


## REVIEW

# Music as a determinant of health among First Nations people in Australia: A scoping narrative review

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## Abstract

**Issue Addressed:** While social determinants frameworks are still popular in research about First Nations health in Australia, a growing body of research prefers cultural determinants of health models. Cultural determinants models provide a holistic, strength-based framework to explain connections between health and contextual factors, including the potential role of music and its impact on social and emotional well-being. Given the growing international recognition of links between music, health, and wellbeing through bodies such as the World Health Organisation, this article examines whether and how music practices are acknowledged in First Nations determinants of health literature.

**Methods:** We conducted a scoping narrative review of literature from five databases: Scopus, PsycInfo, CINAHL, PubMed and ProQuest Central. The search returned 60 articles published since 2017, which we analysed in NVivo for common themes.

**Results:** Music was only explicitly identified as a determinant of health in two studies. Yet, participants in five studies identified music and song as directly impacting their social and emotional well-being. When we broadened our frame of analysis to include other forms of expressive cultural practice, one quarter of included studies empirically acknowledged the role of expressive cultural practice for social and emotional well-being.

**Conclusion:** While many recent studies identify the impact of First Nations' expressive practices broadly, they miss important features of First Nations music as a potentially unique cultural, social, political and ecological determinant of health.

**So What?** There is an opportunity for future research and health determinant modelling to explicitly examine the role of First Nations music and other creative practices for social and emotional well-being.

## KEYWORDS

Aboriginal and Torres Strait Islander, cultural determinants of health, First Nations, music, social and emotional well-being

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## 1 | INTRODUCTION

Cultural determinants of health (hereafter CDoH and DoH) are gaining credibility in health literature, as social determinants frameworks, although predominant, are increasingly seen as insufficient due to their emphasis on social deficits rather than cultural strengths.<sup>1</sup> To understand how music is situated within recent literature about First Nations<sup>1</sup> DoH, we conducted a scoping narrative review of empirical studies on CDoH in Australia published since 2017.<sup>2</sup> We focused on studies since 2017 to extend an existing national review of Australian First Nations cultural DoH research published before 2017.<sup>3</sup> We investigated where music fits in recent literature, and how cultural determinants researchers frame discussions of music and music-related practices.

This review was conducted as part of an ongoing Australian Research Council study examining First Nations music as a CDoH. In that study, cultural practices such as music listening, singing, performance, ceremony, song writing and recording in professional and community settings are critically explored as both intrinsic or proximal CDoH that can have immediate cultural health and wellbeing effects, and as practices that might shape surrounding or distal DoH such as public health and wellbeing policies, services, employment and racism.<sup>4</sup>

Existing reviews on First Nations health, wellbeing and healing note the dominance of Social Determinants of Health (SDoH) and biomedical models to describe the relationship between contextual factors and health among First Nations people in Australia.<sup>1,5</sup> Such studies are critical of a strict SDoH lens to describe relationships between health and its causes for First Nations communities, because SDoH typically do not account for the central role of culture in our health and wellbeing. Other critics of SDoH approaches argue that it can reinforce deficit framings of First Nations' communities, which perpetuate stereotypes, health inequity and marginalisation.<sup>6</sup>

National and international studies increasingly adopt a CDoH approach as a strength-based alternative to SDoH in health research.<sup>1,3,5,7,8</sup> Australian First Nations researchers often use Gee et al.'s Social and Emotional Wellbeing (SEWB) framework (see Figure 1).<sup>9</sup> This framework emphasises First Nations peoples' connections to culture, Country, family, community and spirituality. As reflected in Figure 1, existing CDoH models still recognise the relationship between SDoH and strength-based cultural domains that include connection to Country, cultural beliefs and knowledges, language, family and community, cultural expression and continuity and self-determination and leadership.<sup>10</sup>

Drawing on tens of thousands of years of oral cultural transmission, Australian First Nations cultures store knowledge in song, stories and language [11, p. 25, 12]. As such, First Nations song and performance traditions are seen as 'vital to maintaining social and environmental cohesion' [12, p. 7], and as pathways to support individual and collective health.<sup>13</sup> Despite broad recognition of musical activity in cultural traditions and practices, literature that specifically examines the role of music as a CDoH is limited. Jones et al. find that '... the absence of evidence on cultural practice and expression is particularly

