



Social and Emotional Wellbeing for First Nation Elders through Three Way Design, Creation, and Reflection

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To Cite this Article

Lee, A. D., Reissenberger, G., & Moss, M. (2024). Social and emotional wellbeing for first nation elders through three way design, creation, and reflection. *Australian Journal of Music Therapy*, 35(2), 19–35.

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Abstract

Introduction: Dementia rates are increasing at a higher rate for First Nations Elders than non-Indigenous Australians; and there are currently limited programs available that include Aboriginal ways of being, doing, and knowing to improve social and emotional wellbeing (SEWB). There is a long traditional connection with music and art in Aboriginal culture, specifically the use of Songlines to retrieve memories through storytelling. Therefore, there is great potential for music and art to inform the adaptation, development, and delivery of future SEWB programs to bridge the cultural divide in treatment approaches. **Process:** In this practice paper, yarning circles were used to adapt a SEWB framework in collaboration with a registered music therapist, art therapist, and an Aboriginal Elder, healer, and artist. The three-way yarning process firstly involved the co-design of the SEWB framework for dementia. This was followed by the co-creation of the framework alongside Elders using music and art therapies, and finally a co-reflection of the yarning process to consolidate the information. **Outcomes:** The co-design, co-creation, and co-reflection of the adapted SEWB framework explored the use of Songlines using music and art therapies to recognise social and emotional needs that reconnect the spirit, community, and Country with social, emotional, and physical health, which are inseparable from one another. **Conclusion:** This practice paper highlights how the co-design of the adapted SEWB framework has the potential to enhance cultural wellbeing for First Nations Elders with dementia. The combination of yarning processes, music therapy, and art therapy has positive implications for future program development for First Nations Elders with dementia.

Plain Language Summary:

This paper reflects on the process of adapting a Social and Emotional Wellbeing (SEWB) framework for and with First Nations Elders with dementia, emphasizing the importance of incorporating Aboriginal ways of being, doing, and knowing. Dementia rates among First Nations Elders are increasing at a higher rate than in non-Indigenous Australians, and existing programs often overlook cultural perspectives. Aboriginal culture’s deep connection to music and art,

particularly through Songlines, plays a vital role in memory retrieval and storytelling. This reflection explores how a collaborative approach, using yarning circles, music therapy, and art therapy, can bridge the cultural divide in dementia care. The co-design, co-creation, and co-reflection of the SEWB framework offer a flexible way of working and hold potential as a resource for group work. This approach reconnects Elders with their spirit, community, and Country, demonstrating the value of combining culturally relevant therapies to support their social, emotional, and physical wellbeing.

Key words: Australian Aboriginal and Torres Strait Islander peoples, First Nations elders, dementia, social and emotional wellbeing, songlines, yarning

We warmly extend our deepest respects to Elders past, present, and emerging; and we sincerely acknowledge the invaluable contributions, knowledge sharing, and mentoring from Anthony “Tony” Duwun Lee, from Garmalang, who peacefully passed away on May 17, 2024. As this work was completed in 2023, the journey of all people involved in this important topic has been enriched by Duwun’s generous spirit and supportive presence. We are grateful to his Larrakia family for graciously allowing us to honour his legacy by using his name as the lead author.

We would also like to express our deep gratitude to Nadine Lee, whose invaluable contributions and wisdom have enriched this work. Nadine, from the Larrakia, Wardaman, and Karajarri Peoples, is a practicing medicine artist and healer. Nadine has created the powerful image titled *Healing Dementia Through Songlines*, which beautifully reflects the concept of social and emotional wellbeing within the context of dementia. Her knowledge, guidance, and cultural insights have been instrumental in shaping the direction of this work, and we are deeply appreciative of her support and collaboration.

Defining Dementia for First Nations Elders

Dementia is an umbrella term that describes several chronic and progressive conditions that affect people differently depending on the type and severity of the

disease, and other medical and social factors (World Health Organisation, 2022). This neurocognitive condition is marked by deterioration of the brain, resulting in changes in thinking, memory, and behaviour (Sachdev et al., 2014). While the deterioration is irreversible, some symptoms may be managed (Malik et al., 2022). In Australia, 487,500 people are living with dementia, with an estimated additional 1.6 million people involved in caregiving (Dementia Australia, 2023). First Nations Elders are diagnosed at a higher rate of 6.5% of the population, compared with 2.6% of non-Indigenous Australians (Australian Institute of Health and Welfare, 2022). Actual dementia rates in First Nations Elders are likely much higher as communities have difficulty accessing dementia services (Bradley et al., 2020). Contributing medical risk factors include early health risk leading to higher rates of disability in children, double the rate of traumatic head injury, higher rates of smoking and alcohol consumption, and chronic illnesses (Goldberg et al., 2018; Li et al., 2014). Psychosocial risk factors such as adverse childhood experiences, lower education levels, and socioeconomic status are also significantly higher for First Nations communities, and are associated with increased dementia risk (Radford et al., 2019).

