Culture, Health and Well-Being: Yarning with the Victorian First Nations Community

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Abstract

Indigenous young people around the world suffer poorer mental health outcomes than their non-Indigenous peers. Currently, how culture matters for health, what cultural practices are used in community to support health and well-being, and how culture is passed on in Aboriginal contemporary life in southeast Australia—the region most affected by settler-colonisation—is not well understood. This paper presents findings from yarns with a representative sample of 44 Indigenous participants working in the field of health and well-being that explored how culture interleaves with health and well-being. It uses grounded theory as the overarching methodology with community participation in all aspects of the project. Participants were nominated through snowball sampling and screened by a governing board of Elders. They included men and women of varied ages with half residing in urban areas and half in rural Victoria, Australia. They had declared affiliations to 31 traditional tribal groups. The yarns were held over Zoom videoconferencing between an Indigenous research assistant who was part of the community, and each participant. Each yarn was recorded, transcribed, coded and analysed by a multi-perspectival team. Culture was viewed as central to individual and communal life and passed on through relationships with people and Country itself. Community members used a wide variety of cultural practices to aid and maintain health and well-being in profound ways. Myriad extant obstacles to health and well-being were also described, from experiences of disconnection through to barriers for accessing services. These findings have the potential to shape future holistic care and policy.

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Glossary

Aunty and **Uncle**: titles of respect for women and men who are considered to carry significant knowledge and wisdom.
Country: tribal lands, inclusive of waterways, plants, animals, rocks, celestial bodies, Ancestors, Totems and Spirits of Country. To be "on Country" or "off Country" indicates whether someone is physically present on or distant from their tribal lands.
Deep listening: quiet, contemplative, listening with a spiritual dimension.
Story: significant narrative emerging from an Indigenous epistemology and ontology involving Ancestors, Totems and Spirits of Country.
Yarning: an expression that describes a relational, circular conversation that is inclusive of "deep listening."

Introduction

The mental health of Indigenous young people (12–25 years) is significantly worse than their non-Indigenous peers; a much higher percentage report high or very high levels of psychological distress (33% vs 13%) and/or a long-term mental health condition (29% vs 16%), are hospitalized for injury or poisoning (37% vs 23%), or die from injury or poisoning (52% vs 18%), are hospitalized for intentional self-harm (5% vs 2%), or die from intentional self-harm (29% vs 7%) (AIHW data, 2018). Moreover, mental illness remains an independent risk factor for worse overall health status and premature death and its effects are known to be large, long-lasting and potentially trans-generational (Deferio et al., 2019; Vance et al., 2022).

This context of dire mental health among Indigenous young people accentuates the extraordinary absence of Indigenous community consultation in the *Close the Gap* strategy (COAG, 2008) and its scathing 10-year review (CTG Campaign Steering Committee, 2018) which led to the genuine Indigenous partnerships of the current *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (DHAC, 2021). The initial *Close the Gap* strategy was formulated with no Indigenous

community engagement. *The National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (CoA, 2013) was essentially a framework with no attendant implementation detail, especially on engaging the Indigenous grassroots communities, and its related 2015 *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (CoA, 2015) is merely another framework with no fundamentals, most notably no service gap analysis or concrete action for filling service gaps, no budget and no workforce provision. Yet, governments recognise that Aboriginal and Torres Strait Islander people remain socially, politically and economically marginalised in their own lands where they are the First Peoples (DoH, 2017; DHAC, 2021; Dudgeon et al., 2014; Royal Commission, 2021; DPM&C, 2017; VACCHO, 2022) and disconnected from their Ancestral Country, Totems and Stories, and sustaining cultural practices that give rise to their communities (Dudgeon et al., 2016; Maori Health Authority, 2022; McGaw et al., 2022a; O'Keefe et al., 2022). This disconnection has repeatedly been linked with their much higher rates of mental health conditions (Eckermann et al., 2010; Pontes et al., 2020; Vance et al., 2016a; Walters & Simoni, 2002; World Health Organisation, 2014).