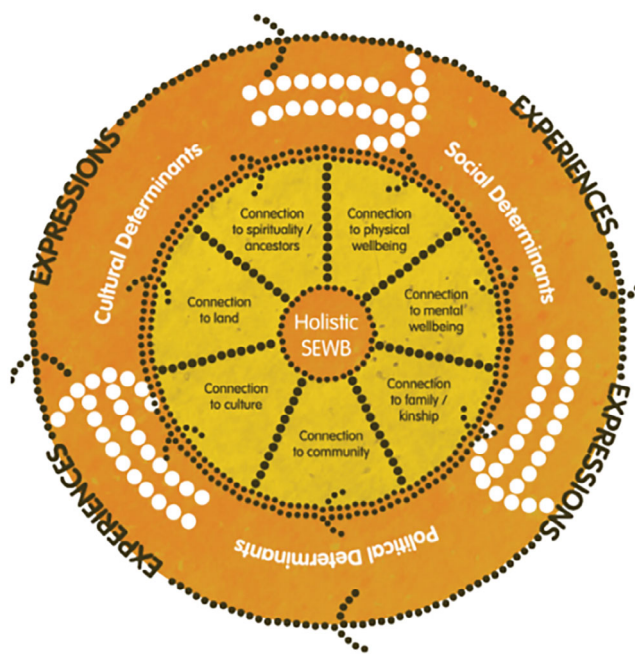


FIGURE 1 Gee et al.'s SEWB framework.<sup>9</sup>

striking, given its foundational importance to wellbeing' [14, p. 1]. Existing reviews highlight the value of cultural practice and expression for the intergenerational transmission of First Nations spiritualities and reclaiming Aboriginal identities [5, p. 5]. Some foreground the unique role of music in language revitalisation [3, p. 27]. Yet, many of those reviews do not focus on the specific role of music beyond recognising its value more broadly as an expressive cultural practice.

### 1.1 | Objectives

This review aimed to complement and extend existing literature reviews about First Nations DoH by examining whether and how music is acknowledged in recent CDoH research and literature.<sup>3,5</sup> The review sought to answer three questions:

1. What are the known DoH for First Nations people in Australia?
2. What is the acknowledged role of music in the literature about known DoH for First Nations people in Australia?
3. Which models and concepts for understanding relationships between CDoH and SEWB are mostly frequently cited in this literature?

Questions one and three above helped to guide our wider national research by identifying known DoH and then examining how music may shape those DoH across a series of culturally and geographically diverse community case studies. We published a community-friendly guide to the full review findings elsewhere.<sup>2</sup> In contrast to the full community report, this article primarily reports findings relevant to question two. We do so to highlight the relative

absence of music in existing DoH research, and its potential significance for future research. The literature review approach is described below and a summary of findings in relation to question one is outlined. The discussion and findings in relation to question two are also presented, and a discussion of the significance of the review findings, study limitations, and areas for future research concludes this article.

## 2 | METHODS

Due to the exploratory nature of the review topic and the diverse disciplinary and cultural approaches involved, we used a combination of scoping review for the retrieval phase and narrative review for analysis. We followed Arksey and O'Malley's framework for scoping reviews to identify and select texts relevant to our research questions.<sup>15</sup> There is growing recognition that systematic scoping review styles can be usefully combined with narrative review methods.<sup>16</sup> Notably, hybrid scoping-narrative reviews can enable situated cultural and political interpretation and synthesis in Indigenist research while maintaining transparency and replicability.<sup>16</sup> We limited our review to new empirical studies published between January 2017 and January 2024. We did so because Salmon et al. conducted a comprehensive review of similar CDoH literature from 1990 to 2017,<sup>3</sup> and Verbunt et al. published a meta-analysis of reviews of Aboriginal and Torres Strait Islander CDoH in 2021.<sup>5</sup>

This review was conducted by a national research team comprising six diverse First Nations and three non-Indigenous researchers. It was guided by an Indigenist approach to research that sought co-leadership with First Nations team members at each point throughout the review process, including the design, analysis, initial findings and discussion, and drafting of this article. To counteract predominating deficit discourse in health research about First Nations people, we ensured that all included studies centred First Nations voices and experiences, and that our analysis foregrounded First Nations participants' testimonies about what builds positive SEWB.

### 2.1 | Data sources

The authors consulted a Griffith University librarian to determine which databases would be the most appropriate to include in our search and to help refine our search query. We searched five databases for the literature review: Scopus, PsycInfo, CINAHL, PubMed and ProQuest Central. We initially included Trove and JStor, but found they could not support our complex search strings and excluded results from those databases.