Culturally, dementia is often viewed by First Nations communities as a Western concept that reflects the profound impact of

historical and ongoing trauma. According to Eric Deeral, dementia is seen as "a sick spirit, a lost spirit looking for help", and may not necessarily need to be "fixed" as long as the individual and community are safe (p. 2, 2007). This view is deeply rooted in the experiences of the Stolen Generations and other forms of historical trauma, which have disrupted kinship, spiritual, familial, and cultural connections (Deeral, 2007). The effects of colonisation, including violence, displacement, and assimilation attempts, have led to intergenerational trauma that continues to influence the health and well-being of First Nations peoples (Dudgeon et al., 2014; Menzies, 2019).

Numerous government laws, policies, and practices from colonisation in 1788 until as recently as 1972 meant Aboriginal children were forcibly removed from their families (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2023). These Stolen Generation policies serve as a poignant reminder of how government policies have contributed to enduring trauma. These policies have had long-lasting repercussions, including a higher prevalence of severe disabilities and poor mental health among survivors (Dudgeon et al., 2014). The trauma resulting from such policies is a significant factor in the increased dementia rates observed among First Nations peoples (Healing Foundation, 2019). Addressing this historical trauma is essential for developing effective dementia care practices that respect the unique experiences of First Nations communities.

"Closing the Gap" is an Australian government initiative aimed at addressing disparities between Indigenous and non-Indigenous Australians by improving various life outcomes and emphasizing self-determination and empowerment (Australian Indigenous Healthinfonet, 2024). This initiative is crucial because it seeks to address the systemic inequalities that have resulted from practices like the Stolen

Generations, which have disrupted cultural and familial structures, exacerbating social and health disparities. By focusing on self-determination and empowerment, "Closing the Gap" aims to rectify these inequities and promote better health and well-being outcomes for First Nations peoples.

A Social and Emotional Wellbeing Framework

Despite government efforts made to address inequities between Indigenous and non-Indigenous Australians, many dementia programs for First Nations communities are predominantly based on a biomedical model, which does not fully address the psychological, social, and behavioural dimensions of dementia (Farre & Rapley, 2017; Gubhaju et al., 2022). Integrating a holistic framework into dementia care that aligns with First Nations perspectives on SEWB is essential. SEWB is a concept that has been developed in Aboriginal and Torres Strait self-determined healthcare since the 70s, centralising Aboriginal and Torres Strait Islander world views and culture (Gee et al., 2014). In 2012 and 2013 members of the Australian Indigenous Psychologists Association met with over 300 community members during National and State conferences to collectively present and discuss an SEWB framework. Diagrammatic representation of the framework incorporated "feedback from extensive community consultations" (Gee et al., 2014, p. 58). Gee et al. (2014) reported on this collaboratively designed framework with seven key domains crucial for achieving positive SEWB. These are connection to: land, culture, community, family/kinship, mental wellbeing, physical wellbeing, and spirituality/ancestors. This SEWB framework is crucial in the context of dementia care for First Nations Elders as it provides a holistic approach that aligns with their cultural values and lived experiences; and the domains emphasise the interconnectedness of physical, emotional, and cultural aspects of well-being (Gee et al.,

2014). In the context of dementia, this framework supports the integration of music therapy and art therapy by acknowledging the cultural meaningfulness of both music and art, and how they can enhance emotional expression, cognitive function, and social engagement. This approach underscores the importance of connection to land, culture, and spirituality in overall well-being.

Working alongside First Nations communities and addressing social and emotional needs are key priorities in closing the gap (Dawson et al., 2021). Current programs for First Nations communities to raise the awareness of dementia and increase access to treatment options are largely based on the medical model which requires attention through more culturally appropriate models of care. To ensure SEWB is at the forefront of healthcare, practitioners require ongoing consultation with First Nations communities to inform decision-making (Page et al., 2022). Creativity is recognized as a vital strength that upholds cultural well-being, fostering identity, and reinforces cultural values. Programs that use creative approaches such as music and art activities allow First Nations Elders to respond to social and emotional goals which have been shown to benefit mental health outcomes (Atkinson & Robson, 2012).