A large volume of literature has also emphasised the trauma associated with this disconnection extending to partitioning off mental health from physical and spiritual health rather than health being a holistic essence (NIAA & AIHW, 2020; Burgess et al., 2009; Dudgeon et al., 2017; DPM&C, 2017). Atkinson (2002) systematically expounded on this post-colonial transgenerational trauma expressing itself through "trauma as symptom" because of the large number of clinical presentations driven by it. In contrast to this fragmentation, a holistic Indigenous epistemology and ontology of self, health and well-being arises from different forces altogether (McGaw et al., 2021). Kinship systems and a concept of "reciprocal belonging" to Country situate the individual within a network of human, Ancestral, geographical, and Totem relationships that are equally important to health (Langton, 2005). These values and beliefs are not quantifiable, not measurable, and not individually defined. Yet, to date, Indigenous ways of health and well-being are seen as secondary to Western health models of care and ignored or excluded if there are perceived conflicts (Dudgeon et al., 2016; Hovey et al., 2014; McGaw et al., 2022b).

Yarning is emerging as an important Indigenist method that enables more intricate and multilayered relational meanings to emerge (Bessarab & Ng'andu, 2010; Byrne et al., 2021). It is a particular dynamic and relational process of knowledge exchange through Storying that is culturally safe (Shay, 2021; Kennedy et al., 2022). Consequently, sensitive issues and intimacies can be broached through two-way knowledge sharing so all involved are enriched by the experience. Conducted according to accepted and understood cultural protocols (Barlo et al., 2021), yarning provides rich and multiplicitous information about Indigenous perspectives.

For these reasons, in this study, we aim to investigate the ways culture impacts on health and well-being by conducting yarns with a representative sample of Aboriginal participants working in the health and well-being field across Aboriginal Victoria, Australia. The study unfolds in stages. First, is the establishment of a board of Elders and an advisory group of Indigenous hospital-based health workers. Second, is the completion of community yarns between an Indigenous research assistant and participants, one-on-one, to tease out what culture means for each person and their community, how culture is passed down within their community, how culture aids and/or maintains health and well-being, and what the barriers are to engaging in the Western health system for each person and their community. Finally, we aim to use a culturally appropriate method of analysis.

Methods

Establishing Indigenous leadership following cultural protocols

This study is co-led by an Indigenous child-and-adolescent psychiatrist, within a larger national research program led by a nationally renowned Indigenous academic physician. It is located within, and supported by, an Aboriginal health liaison unit within a major paediatric hospital in an Australian capital city which provided a cultural context.

The project was approved by the Royal Children's Hospital Human Ethics Committee (2019.207/56941). The ethics approval process included a review of the research protocol, plain language statements and consent form. It was a rigorous process that ensured risk to participants was negligible, participants' identities were protected, and the language used was clear and understandable for people with varied educational and professional backgrounds.

A five-year process of authors (Vance) and (McGaw) seeking Elder guidance and co-development began in 2015 with Elders recognised in the community for their spirituality, culture wisdom and concern for health. Author (Vance) also met with several Indigenous leaders from health, welfare and justice peak bodies for advice and direction. By 2019, a group of six Elders and Senior People (Indigenous leaders who do not identify as Elders)—4 women, 2 men—from different regions around Victoria consolidated. They continue to guide the project leads in cultural matters as the study unfolds. One has since retired and another passed away last year. Two new Elders joined in July 2023.

Within Aboriginal communities there is a clear socio-cultural protocol that Elders mediate and lead all aspects of communal life, directly and indirectly (Busija et al., 2020). They advise and govern decisions affecting the community, enable deeper connections between people and Country, and arbitrate differences of view and interpersonal conflict. Elders hold and keep sacred knowledge for the community and know the "old ways"—cultural practices that emplace and strengthen the community aiding health and well-being (Flicker et al., 2015; Kennedy et al., 2023). Elder governance of cultural projects is a protocol that is consistent with how Indigenous communities work, nationally and internationally.

An advisory group of experienced Indigenous health professionals including Aboriginal health liaison officers (AHLOs), a social worker and psychologist, was established to provide additional guidance on navigating Western health care systems while maintaining cultural authenticity. The group has since welcomed a few more Indigenous health professionals while maintaining the initial members.

Quarterly meetings are convened with both board and advisory groups together. At the first meeting the two groups broke away to independently discuss processes for part of the session. Since then, the two groups have met together to hear updates from the project team and together they provide reflections, guidance and recommendations. These meetings are supplemented with ad hoc lunches and phone yarns.