### 2.2 | Inclusion and exclusion criteria

As described in Apps et al.,<sup>2</sup> studies were included if they (i) empirically and directly investigated one or more connections

between psychosocial health and contextual factors, and attempted to explain those connections; (ii) centred the voices and experiences of First Nations people in Australia as their target demographic, rather than as a subset of a broader population; (iii) were conducted in Australia; and (iv) were published between January 2017 and January 2024.

As described in Apps et al.,<sup>2</sup> studies were excluded if they (i) primarily evaluated a program implemented to improve SEWB, with only implications for SEWB; (ii) primarily described elements of SEWB and health rather than investigating causal relationships between culture and SEWB; (iii) centred the voices of other populations (such as clinicians or nurses) to describe the experiences of First Nations people in Australia; (iv) were a literature review or meta-analysis; and (v) were conducted outside of Australia.

### 2.3 | Data extraction

As described in Apps et al.,<sup>2</sup> we used existing studies to select search terms and added terms for political DoH such as 'health equity' and 'self-determination'.<sup>3,9</sup> We used three search strings connected using the Boolean operator 'AND' with the keyword 'Australia'. String one identified terms for First Nations populations, string two identified terms for cultural, social, and political DoH, and string three identified terms for 'determinants of health' and 'social and emotional well-being'. In each database, we tested string two with and without the addition of the music-related queries with truncation symbols ('music\* or dance\* or dancing or ceremon\*') and found that each database yielded no additional resources for inclusion. This may be due to music-related papers already including key terms such as culture and Country. We applied the same search strategy for all databases, as summarised in Appendix A.