Incorporating Music and Art Therapy into Dementia Care

Music therapy and art therapy are powerful tools for enhancing the quality of life for individuals with dementia. Research highlights that musical memories are retained longer than non-musical memories, providing individuals with dementia opportunities to recall meaningful life events and emotions (Moreno-Morales et al., 2020). Music therapy has been associated with improvements in cognitive function, reductions in behavioural and psychological symptoms of dementia, and overall quality of life (Lam et al., 2020). Active music therapy

practices—such as singing and movement—positively impact cognitive, physiological, and emotional functioning; effectively regulating dementia symptoms (Raglio et al., 2012). Personalised music therapy, tailored to an individual's preferences, enhances mood and social interactions (Kuot et al., 2021). Engaging in songwriting also demonstrates positive effects by allowing individuals to create meaningful artifacts of their thoughts and emotions, improving their well-being (Moreno, 2021). Group therapeutic songwriting provides mental and social stimulation, and strengthens connections for individuals with dementia and their caregivers (Baker, 2018; Clarke et al., 2020).

Art therapy, similarly, offers person-centered outcomes that enhance quality of life and overall well-being for individuals with dementia (Emblad & Mukaetova-Ladinskaa, 2021). Art making fosters engagement between individuals with dementia and their caregivers; facilitating verbal and non-verbal communication (Hazzan et al., 2016). Engaging in art can increase cortisol levels, which may improve cognitive function and physical functioning, though further research is needed to confirm the long-term benefits (D'Cunha et al., 2019). Community art centres in remote settings provide significant benefits: Caregivers report increased social well-being through stronger connections to family and Country (Lindeman et al., 2017). Art therapy in various settings has been associated with increased socialisation opportunities and improved emotional well-being (Zeilig et al., 2014). Art centres are vital in supporting community health and well-being, fostering relational connections fundamental to restoring SEWB for individuals with dementia (Mackell et al., 2023).

Creative Approaches and Songlines for Dementia

Songlines are a crucial aspect of First

Nations cultural heritage, encompassing oral and musical traditions that map out the spiritual and physical landscape of Indigenous Australia (Neale, 2020). These Songlines, or pathways, represent comprehensive narratives that recount the journeys of ancestral beings, mark significant geographical locations, and encode the laws, customs, and stories of the land (Kelly, 2015; Littleton, 2022). Songlines are deeply embedded in the cultural consciousness and collective memory of First Nations peoples, serving as both a navigational tool and a repository of cultural knowledge (Perry & Holt, 2018). Performing or reciting Songlines allows individuals to reconnect with their cultural roots, reinforce social bonds, and sustain spiritual and cultural practices passed down through generations (Neale, 2020).

Integrating music, art, and movement in dementia care offers a culturally grounded approach that aligns with broader goals of enhancing social and emotional well-being. The Larrakia people are the traditional custodians of the Darwin region, maintaining a deep spiritual connection to their land and sea Country (Larrakia Nation, 2024). Larrakia Country extends from Cox Peninsula in the west to Gunn Point in the north, Adelaide River in the east, and Manton Dam in the south. This diverse area encompasses urban, regional, and rural landscapes, as well as culturally significant sites like Stokes Hill, Mindil Beach, and Rapid Creek. Despite the challenges of colonisation, the Larrakia people remain deeply connected to their Country and culture, continuing to preserve and share their stories and traditions for future generations (Larrakia Nation, 2024). In Larrakia knowledge:

Music increases energy through tonal frequencies and vibrations that regulate the mind, body, and emotions to achieve improved social and emotional wellbeing. Art making allows for the

recollection of songlines through imagery as a non-verbal way of sharing knowledge which includes Country. (T. D. Lee, personal communication, December 10, 2023)

Incorporating these narratives into therapeutic approaches helps bridge the gap between traditional cultural practices and contemporary care approaches, creating personalised and meaningful experiences for individuals with dementia (Kilcullen et al., 2018). By connecting cultural heritage with therapeutic practices Songlines facilitate cognitive and emotional engagement while strengthening cultural continuity and personal identity (Biddle et al., 2013).

Current health recommendations emphasise incorporating creative approaches into routine healthcare, including music, dance, movement, drama, and art (Van Lith & Ettenberger, 2023). Structured creative programs have demonstrated significant benefits, such as improved mood, enhanced cognition, increased sociability, and greater physical engagement among people with dementia (Politis et al., 2004; Rusted et al., 2006). Although the combination of music and art therapies as a treatment approach for dementia is still under exploration, preliminary studies like the Reminiscing Art and Music Program show promising results, including improved memory recall, mood, and communication for individuals with moderate-stage Alzheimer's disease (Perich, 2013). A systematic review by Istvandy (2017) found that combining music with reminiscence therapy resulted in enhanced psychological well-being and improved physiological measures, such as reduced blood pressure and cortisol levels; though it did not include art therapy or address program variability. Although Istvandy's (2017) systematic review is progressive, it does not include Indigenous or First Nations frameworks or practices.