Sampling and recruitment of community members

A preliminary list of representative Victorian Aboriginal community members—Elders, healers, senior and junior people working in the health and well-being field—was compiled by the Indigenous research assistant, others in the research team, and the advisory group. They included people of varied age and gender residing in a mixture of urban and rural places around Victoria with affiliations to 31 Traditional Language family groups from Victoria and surrounding states (see Table 1). The board of Elders reviewed and narrowed the list. Participants were approached and their consent was collected by the Indigenous research assistant. Forty-six yarns with individuals were

completed over Zoom over 8 months during 2020, a period that was affected by repeated COVID-19 government restrictions that affected all aspects of communal life in Victoria. Recordings of the Zoom-yarns were transcribed and returned to the participants for review and approval. Two participants subsequently withdrew their yarns from the study.

Table 1. Participant Characteristics for the 44 Community Needs Assessment Yarns

	Northern VIC	Southern VIC	Eastern VIC	Western VIC
Males, Females	8,9	4,5	4,5	4,5
Urban, Rural	9,8	3,6	5,4	4,5
E/H/SP/JP	6,3,5,3	4,1,3,1	4,1,3,1	4,1,3,1
Tribe	17	22	20	21

VIC = region of Victoria, Australia; Urban = metropolitan living, Rural = country town or farm property living; E/H/SP/JP = Elder/Healer/Senior Person/Junior Person working in health and well-being field in Aboriginal Victoria; Tribe = Tribal affiliation of participants (commonly multiple groups)

Yarning with community through COVID-19

Yarning is an Indigenous method of making sense of lived experience through a relational encounter with another person (Geia et al., 2013). It is a specific, cultural, fluid and dynamic process and method of knowledge exchange that is culturally safe (Shay, 2021; Kennedy et al., 2022) so that sensitive issues and intimate information can emerge through two-way knowledge sharing and all involved are enriched by the experience. The yarning narrative is circular with participants journeying together to a moment—a point in place and time where shared meanings are conveyed. Bamblett (2013) distinguishes yarning from "straight line stories" that Western settlers tell unpacking that Indigenous ways of knowing, doing, and being are rooted in an entirely different epistemology and ontology. Indigenous knowledge is situated within a network of human, Ancestral, geographic, and Totemic relationships that are not quantifiable, not measurable, and not individually defined, but passed on by "mob" through Storyin*g*. Although language was suppressed on missions in the colonial era, and contemporary Aboriginal culture is varied because of colonization, contemporary yarning discourse retains many of its traditional characteristics. Bamblett (2013) quotes Gamilaroi teacher Laurie Crawford, "Us blackfellas don't tell stories in a straight line, we go all the way around it".

Involving a well-known Indigenous community member to lead the yarns was crucial given the known strong "insider versus outsider" status of Indigenous community membership (Innes, 2009; Merriam et al., 2001; Tuhiwai-Smith, 1999). Many Victorian Indigenous community members will only feel comfortable yarning with a known and accepted community member where reciprocal kinship connections, obligations and responsibilities support the process and smooth the way (Dew et al., 2019).

Four open-ended questions framed the yarns, which were circular unfolding narrative journeys: What does culture mean for you and your mob? How is culture shared? What cultural practices aid and/or maintain health and well-being for you and your mob? What are the barriers to engaging in the Western health system for you and your mob?

The community yarns were originally envisaged to be group processes in Aboriginal community-controlled health organisations (ACCHOs) in a number of urban and regional destinations, but because of COVID-19 movement restrictions, the team adopted the format of one-on-one 'Zoom-yarns' between an Indigenous research assistant and a representative sample of Indigenous people involved in health and well-being across the Aboriginal nations in the Victorian Indigenous community (see Table 1). This method had its strengths: the Zoom-yarns captured a broader variety of perspectives—young and old, working in health and independent community members; they allowed even the quiet voices to be heard—in large gatherings big personalities can dominate; they were deeply reflective—in fact it seemed they were often a source of solace amid long durations of social isolation. They were also substantial—45–60 mins, or 8–10 pages of transcribed conversation on average; and they were easy to record, be reviewed by others, and transcribe.