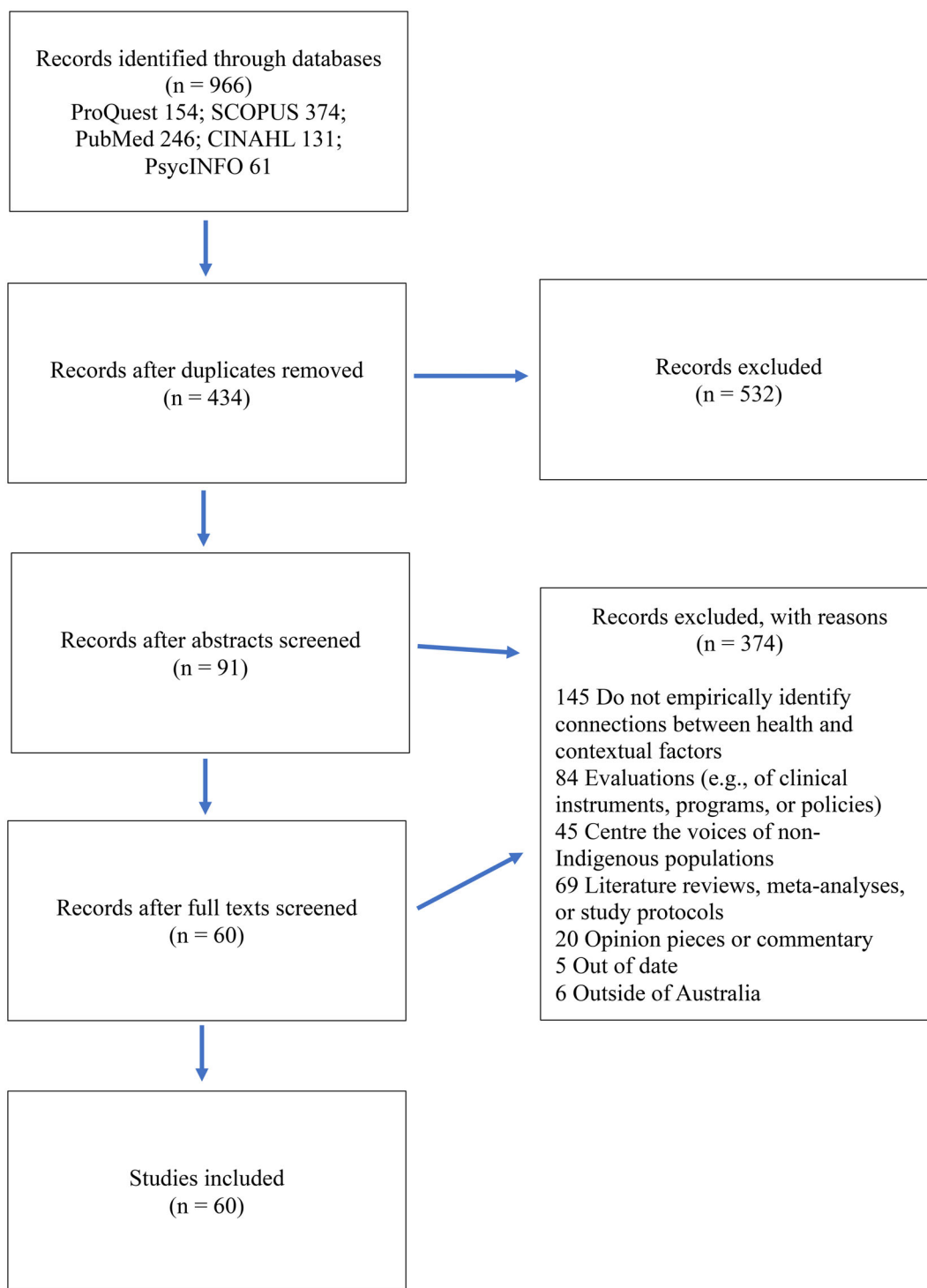
### 2.4 | Data synthesis

Authors 1 and 2 discussed themes that arose from the initial analysis and merged our respective node trees in NVivo. We initially determined themes based on what arose inductively in the data: that is, DoH that were identified in multiple texts. We then used the Gee et al. SEWB model to achieve a shared understanding of the sample, grouping themes into three categories based on this model.<sup>9</sup> We used a narrative review style analysis to make sense of where and how music was situated in the sample.

## 3 | RESULTS

### 3.1 | Overview

The results of the search across five databases returned 434 sources after duplicates were removed. Authors 1 and 2 manually screened



**FIGURE 2** Summary of the review process.

all abstracts to determine inclusion or exclusion with input and cross-checking by Author 3. We imported the resulting 91 texts into NVivo and excluded 31 more articles after screening full texts. Authors 1 and 2 analysed the remaining 60 sources, and met with Author 3 for cross-checking.<sup>2</sup> See Figure 2 for a summary of the review process.

### 3.2 | Characteristics of included articles

Included studies were conducted in single locations, across multiple locations, nationally or as components of international studies. Some studies focused on discrete subgroups within First Nations communities, such as mothers<sup>17,18</sup> and fathers,<sup>19</sup> older adults and Elders,<sup>20,21</sup>

Characteristics		Studies (n)	(% of total)
Location	Single location	20	(33%)
	Multi-site	24	(40%)
	National	13	(22%)
	International	3	(5%)
Population	Children and young people (<25 years)	13	(22%)
	Adults or age unspecified	30	(50%)
	Older adults and Elders (>60 years)	6	(10%)
	Women	4	(7%)
	Men	1	(2%)
	Parents	6	(10%)
Methodology	Qualitative	38	(63%)
	Quantitative	19	(32%)
	Mixed methods	3	(5%)
Framework	SEWB or other First Nations cultural framework	36	(60%)
	SDoH	24	(40%)

**TABLE 1** Summary of characteristics of included articles.

First Nations rangers<sup>22</sup> and First Nations correctional officers.<sup>23</sup> Most ( $n = 38$ ) of the articles used exclusively qualitative methods, such as semi-structured interviews, focus groups and yarning. Nineteen studies used strictly quantitative research methods such as surveys and statistical analyses of reported health data, and three used mixed methods. Most ( $n = 36$ ) articles used SEWB frameworks or other First Nations cultural paradigms to frame findings. Twenty-four articles used an SDoH model to conceptualise First Nations DoH. Many studies were critical of SDoH models, arguing that those models inadequately explain DoH for First Nations peoples.<sup>24,25</sup> We have summarised characteristics of included articles in Table 1.

### 3.3 | Known determinants of health

We note that several recent reviews offer expert analyses of known First Nations DoH in Australia.<sup>3,5</sup> Here, we briefly summarise known DoH as a stepping off point for our analysis of whether and how music practices are substantively recognised or explored in DoH research and literature. The included studies identified many DoH across different domains. These are described in detail in Apps et al.<sup>2</sup> and summarised in Table 2. The search terms returned articles that were primarily concerned with understanding the role of culture in First Nations health. We continued to find the Gee et al. SEWB model relevant in the analysis phase to identify historical, political and social DoH as surrounding and informing cultural DoH at the centre.<sup>9</sup> Using this SEWB model as a guide, we coded DoH into three categories—historical and political DoH, CDoH and SDoH. As discussed in Apps et al.,<sup>2</sup> the interconnectedness between DoH arose as a meta-theme in the data. Keywords ‘connection’ or ‘connectedness’ often featured in included studies to describe how individuals’ connectedness to appropriate health services, culture, community, and Country often underpinned SEWB,<sup>26–28</sup> and some argued that this