Integrating Songlines into therapeutic practices offers a unique opportunity to enhance SEWB by linking individuals with their cultural heritage and leveraging the power of cultural narratives. These practices resonate with the SEWB framework, reinforcing memory retrieval through culturally significant storytelling and physical landmarks (O'Brien, 2000; Wolsko et al., 2016). There are now over 100 art centres in 80 remote communities that play a vital role in this practice context, providing spaces where artistic and cultural engagement can flourish (International Development for Australian Indigenous Art, 2024). They support social connections and cultural continuity, especially in remote and Indigenous communities (Lindeman et al., 2017; Zeilig et al., 2014). By combining Songlines with music and art therapy, dementia care has the potential to become more culturally inclusive and effective, fostering a deeper sense of connection and well-being for individuals with dementia.

Process

The title of this article, "Social and Emotional Wellbeing through Three Way Design, Creation, and Reflection" represents the three interconnected phases of the process described in this practice case: co-design, co-creation, and co-reflection. These phases highlight the active participation of First Nations Elders in shaping a culturally grounded SEWB framework for dementia care. The process is trauma-informed, utilising three processes—yarning, music, and art therapies—to address and show respect for the lived experiences of participants. The title also metaphorically connects to the Three Ways intersection north of Tennant Creek in the Northern Territory, symbolising the integration of Indigenous knowledge, therapeutic practices, and community access. The workshop detailed/ explored in this practice case utilised *yarning circles*, a flexible and inclusive dialogue approach where participants share ideas,

make decisions collaboratively, and engage in meaningful conversations (Atkinson et al., 2021). This culturally significant method of communication and decision-making is rooted in Indigenous Standpoint Theory, which emphasises the inclusion of cultural perspectives, privilege, relationships, knowledge, and experiences in research and practice (Barlo et al., 2020). In this context, both collaborative and therapeutic yarning were employed to guide the co-design, co-creation, and co-reflection processes for adapting the SEWB framework for dementia care. *Collaborative yarning* fosters a shared understanding and collective problem-solving; while *therapeutic yarning* provides a supportive environment for emotional expression and healing. The integration of music therapy and art therapy was explored through these yarning circles to enhance SEWB for First Nations Elders with dementia.

The SEWB framework is crucial in the context of dementia care for First Nations Elders as it provides a holistic approach that aligns with their cultural values and lived experiences (Gee et al., 2014). Adapting this framework with Elders is particularly important because it ensures that the framework is not a static or imposed concept; but rather a living, evolving reflection of their cultural practices, values, and experiences. This collaborative process allows the framework to capture the dynamic interplay between cultural heritage and contemporary care needs, emphasising the importance of giving agency to Elders by expressing time, culture, and spirituality in meaningful ways. By involving Elders in the co-creation process, the framework becomes a culturally resonant tool that not only supports the integration of music and art therapy but also honours and preserves cultural identity and practices. This approach underscores the importance of connection to land, culture, and spirituality in overall well-being, making the care approach more relevant and effective

in enhancing the quality of life for First Nations Elders with dementia.

Co-design

We wanted to engage with Elders to use music and art to adapt the SEWB framework into a model specific to dementia care. The SEWB framework was chosen as it acknowledges strength and resilience amongst First Nations Elders. The adaptations to the SEWB framework were developed through a series of yarning circles involving key stakeholders. These yarning sessions included discussions between the authors of this article: Anthony Duwun Lee (A.D.L.), an Aboriginal Elder; Gucki Reissenberger (G.R.), a Registered Music Therapist (RMT) with extensive experience in dementia care; and Dr. Michelle Moss (M.M.), a Registered Art Therapist (AThR) with expertise in working in remote communities. The yarning circles provided a space for open dialogue and collective reflection where insights and perspectives are shared intuitively on cultural and systemic issues related to dementia care. The process of co-designing the adapted framework was grounded in these discussions, ensuring that the final framework reflected both cultural values and practical needs.

The co-design approach in this project was not limited to consultation, but was an inclusive process involving shared decision-making and collaboration. This method went beyond simply seeking input; it actively involved creating partnerships, addressing power imbalances, and ensuring that the perspectives and expertise of all participants contributed to the development and implementation of the framework (Sendra, 2023). By working together, the team aimed to integrate cultural perspectives, therapeutic practices, and practical knowledge to ensure that the framework was both culturally appropriate and effective in addressing the needs of people with dementia.