Analysing the community yarns

Grounded theory is the overarching research methodology of this project. It commences with open questions, rather than a hypothesis or theory, focuses on social actions and processes, and uses an inductive process to generate theoretical abstractions arising from the participants' data (Charmaz, 2006; Charmaz & Thornberg, 2021; Glaser, 1992). The Zoom-yarns were analysed using a multi-perspectival, discursive, constructivist approach to ensure the findings emerged from participants' experiences (Glaser, 1992; Chamaz, 2006). Human 'coders' inevitably bring a bias: social, cultural, educational and disciplinary. To reveal the blind spots that might emerge from the intrinsic interests and disciplinary training of a single coder, a multi-perspectival, discursive approach was adopted. Four coders independently reviewed all the yarn footage and/or transcripts. Each had a distinct social, cultural and disciplinary perspective: two had Aboriginal heritage and two were non-Indigenous; one was a former AHLO with secondary education to year 11, one had an undergraduate degree, and two had doctorates. Those with tertiary training straddled diverse disciplines too: mental health (psychiatry), social sciences (anthropology), and the spatial disciplines (architecture and cultural geography). One of the coders was the research assistant who conducted the Zoom-yarns—a participant-researcher. The authors wanted all the emergent perspectives of the yarns to be valued and heard, believing this would best inform the subsequent stage of the project. Luhrmann's (1986) autopoietic systems theory similarly observes that group processes like this allow for the spontaneous emergence of new ideas, a key ambition of grounded theory.

Initial coding led to focused categorical coding which in turn led to theoretical coding as a separate stage of the analysis (Glaser, 1992; Chamaz, 2006). To ensure the voices of the participants could be fully heard at every stage memos were written to enable participants' experiences to be outlined as coders' pre-existing ideas and assumptions were defined and questioned (Cooper and Burnett, 2006). Once the individual coding and thematic analysis was complete the team met, again in Zoom, over four extended sessions, where each coder took it in turn to share what they had 'discovered' through each yarn. This discursive reflexivity was crucial to ensure the team could consider how each analyst's position shaped their perspective on their coding and categorisation. Sometimes the group was united in what they believed had emerged from the data, but at times a dissonance between perspectives remained. Mouffe (1999) coined the term "agonistic pluralism" to describe a process of "struggling" with difference. Consensus, she contends, simply reinforces a dominant discourse. Through multi-perspectival discourse, Western and Indigenist views were equally valued and included in the analysis of the yarns.

Results

For our community members, culture meant many things to the cohort but all described something central to their lives. Culture is everything: it is used to make sense of the world; it emerges and is centred in community; it is also lived individually and collectively. Culture keeps us strong: it is formative for identity—individually and as a group; it is grounded in Country; it includes values, principles, actions and behaviours. Culture is each and every one of us as individuals and as a collective. As participants said:

> "Everything. A bit like breathing. You've gotta have it. Taking care of culture and being part of it means everything. Same as getting up and having a cup of tea, same as that."
>
> "I think culture is the context, the framework, the underpinning, the world view ... It offers us a way to understand and a way to make meaning of the world around us."
>
> "It's the fundamental one thing for the well-being of Aboriginal people is being able to practice culture, ceremony, song, dance, everything that's entailed in their community getting together, teaching one another."
>
> "Culture is something that I hold spiritually within myself as part of my identity as an Aboriginal person. That spirituality connects me to Country and gives me a strong sense of belonging, a strong sense of belonging and connection to customs, languages, roles, functions, every part of our living from when we are born to when we pass. That builds up your cultural integrity."

Cultural practices to support health are passed down through the generations via relationships with people and Country in particular ways; cultural stories are told at a particular place, time and conveyed verbally and non-verbally in careful and detailed ways. In this way each person can grow into the stories and grasp their full meaning and intent. Cultural healing practices are passed on through learning and this happens at the right time in each person's growth and life. People are like the ground—they must be prepared so the stories can take root and flourish in their lives like a young tree growing tall and strong. Culture is passed down through actions that are developmentally appropriate for each person's life stage. Culture must be lived through actions that are part of building the community. Culture is experienced through the senses. All sensations through cultural ceremonies, for example smoking ceremonies, are engaged and stimulated to aid cultural development. Finally, culture is passed down through organisations that enable groups to form, be nurtured and facilitated, to grow and strengthen as they mature. Participants shared:

> "I speak to the Ancestors, and my grandmother in particular and ask them for support and guidance and my Uncles who have passed and be able to lead me in the right direction."
>
> "Our education was our culture and our knowledge of our forest and our land. I wouldn't swap my knowledge for any university degree. My university is in the forest, that's my classroom in the forest. ... Our old people would heal you with medicines they would mix up, they would heal you with traditional plants."
>
> "Dance, we do a lot of dance, and go out on Country and that time together as family. We also do art and song ... any involvement in cultural practices, whether it's attending a basket weaving session or watching someone dance, you watch people who watch the dances and it's, you see them smiling and it makes people happy."