**TABLE 2** Summary of themes arising in literature about known DoH.

Category	Themes
Historical and Political DoH	Colonisation
	Forced removal from Country and kin
	Stolen Generations
	Self-determination and community control
SDoH	Racial discrimination
	Lack of access to culturally safe health services
	Education and employment
	Housing
CDoH	Connection to Country
	Family and community
	Self and identity
	Language use and reclamation
	Spirituality
	Expressive cultural practices

complexity often goes unacknowledged in SDoH framings of health.<sup>25</sup> Studies emphasised that ‘acknowledging multiple factors and complexity is critical’ to understanding First Nations DoH [29, p. 211]. For example, a board member participant featured in Kingsley et al. explained that ‘... connection is wellness; if you’re connected ... you get that help you need’ [29, p. 216].

Historical and political determinants refer to the ongoing impact of colonisation and are concerned with how power is produced, maintained, and challenged, such as through government policies and self-determination [9, p. 62]. The historical and political determinants most identified in the literature were colonisation, past and present

government policies of forced removal from Country and kin (such as the Stolen Generations), and self-determination and community control. For example, self-determination and community control were associated with improved health outcomes,<sup>4,30,31</sup> and programs and services governed by local Elders<sup>32</sup> such as First Nations community-controlled art centres<sup>21</sup> were shown to contribute positive outcomes for SEWB.

The most common SDoH<sup>3</sup> identified in the literature were racial discrimination, lack of access to culturally safe health services, education and employment, and housing. For example, racial discrimination was identified as a risk factor to health in five studies.<sup>18,24,34–36</sup> Lower education and employment in First Nations communities were also associated with poor health outcomes,<sup>37–39</sup> such as higher prevalence of otitis media among children.<sup>40</sup> Conversely, higher employment rates were associated with better SEWB.<sup>4,41,42</sup>

The most common CDoH identified in the literature were coded into six subthemes: connection to Country, family and community, self and identity, language use and reclamation, spirituality and expressive cultural practices. Studies associated disconnection from one's ancestral Country with distress, lack of belonging and social exclusion,<sup>43</sup> particularly during COVID-19.<sup>44</sup> Conversely, connection with Country and being on-Country were associated with positive SEWB.<sup>22,26,27,45–47</sup> Strong connections to family and community were identified as crucial DoH,<sup>39,48,49</sup> through giving and receiving support,<sup>17,19,50,51</sup> and creating a sense of belonging and identity.<sup>43,52</sup> The role of Elders, particularly, was seen as crucial for facilitating and mediating these connections between and among families and communities,<sup>21,26</sup> and maintaining cultural-ecological knowledges.<sup>29,52</sup> Conversely, some studies identified overwhelming responsibilities to family and community as risk factor to health.<sup>23,46,51</sup>

Cultural identity or a strong sense of self was another key CDoH identified in the literature. Resilience was seen to be a key component of culturally inscribed senses of self,<sup>27,50</sup> and functioned as a protective factor against anxiety,<sup>53</sup> trauma severity<sup>34</sup> and later-life depression.<sup>20</sup> Studies linked strong senses of self and cultural identity to other DoH such as employment and expressive cultural practices.<sup>4,42</sup> Language use and reclamation were shown to afford SEWB through providing avenues to empowerment and connection to culture,<sup>54</sup> Country, and spirituality.<sup>45</sup> On the other hand, not knowing one's ancestral language was identified as a barrier to connection with Country and culture.<sup>55</sup> The subtheme spirituality was most often invoked as a DoH alongside other CDoH such as language use,<sup>45,55</sup> cultural identity<sup>52,56</sup> and being on Country.<sup>22,57</sup> Conversely, senses of spiritual disconnection were associated with poor SEWB.<sup>47</sup>

Although studies in the sample mostly did not identify music or song as DoH, one-quarter of the studies ( $n = 15$ ) identified the importance of expressive cultural practices more broadly, such as storytelling,<sup>17,29,56,47,50</sup> and ceremony.<sup>25,27,54,58,59,60</sup> Researchers tended to associate expressive cultural forms, such as dance,<sup>17,26,29,59</sup> music and song,<sup>4,26,29,42,45</sup> and visual arts,<sup>51,61</sup> with these broader categories of storytelling, ceremony, and expressive cultural practices. Such practices were shown to improve SEWB and healing through strengthening cultural identity,<sup>26,59</sup> self-expression,<sup>61</sup> community

connectedness,<sup>17</sup> and to create feelings of connection and empowerment.<sup>29</sup> We explore these relationships in greater detail in the following section.