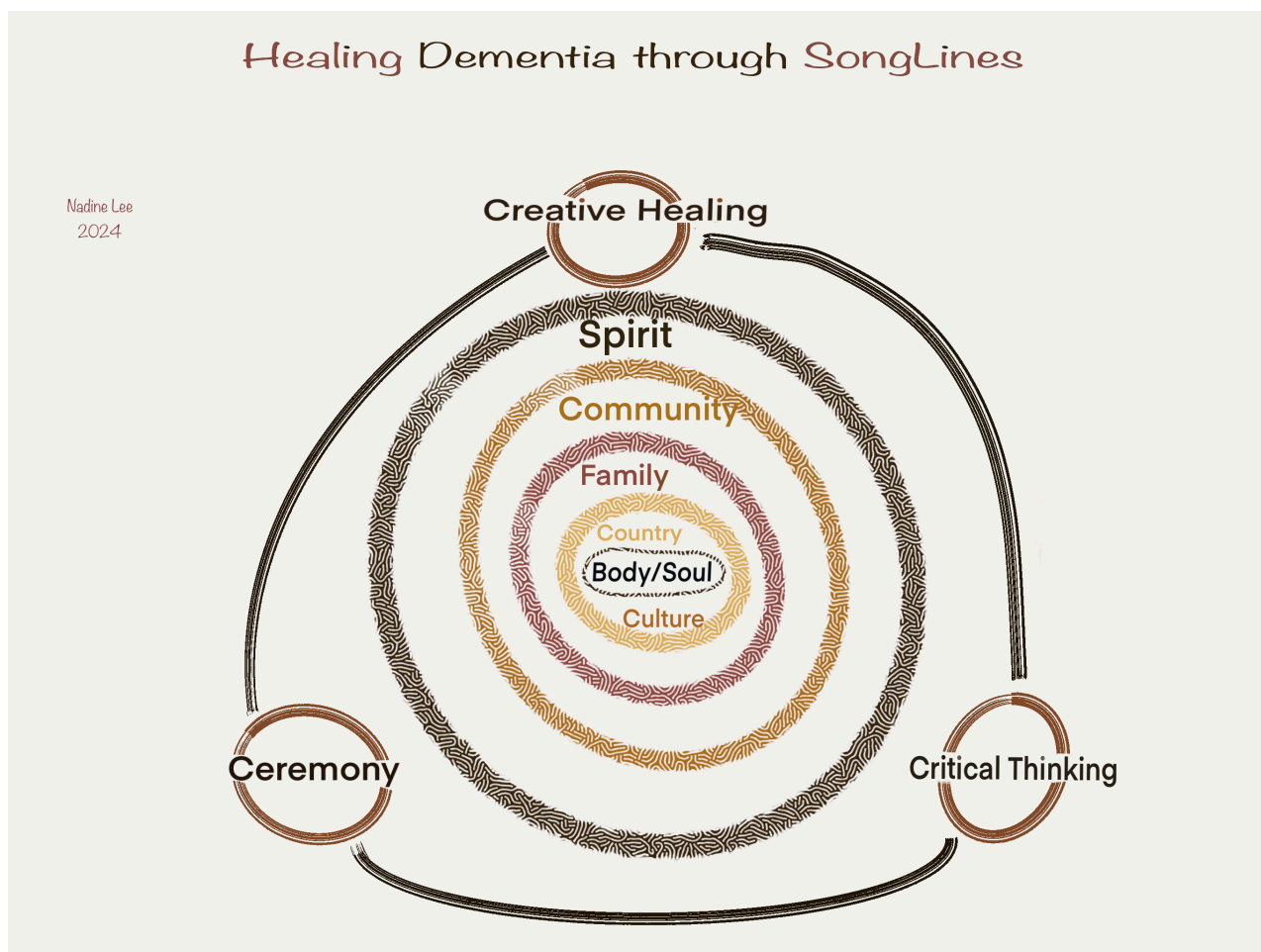
This co-designed adapted framework

includes symbols that represent the political and systemic context of cultural care (See Figure 1). The symbol of the system is depicted as a triangle, with each corner of the triangle representing key areas identified during the yarning sessions. The circle to the left represents ceremony, “the energetic connection that First Nations People share with songlines in close proximity that is bounded through their rituals” (Lee., N. personal communication, December 7, 2024). The circle to the right addresses the need to deconstruct existing practices, such as the biomedical model, and integrate them into the SEWB framework. The final circle, above, highlights the role of critical reflective practice in adapting care to be more culturally responsive. At the centre of the triangle is the SEWB framework, which encompasses seven areas of connection: 1) family and kin, 2) community, 3) spirit, spirituality, and ancestors, 4) body, 5) mind and emotions, 6) Country, and 7) culture (Dudgeon et al., 2014). These connections are surrounded by carers and dementia care workers, who play a crucial role in protecting and promoting wellbeing through the application of creative healing modalities. This approach emphasises the integration of cultural perspectives and therapeutic practices to support the holistic wellbeing of individuals with dementia.

Co-creation

We wanted to engage in a process of co-creation through sharing of Songlines in a therapeutic yarning workshop with First Nation Elders. This second phase involved co-creating symbols and images for the adapted SEWB framework with First Nations Elders at an aged care facility. An interactive three day workshop was facilitated to further adapt the SEWB framework collaboratively with First Nations Elders. Active participation in the co-creation process was emphasised as it aligns with advocacy efforts to empower individuals through meaningful

Figure 1
Healing Dementia Through Songlines



Note. From Nadine Lee. Reprinted with permission.

engagement (Bryden, 2015). In this context active participation involves actively contributing to the creative process; while passive participation refers to observing or providing input without direct involvement in creating the symbols and images.

