that has occurred through dispossession, loss of identity and culture (Salmon et al., 2018). Although Murrup-Stewart et al. (2021) identified that young people experienced disconnection and loss because of their family not being able to identify and reported that young people still felt inadequate or lacking something as part of their identity compared to others. None of the voices of the young people in the studies we reviewed spoke about colonisation and understanding colonisation through the manifestation of historical trauma.

Historical trauma is a growing space in research, particularly in first how complex trauma is understood and further, how its impacts young Aboriginal peoples' health and well-being as part of their everyday experience in the modern world (Smallwood et al., 2021). Furthermore, culture is a multi-facet concept that has varying,

overlapping impacts on health and social and emotional well-being (Salmon et al., 2018). Historical trauma and its relationship with culture remains greatly understudied in the context of Aboriginal young peoples' health and well-being in Australia, despite being recognised as fundamental to social and emotional well-being principles (Gee et al., 2014). Particularly absent in the literature is the production of such knowledge and understanding of the importance that such research must be conducted by Aboriginal people, with Aboriginal people and their voices at the centre (Azzopardi et al., 2018, Salmon et al., 2018; Smallwood et al., 2021).

Although we do not consider this a limitation, we purposefully only selected studies that had the presence of Aboriginal young people's voices, thus limiting the inclusion of a potentially wider range of studies. Further, the selection of only traditional peer-reviewed research studies limited research that may have been disseminated using non-traditional formats, such as art, audio-visual or oral methods.

5 | CONCLUSION

This review was designed to understand young Aboriginal people's perspective of their health and well-being. Given literature reviews are the foundation of research that informs research, policy and practice, by using an indigenous approach and analysis, the review presents a strength-based counter narrative that highlights insights into the storied accounts of young people from their perspective and context. Identifying how young Aboriginal people foster strength and resilience, which is enhanced through meaningful recognition by the services they encounter, and by the adoption and meaningful embeddedness of the social and well-being principles of health (Gee et al., 2014). During the process of the review, an interconnected picture emerged about how Aboriginal young people enact agency in a highly racialised, often oppressive spaces, thereby expanding current understandings of the importance of culture, and the connectivity, relationality and dependability of culture. Although an absence of explicit text within studies about the impact of colonisation was revealed, understanding this through a social and emotional well-being view of health allowed young peoples' stories to reveal the enduring impact of colonisation and its impact on culture, country, community and kinship systems; arguably something that all Indigenous young people potentially face within the CANZUS nations. Furthermore, this review has illustrated how disconnected young people have experienced loss, but also how they can rebuild their cultural identity through connection to culture, country and Elders in order to forge a way towards resilience and strength holistically.

6 | RELEVANCE TO CLINICAL PRACTICE

Literature reviews are the foundation in which inform nursing practice. As clinicians, nurse-researchers and academics pursuing research and policy development within the Aboriginal health and

wellbeing space; a conscious awareness is required when engaging with this literature. What was identified by this review, most current literature is informed from a deficit discourse perspective. By shifting consciousness and awareness of these issues, clinicians, nurse-researchers, and academics can be informed through the emphasis of Aboriginal young peoples' voices, their strength and resilience in the health and wellbeing space.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

RS, KU, DJ, CW and NS involved in initial conceptualisation and design of the review. RS involved in all literature searching, screening, appraisal and extraction. RS, KU, DJ and CW involved in data analysis and results presentation. NS involved in embedding of cultural authority and provision of cultural advice throughout the review. RS, KU, DJ and CW involved in writing, redesign, and presentation of the paper. All authors contributed to the article and approved the submitted version.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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SUPPORTING INFORMATION

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