### 3.4 | The role of music

Only two of the studies in our sample empirically identified music as a DoH. Bartleet, Sunderland and Lakhani explore how music and arts activities interact with known social and cultural DoH such as employment, language, cultural identity and community connectedness.<sup>42</sup> They show how music activities and organisations function as DoH for First Nations people through providing opportunities to work and improve earning capacity, and to practice culture, which all have flow-on effects for strengthening the CDoH of cultural identity and sense of self. They also show how music activities such as festivals facilitate social cohesion within First Nations communities and between communities and wider Australian society. More recently, Sunderland et al.<sup>4</sup> found that music functions as a DoH 'across all cultural determinants domains' [4, p. 6]. Respondents in this study also articulated how music-making actively shapes political determinants such as self-determination and activism. Music making was identified as a key factor informing self-determination by providing a platform for First Nations people to voice personal and political stories to 'support and uplift' their communities [4, pp. 7–8].

Authors in the remaining sample did not explicitly identify music as DoH or describe how music can shape other DoH. However, *participants* sometimes mentioned how song, dance, and music contributed to their SEWB, while researchers tended to categorise such observations under broader themes such as 'cultural' or 'expressive practices'. When we expanded our analysis to include studies where participants explicitly acknowledged the role of music and song, but researchers did not, we found an additional three sources that indicated music's potential role as a DoH.<sup>26,27,45</sup>

In one example, First Nations participants in Sivak et al. note that song is central to healing Country: '... it all comes back to song ... It comes back to putting that spirit back into Country through song' [45, p. 7]. Instead of focusing on the distinct qualities of song and music, the authors position song as an aspect of language reclamation. Similarly, in Chamberlain et al., participants acknowledge the significance of 'learning song and learning culture from the elders' [27, pp. 5–6], while identifying music as a vital outlet and means of expression for healing. In both cases, the researchers code these participants' statements together with other art forms like painting as expressive strategies and connective cultural activities that support SEWB.

In addition, Murrup-Stewart et al. coded the following participant statement into the broader theme 'cultural activities and practice': '... everything that we do, when it comes to culture, [is] therapeutic, and that's art, and that's didgeridoo, that's dancing, that's connection, and that's what, makes an Aboriginal person strong ...' [26, p. 1841]. Here the participant emphasises the unique role of music (didgeridoo) and dancing, directly linking these practices to healing and strength. The authors did, however, acknowledge the role of First Nations

musicians specifically in their analysis, identifying their impact on senses of community pride and confidence. Dance featured indirectly in participant testimonies, with one study<sup>29</sup> recognising the importance of gathering places for the establishment of a traditional dance group and its positive impact on SEWB by providing a means of practicing culture.

As discussed in the previous section, this review found that one-quarter of the current literature has acknowledged the role of expressive cultural practices as DoH. These studies show how music, song and ceremony are interconnected with other DoH acknowledged in the literature more broadly, such as language,<sup>42,45</sup> self and identity,<sup>4</sup> self-determination,<sup>4</sup> employment,<sup>42</sup> connection to Country<sup>29</sup> and family and community,<sup>59</sup> to name a few. For example, Gilby et al. demonstrate how an annual 'Welcome Baby to Country' ceremony, which includes a song and dance performance, functions to create connection and belonging, which 'generated positive emotions and reduced impacts from ongoing colonisation' [59, p. 16]. However, in the sample as a whole, music specifically is underacknowledged as a DoH, even where community voices identify its unique importance.

## 4 | DISCUSSION

This review found the role of First Nations music as a DoH continues to 'fly under the radar' in current published health literature, where it is often generalised into expressive cultural practices more broadly. This was also the case in two recent comprehensive reviews of CDoH literature. In their scoping review of CDoH literature before 2017, Salmon et al. categorised arts and music together with dance, storytelling, theatre, ceremony and visual arts, all underneath the broader umbrella of 'cultural expression and continuity'.<sup>3</sup> Like this review, they found such expressive cultural practices to be interconnected with other identified CDoH through providing opportunities to revitalise First Nations languages, connect with family and community, and reconnect with Country [3, pp. 26–27]. In their meta-analysis of DoH literature reviews, Verbunt et al.<sup>5</sup> briefly confirmed the positive role of expressive practices in shaping cultural identity, drawing their findings predominantly from Salmon et al.<sup>3</sup> Jones et al. argue that this limited academic evidence for expressive cultural practice as DoH does not align with the central role of song and oral performance traditions in First Nations cultures.<sup>11,12,14</sup> This was also apparent in the findings of this review, where participants' testimonies about the importance of music and song for SEWB and healing were generalised into broader categories.