Consent was obtained from the care facility manager, and the First Nations Elders chose their level of participation. The interactive three day workshop, conducted by G.R. and M.M., provided an environment where Songlines and cultural practices were integrated into the co-creation process. This approach highlighted the importance of cultural expression in adapting the framework, with various art supplies and a

guitar provided to accommodate the Elders' physical and cognitive needs.

Materials

The pre-planning of the session included cutting out paper shapes of different sized circles and large triangles, as well as having good quality paints, painting implements, and other art-based products available for the residents. A variety of art supplies were provided given the varying physical and cognitive needs of the participants. G.R. had an acoustic guitar and used her voice.

Co-creation Setting

The workshop, facilitated by G.R. and M.M. was held from 10 a.m. to 12 p.m.,

coinciding with morning tea, and allowing residents to engage in the workshop after completing their care tasks. Six residents (one female and five males) aged between 71–86 years actively participated in the co-creation process. It became evident through information provided by care staff and creative expressions during the workshop that all participants had been affected by intergenerational trauma, including being members of the Stolen Generations. Additionally, three residents (two female and one male) passively participated, along with two caregivers. The participants represented several First Nations groups who had been relocated to Larrakia Country due to limited access to aged care services in their remote communities.

Co-creation process

The art-making process was led by the residents with support from G.R. and M.M. G.R. and M.M. provided personalised assistance: helping residents choose colours,

direct the placement of these colours, and adapt resources as needed. A range of musical techniques were incorporated, including both verbal and non-verbal expressions. These techniques were applied intuitively, based on the participants' preferences. Familiar and improvised music was used to allow residents to share their stories through language and song.

The adapted framework was completed with the addition of the artwork created by the residents, which was developed into a poster to illustrate the co-design process and its implications for future practice. Throughout the art-making process G.R. facilitated storytelling through Songlines, which were represented in the artwork. G.R. and M.M. recorded their observations after each session, which informed their co-reflection sessions, as discussed below. The residents' self-determination was supported by providing them with choices and control over their music and art materials. Table 1

Table 1
Methods Employed in Workshop

Music Therapy Method	RMT Technique Application	RMT and AthR response	Elders' response
Joint music making and movement	Familiar songs were identified, G.R. played the melody and supported harmony on the guitar to engage Elders.	G.R. and M.M. matched the bodily movements of Elders through painting with the residents as well as moving, swaying, and tapping hands and feet.	Began to move to the music, and painted images of Country on their shapes.
Improvising using familiar harmonies on the guitar	Supported Elders by attuning to their mood. Using block chords, arpeggio and melodies to support Elders' Songlines. Gradually reduced intensity, frequency, volume, and speed to enable Elders to share their Songlines.	Elders were prompted with short questions about their paintings and stories and what this means to them regarding SEWB.	There were moments of pause in the painting for Elders to share their Songlines with the group which were both sung and spoken. The group shared what was important for SEWB.
Vocalising and singing	Hummed and sang familiar song phrases from the cues made by the Elders, and used the guitar as an accompaniment instrument.	Continued to support the art making, and allowed Elders to join in at their own pace.	Some Elders began to hum and sing parts of the lyrics to familiar songs while painting.

Figure 2

Completed Image of Social and Emotional Wellbeing Framework During Co-creation Process



below outlines the methods, techniques, and responses involved in the workshop.

The images of the artwork demonstrated connection to Country, which were shared as stories of their Songlines (see Figure 2).

Co-reflection

The final phase of the project involved *co-reflection*, a process where we collaboratively reviewed and analysed the outcomes of the workshops. Co-reflection refers to a structured and iterative process of reflection where multiple perspectives are integrated to gain deeper insights and understanding (Jewell & Camden-Pratt, 2021). This phase utilised 10 co-reflection sessions incorporating verbal feedback and shared notes to assess the application of music and art therapies, and to explore the perceptions, beliefs, and experiences of the

team members.

The RMT and AThR did not have access to background clinical information about the participating residents. Initially, it was thought that having access to residents' profiles before the co-creation workshops would have been beneficial. However, the lack of prior information ultimately prevented biases, and allowed the team to rely on intuition and direct engagement. This approach—aligning with creative and Indigenous practices of being present and responsive—facilitated a more authentic interaction with the residents. The key factor was that the AThR and the RMT possessed extensive experience and knowledge in working with First Nations communities and trauma-informed practice frameworks. Without such expertise, it would not be

advisable to engage with this population; as noted by Atkinson (2013), who emphasises the importance of respecting cultural and personal histories to foster genuine connections and enhance the effectiveness of creative processes.