> "We do a lot of un-language stuff. We telepathically know what each other needs, just by looking at each other. And it's something we do and are raised with, putting your lips out hello, and hand signals, but there is something that, when you're looking at someone, you can go, you need to go back home, you're not well. You just know hey."
>
> "The very first is touching. Getting back to Country even if for a moment. The most powerful is sitting around the fire and allowing everyone to have that peace. ... Making that fire, smelling it, sitting on Country whether it be up the river, on my kid's Country, most of our lives have been the holiday experiences of getting back to Country."
>
> "That's the beauty of the Aboriginal health system. I was involved in the inaugural health worker training in '82. Representatives came from everywhere and you started to realise you weren't alone, that everyone had the same experience. It was that holistic well-being of mob pitching in to have meetings like back in the day."

Cultural practices that aid and/or maintain health and well-being are many and varied. There are patterns of ceremonies, for example smoking and water ceremonies, that convey meaning and importance because of the particular detail and ritualistic order in which things are done. There are cycles of ceremonies, for example in dances and artworks that draw community members deeper into cultural awareness and transmit knowledge about being healthy and well. Trust in each other as members of the collective and in Country to provide for our needs and to teach us more and more about health and well-being is crucial. Practice and hard work are needed to learn the details and order of cultural protocols so the community can be well and remain healthy. Deep listening is a crucial skill so the nuances and small details of Country—its waterways, landforms, plants, insects and animals—can be understood and the timing and order of things known to instil health and well-being in the collective. Care for all community members and aspects of Country is a foundational skill for all to be healthy and well. Similarly, respect for Elders, the order of communal life and of Country and its ecosystems is foundational for health and well-being. Finally, acknowledgement of Country and all it is comprised of and community—its structure and organisation—leads to the health and well-being of its members. Community members said:

> "The theory for brain development and reconnecting is rhythmic, patterns, repetitive, so it's calming, it's healing, and all our practices do that and so, if you think about dance and song it's quite soothing. But when it's done on your language on your Country it adds extra layers to it."
>
> "Well-being is not medicine. Well-being is a thing you feel in your spirit. You have your spirit sustaining the level there, so you know you won't lose it. The spirit of the land ... and the land itself, and how we look at it is a great thing, the spirit of the land."
>
> "So yeah, that's why our Elders and our Ancestors always want us to go back to Country. They don't openly say 'go back to Country and walk on Country' because that's that deep listening. You can go out on Country and hear nothing because there is so much noise in silence too. If you listen intently, you will hear them Old People in the echoes in the bush. You will hear it."
>
> "Practising my traditional line work is good for my mental health personally.... it's about making our culture live on ... I find that really healing and really good for my mental health. ... If I'm anxious I do my art. It calms me down."
>
> "It's a sharing thing. I kind of like the old ways of doing things. If somebody is broke, then give them a feed, buy them a feed. If they break down on the side of the road, go and get some petrol and fill their tank up when they get to the petrol station. This is

> what happens. It happens. Because you never know where you are going to be one day, you're broken down and someone will come and do for you what you did for someone else. That's the way it works. The rules we live by from day one . . . Cause our mob, it wasn't about being greedy, it was about surviving and caring."
>
> "I think it helps you have peace with yourself. You feel peaceful. I can go out the Country, on YY or DDW land I can walk that Country, I can feel and sense the spirits of my Ancestors, I can walk in their footprints, I can go to another place within myself when I'm on Country. Yeah. It is being at peace with yourself. You know, if you are culturally alive, you are at peace with yourself."