This review confirms a significant gap in health literature about the potential power of First Nations music as a unique cultural, social and political DoH. With notable exceptions,<sup>62–65</sup> the relative absence of Australian literature exploring the strong potential of musical practices as DoH is also evident internationally. This work, however, has begun outside of First Nations contexts. For example, in their review of music as a social determinant of health internationally, Stewart and Irons describe music as 'the invisible thread that weaves between' the individual, society and protective factors for health and wellbeing

[66, p. 28]. Researchers in the field of medical ethnomusicology also acknowledge the complex interdependencies between music and 'the biological, psychological, social, emotional and spiritual domains of life' [67, p. 4]. Australian research in the arts and ethnomusicology explores how music promotes First Nations SEWB by facilitating other CDoH such as cultural connection and continuity,<sup>68–70</sup> and connection to family and community,<sup>71,72</sup> which proved to be critical during the COVID-19 pandemic.<sup>73</sup> However, music and arts researchers often do not link their work to DoH frameworks or describe their research with reference to existing knowledge in relevant health fields. For example, Barney and Mackinlay [74, p. 2] suggest that First Nations music research tends to disregard how First Nations musical expression can mediate individual and collective experiences of trauma. The complex interdependencies captured in these studies indicate a greater need for collaboration between creative arts and health fields. Our review findings suggest a similar situation.

As evidenced in participant testimonies in this review, First Nations communities often recognise the role of music and song for SEWB, and have understood this relationship between music and healing for tens of thousands of years. As Oliver observes, 'prior to colonisation traditional forms of healing, such as the use of traditional healers, healing songs and bush medicines were the only source of primary health care' [75, p. 1]. Atkinson et al. show that music, dance, and song are still vital components of present-day cultural healing practices.<sup>76</sup> Towney demonstrates how First Nations people are 'retelling a story of cultural strength, survival and pride ... through recovering skills and culture, through sharing bush knowledge, bush skills, art, dance and culture' [77, p. 42]. It is in such a way that First Nations music and songwriting can afford 'narrative repair' through truth-telling and challenging dominant narratives [74, p. 2]. This review suggests that there is much to gain by listening to and drawing together First Nations voices, testimonies and knowledges in this domain.

This review has shown how important it is to acknowledge complexity and connectedness between DoH. Thus, the focus on music in this review does not intend to diminish any potential value gained through viewing musical activities as closely connected to other First Nations artistic and cultural practices. A scoping review published in 2019 found that the beneficial impact of the arts on wellbeing could be strengthened further by acknowledging and acting on this growing evidence base.<sup>78</sup> Among biomedical professionals, the need to understand impacts of culture on health is well established, even while methods and consequences of doing so remain largely unexplored. Napier et al. note that 'a line can no longer be drawn between biomedical care and systems of value that define our understanding of human wellbeing' [79, p. 1607]. Their conclusions are not ambiguous when they state that 'the effect of cultural systems of values on health outcomes is huge, within and across cultures', and, as such, 'the need to understand the relation between culture and health ... is now crucial' [79, p. 1607]. Although such conclusions are widely expressed and accepted in the biomedical field, understandings of how to integrate First Nations cultural wisdom and biomedical knowledges are at very early stages.

## 4.1 | Strengths and limitations

This literature review has highlighted a gap in current health research about DoH in Australia. A limitation of the review was our exclusion of JStor and Trove, which could not support complex search strings over 200 characters but nevertheless could have provided a more comprehensive picture of DoH literature. Another limitation of this review is its focus on academic publications rather than grey literature. We recognise that music as DoH has been explored in grey literature by many Aboriginal community-controlled organisations, but our review shows that this has not yet transferred to arts health research. Grey literature and community voices are included in other phases of the 3-year national project, but at this scoping stage, we wanted to know what research had been conducted and published in the area. Future research could benefit from utilising these databases and drawing together grey literature on the topic.

Team input and collaboration were key strength of the review, as Authors 1, 2 and 3 met regularly to discuss sources, inclusion and exclusion criteria, and emerging themes. Meeting to share review design and initial findings with the broader team of co-authors facilitated a rigorous thematic analysis and discussion. This collaborative approach with First Nations and interdisciplinary input at every stage led to a more coherent and meaningful understanding of the role of music as DoH, as well as where and how current research falls short. One limitation of our approach is the breadth of First Nations feedback we sought about our findings. We will improve our collaborative approach by workshopping our findings with the project's international advisory group in future phases of the project.