The observations of the creative process across the 10 co-reflection sessions highlighted significant improvements in SEWB, with observations showing that art making triggered memories which were often recollected through Songlines (see Figure 3). Participants shared the stories depicted in their paintings and became more animated and engaged. The RMT and AThR noted a range of emotions from joy to sadness, and a longing to reconnect with Country and family. Validation was provided through both verbal and non-verbal acknowledgment of

participants' emotional responses related to their experiences as part of the Stolen Generations. This holistic and responsive approach—using live music and tailored approaches—fostered positive engagement and connection, aligning with the adapted SEWB framework.

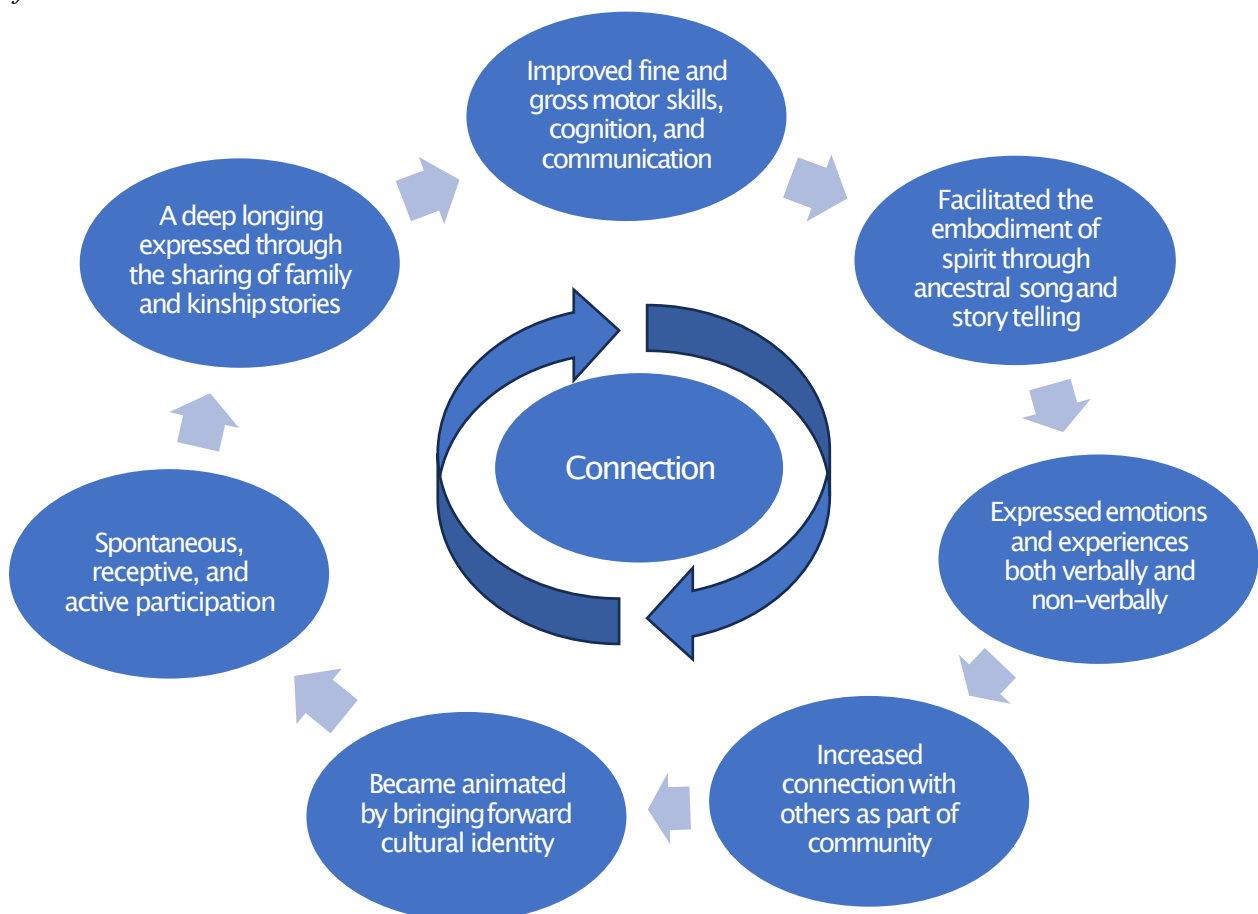
Discussion

Social and Emotional Well-being for First Nations Elders with Dementia

Using a three-step yarning process, an adapted SEWB framework was co-designed specifically for First Nations Elders with dementia. This approach provided valuable insights into creating a culturally-centred model that addresses the specific protocols and needs of this population. This framework is particularly relevant to residents who have relocated to Larrakia Country from more

Figure 3

The Observed Responses from RMT, AThR and Aboriginal Elder, Healer and Artist During the Co-reflection Process



remote areas of the Northern Territory, where they must travel up to 1,000 kilometres to access healthcare services. Despite moving to a more populated area, residents may still experience limited access to medical and aged care support and music and art therapies, particularly in the outlying areas of Larrakia Country.