Numerous barriers to engaging in the Western health system were identified: disconnection from community and from Country leading to isolation, perceived powerlessness and helplessness were explained in detail; colonisation and all its varied effects on personal and communal identity, loss of Country, stories, Totems and ceremonies, economic and political marginalisation and social ostracism were outlined; practical problems accessing services because of transport problems, parking problems, limited hours of opening, difficult physical location and troubles finding the right health service were discussed; financial hardships affecting travelling to appointments, paying for parking, and paying for specialist healthcare were described too; cultural hardship living away from Country and being disconnected from the health giving life force of being connected to Country were noted; overt and systemic racism were described in detail including women in the past being forced to give birth on a rural hospital porch and public health clinics being run when no Aboriginal health liaison officers (AHLOs) were rostered on; current culturally unsafe health services and spaces in hospitals were outlined including no AHLOs, no welcoming artwork or signs in language, no footprints and no signage to help community members know where to go to attend health clinics; and finally the pressure of trying to live in two worlds—Western and Indigenous—with very different skills needed to manage in both were detailed.

> "If you don't know who you are and where you fit in, that makes you more unwell. We know that statistically with children who have grown up in out of home care and how lost we have been and what is it in our lives that made us feel the way we feel. We've always wanted that connectedness but didn't know where that would come from. We know there is something different about us, but we were never, ever encouraged to pursue that, you know? It's a big, big thing to get that out of your system. Because you've been so, if you want to call it whitewashed, you need to, it is a belief thing."
>
> "We need to acknowledge the historical factors that come into that. Hospitals have historically been so discriminatory towards our people. There are stories back home, where the elders still remember their parents and grandparents being forced to have the kids on the patio because they weren't allowed in the hospital."
>
> "Those who aren't engaging in Culture are caught between the two different cultures of this country that is here now. And so, they become lost in them two worlds because they are unaware of either one or how to engage or how to live by its rules."
>
> "One of the biggest barriers that I've seen is basic stability. For families who really struggle to get in and access services, one of them is that they are under siege at home with poverty. They are on the breadline, are struggling to get the support they need, there is chaos in their families from intergenerational trauma, they are dealing with multiple stresses, and so things are so chaotic and unstable at home they don't have the resources and time to go to a service and access it."

> "I think the issue of racism is still rampant and exposure to something that confronts you, then it's really hard to deal with. Not necessarily being on your own, but it becomes indelible on you."

Limitations and Strengths

The main weaknesses constraining the interpretation of data in this study include not yarning with community members currently receiving health and well-being care and not being able to yarn with greater numbers given COVID-19-related restrictions. Future community needs assessments through yarning could address these weaknesses. This study has a number of strengths for the Indigenous community: an Indigenous-led researcher and clinician; governance by Elders; support of an Aboriginal advisory group; and consultation through yarning with a representative sample of Elders, healers, senior and junior people from all regions of Victoria, Australia who have an interest in culture and health and well-being. Meanwhile the size of the sample and sophisticated and careful analytic strategy used to explore the themes from the yarns is recognisable to Western qualitative researchers as valid, reliable and generalizable.

Discussion

Culture profoundly affects all aspects of our Indigenous participants' lives: it is a central rather than peripheral factor in being healthy and maintaining health and well-being, and in the onset, progression and treatment response of mental disorder (Vance et al., 2023). Indeed, Tseng (2006) outlines that culture is crucial for the formation of mental disorder, its clinical manifestation, frequency and severity, the coping styles used to manage stress linked to disorder and its ultimate management. Likewise, Dudgeon et al. (2017) describes how culture operates through a range of inter-related domains (body, mind and emotions, family and kinship, community, Country, and spirituality) to optimise social and emotional well-being for Aboriginal and Torres Strait Islander peoples. There are myriad different important facets of culture too numerous to adequately cover in one paper. These include sorry business (the social ceremonies linked with the passing of loved ones), the absence from sorry business (the cultural consequences of this), longing for Country and being in relationship with Country, Ancestral Spiritual visitation and differentiating this from impairing psychosis, and men's and women's business, traditionally kept hidden in hierarchical Indigenous culture (Maher, 1999). Hence, culture's clinical importance for adequate mental health assessment, formulation and holistic targeted management planning is emphasised (Vance et al., 2016b). Likewise, culture remains central for future qualitative and quantitative clinical research studies investigating the key components leading to optimal health and well-being. Moreover, internationally, Indigenous culture, experienced as holistic relationship with Country and within community, is affirmed for health and well-being (Durie, 2009; Koithan, 2010).