## 5 | CONCLUSION

This review has drawn together current evidence on what is known about First Nations health determinants. The findings show that existing DoH research only brushes the surface of the ancient wisdom within song lines that connect and sustain us as First Nations people. In many of these studies, music and song were explicitly acknowledged by participants and then generalised into the broader themes of cultural practice or expression by researchers and authors in their analyses. While there is value in viewing musical practice through the same lens as non-musical expressive practices such as storytelling and ceremony, this generalisation undoubtedly misses important features of First Nations music as a unique cultural, social, political and ecological determinant of health. This provides an opportunity for future research to explicitly examine the role of First Nations music for SEWB, using a strength-based cultural determinants of health model. Such research would exemplify culture-centred and decolonised solutions to our health and wellbeing, and enable First Nations people to be in the driver's seat, making choices and keeping things moving forward.

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We thank and acknowledge our diverse cultural ancestors as is customary for First Nations people. Scarfe is a fifth-generation descendant of Irish and English immigrants and grew up on the unceded lands and waters of the Wiradjuri people. Apps is a fifth-generation European/Settler of English and Nordic heritage, was raised on the lands of the Quandamooka Peoples and acknowledges First Nations Peoples as the rightful owners of the lands and waters now known as Australia. Sunderland is a proud descendant of mixed European ancestors and the Wiradjuri First Nations People of Australia, a community singer-songwriter, and arts-health researcher. Graham is a musician and academic with Irish, Scottish, English and unknown Indigenous heritage. Bartleet is a first-generation emigrant from South Africa, with English, Scottish and Irish cultural heritage, and a community music scholar who has worked closely with Warumungu and Warlpiri musicians in the Barkly region of Australia for over a decade. Barry is a visual artist, healer, and musician with connections with the Gamilaraay, the First Nation peoples of North Western NSW and Western QLD, Australia. Garvey is a singer and social and emotional well-being researcher born and raised in North Queensland with a heritage reflecting the First Nations, Asian and European diversity of the Torres Strait. Cooper is a graphic designer and descendant of the Worimi People of the coastal New South Wales region and European/American immigrants. Bracknell is a Noongar musician, songwriter, and language researcher from the south coast of Western Australia with Noongar and European ancestors. We acknowledge the contribution of Ellen Beaumont who provided valuable proofreading and formatting work on this paper. Open access publishing facilitated by Griffith University, as part of the Wiley - Griffith University agreement via the Council of Australian University Librarians.

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## CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

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## ENDNOTES

- 1 The term First Nations People refers to the collective diverse Aboriginal and Torres Strait Islander Peoples of Australia but also acknowledges advisors and participants in later phases of this study who represent diverse Ni Vanuatu and Māori First Nations communities in Vanuatu and Aotearoa New Zealand. The study's international advisory group and the majority of the research team who are Aboriginal or Torres Strait Islander People prefer to use the term First Nations People. We respectfully acknowledge that different communities and groups with whom we work prefer other terms, in particular their specific and local language group names, which we use whenever possible and relevant.
- 2 Part of this review was conducted after a peer reviewer suggested we broaden our time frame for inclusion.
- 3 As in Zubrick et al. [33, p. 94] we categorised SDoH as the 'material and social environment of families and the communities in which they live, and the psychosocial conditions of life', such as poverty, housing, social life and access to services.
- 4 It should be noted that this study was conducted by the same team who authored this literature review.

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## APPENDIX A

### A.1 | SEARCH STRINGS

#### A.1.1. | First search string

Aboriginal\* or Indigen\* or 'Torres Strait Island\*\*' or 'First Nation\*\*' or 'First People\*\*'.

#### A.1.2. | Second search string

cultur\* or lore or law or Country or homeland\* or land or landscape\* or seascape\* or ocean or oceans or waterway\* or saltwater or fresh-water or communities or community or Elders or elder or ancest\* or

dreaming\* or dreamtime or songline\* or famil\* or kinship\* or spirit\* or language\* or body or embodiment or emotion\* or mind or rights or equit\* or inequit\* or self-determination.

#### A.1.3. | Third search string

'determinant (proximity) health' or 'social and emotional well?being'.

For each database, we tested string two both with and without the addition of the music-related queries with truncation symbols ('music\* or dance\* or dancing or ceremon\*\*') and found that for each database, the results yielded no additional resources for inclusion. This is possibly due to music-related papers already including key terms such as culture and Country in the full text.