Cultural practices to aid health and well-being are passed down in community. Positive family and peer relationships enhance social and emotional well-being (Young et al., 2017) as does extended family and kinship networks (Hewitt Walter, 2022). Indeed, the powerful benefits of these networks of caregiver relationships can ameliorate effects of poverty (Hopkins et al., 2014). Similarly, cultural practices passed down in Country confer significant enduring benefits (Hughes Barlo, 2021). Importantly, these practices need to occur at particular developmental stages, places and times of the year (Langton, 2005; Lohoar et al., 2014). They also need to be lived and holistically experienced through all the senses (Dudgeon et al., 2017; Jacob, 2013). Indigenous self-determined organisations

remain powerful protective and containing "bases, spaces and places" for these cross generational transmission processes (McKendrick et al., 2014; PACFA, 2021). Best practice clinical management should identify key aspects of cultural transmission as part of holistic assessment, formulation and management planning. Furthermore, future clinical research can systematically investigate their relative frequency and importance for different Indigenous communities.

Cultural practices to aid mental health and well-being in community involve several key factors that are interdependent and mutually reinforcing: Acknowledging connection to community and Country are crucial to build trust, care and respect for others and also our surrounding ecosystem of which we are an integral part. Practising and developing all of these cultural components through hard work are vital for health and well-being. Importantly, these health-giving and maintaining cultural practices involve a holistic immersion process and an active decolonisation process to be optimal (Dudgeon et al., 2017; Jacob, 2013). They also are maximised in extended family and kinship networks that may confer protection from social adversity (Hewitt Walter, 2022; Hopkins et al., 2014). Similarly, a subjective, relational view of Country (Emmanouil, 2017; Hughes Barlo, 2021; Terare and Rawsthorne, 2020) enhances resilience and opens up myriad pathways to health and well-being including through bush medicines (Clarke, 2008) and ceremonial rituals (Feeney, 2009; Lahoar et al., 2014). Moreover, deep listening enlivens and facilitates a richer and more comprehensive engagement with community and Country, through particular patterns and cycles of ceremonies (Ungunmerr, 2017). Ongoing comprehensive clinical management needs to incorporate these Indigenous healing practices alongside Western health care (Asamoah et al, 2023; Vance et al., 2016b). Future clinical research should systematically evaluate key components of Indigenous cultural health and well-being practices to ascertain which practices help most for which mental health presentations.

Significant barriers for Indigenous people to engage with Western health were identified: the pressure of living in the Indigenous and Western worlds (Jacob, 2013), systemic racism (Priest et al., 2014), culturally unsafe health care providers (DoH, 2017), cultural hardship—especially living away from Ancestral Country (Close the Gap, 2018), disconnection from community and Country (Murrup-Stewart et al., 2021) and the effects of ongoing colonisation (Wolfe, 1994) featured prominently. Similarly, day-to-day issues of ready access to Western health services and financial resources to travel to and stay near these services remain prevalent (McGaw et al., 2022b). An in-depth discussion of these barriers is beyond the scope of this overview paper. Nevertheless, one key issue is worth noting: the epistemological, ontological and communal gulf between Western and Indigenous ways of becoming healthy and maintaining well-being (Barlo et al., 2021; Dudgeon et al., 2016). This divide has hampered efforts to implement policy reforms (Jongen et al., 2023), although important practical steps such as engagement of family and community, flexibility of service location and provision, and Indigenous central coordination have been outlined (Kilian Williamson, 2018). Moreover, practical ways to offer both Western and Indigenous health practices together without syncretism and hybridisation are being explored (Asamoah et al., 2023; Marsh et al., 2015). In future, clinical research studies will investigate the effectiveness of Indigenous cultural healing practices within the Western health system and vice versa using appropriate Indigenist methodologies (Kennedy et al., 2022).

Conclusion

This study substantially makes known for the first time how a contemporary representative group of Indigenous Elders, healers, senior and junior people in southeast Australia view their culture, health and well-being. Culture is (1) central for ongoing health and well-being and influences all aspects of participants' lives; (2) is passed down in community and in Country in particular ways,

times and cycles; (3) is practised in community and in Country through hard work to facilitate and maintain health and well-being, and; (4) constantly butts up against barriers of disconnection from community and Country and systemic racism. Ongoing comprehensive clinical management needs to incorporate these Indigenous cultural insights and healing practices alongside Western health care. Future clinical research should systematically evaluate key components of Indigenous cultural health and well-being practices to ascertain which practices help most for which mental health presentations.

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