Including First Nations Elders, family, and community through yarning circles is important to deliver culturally safe and relevant programs (Coombes, et al. 2018; MacNiveen et al., 2022). As a shared decision-making platform, this validates people's lived experiences through meaningful involvement to ensure that the needs of participants are being adequately met (Trischler & Rundle, 2019). Bringing a new conceptual approach into dementia care that promotes the whole self, including cultural needs, is an integral step to improving the lives and closing the gap for First Nations people with dementia (Johnson & Taylor, 2012). Not only does this validate lived experiences, but it also begins to break down the stigma of the burden of disease to allow for the integration of a person's life to improve SEWB (Farre & Rapley, 2017). For First Nations Peoples, this process is ongoing and important through every stage of life to empower cultural protective factors of connection with family and Country that has been impacted by intergenerational trauma (Onnis et al., 2020).

Social and Emotional Wellbeing Addressed Using Music and Art Therapies

Music therapy techniques that are commonly employed in dementia care settings have included musical, vocal, body, and both verbal and non-verbal expressions (Odell-Miller 2021). These techniques were adapted in the current project for the preferences of the group we were working with and included the use of art alongside music. *Attunement* refers to the active process of becoming sensitive to and aligned

with another's emotional and physical state, which in therapeutic contexts enhances the potential for mutual responsiveness (Berger & Turow, 2011). This heightened sensitivity facilitates individuals in relating to one another on physical, social, and emotional levels, ultimately contributing to an enhanced sense of social and emotional wellbeing. Familiar songs provided repetition of musical properties that helped attune participants to the Elders, fostering a deeper connection and enabling them to modulate their arousal (Hsu et al., 2015). Improvised music was also effective in enabling participants to share their Songlines. The RMT responded intuitively to the shared stories through song using live music on the guitar and her voice. Similarly, the themes participants shared could also potentially be used with future song writing methods in which the narrative can be expressed and then captured as a way of stimulating mental and social functioning (Baker et al., 2018). This would require RMTs to gain knowledge about the traditional use of Songlines as well as their musical structure and cultural meaning.

Connecting socially using music and art to improve quality of life has been shown to enrich First Nations Elders' quality of life through increased meaningful interactions, mutual understanding, and reflecting on shared experiences (Tung & Jia, 2023). Co-creating the design of the adapted framework alongside people with dementia enriched the co-design and enabled practitioners to modify approaches to respond to cognitive and sensory impairments (Hendriks et al., 2015). The adapted SEWB framework provided opportunities for participants to communicate verbally and non-verbally. Sharing their story using song, art, and movement worked as multi-sensory stimulation to enhance communication and verbal fluency, which promoted social interaction (Clare et al, 2020). As participants engaged in the music and art making, fine

and gross motor movement increased. Movement as an intuitive response to music whilst art making has further potential to be explored. Movement increases the connection to the mind and body and therefore can improve cognition and physical mobility (Brancatisano et al., 2019).

Recommendations

The co-design yarning process used in this project identified that combining music and art therapies can lead to positive outcomes for people with dementia. This is particularly evident for First Nations Elders using Songlines, which have a long cultural connection with rituals to heal the spirit (Kelly, 2015) and show potential to improve SEWB. This can be an effective approach in dementia care, but requires more empirical studies to investigate what specific music and art therapy techniques can be applied to improve SEWB outcomes for people with dementia. Considering the current limited uptake of music and art therapy programs for First Nations Elders in Australia, further research is required in trauma informed practice to understand the therapeutic mechanisms that support SEWB. Future studies could also further support the transferability of this SEWB model into community and residential facilities, and for health staff and carers to be upskilled in adapting their practice to be more culturally informed. Informing dementia care guidelines through caregiver training would enable cross-cultural proactive strategies that address SEWB to be routinely employed.

Conclusion

This practice paper begins to explore ways of closing the gap of health inequities between Indigenous and non-Indigenous Australians by incorporating First Nations' knowledge into an adapted SEWB framework for Elders with dementia. By adapting the framework using music and art making we were able to incorporate cultural values and knowledge through an accepted and respectful approach (Littleton, 2022).

Music and art therapies are low cost non-pharmacological alternatives to biomedical treatments for dementia, and the efficacy of this combined treatment approach warrants further investigation (Amano et al., 2021; Burley et al., 2020). Co-design and co-creation were a beneficial way to adapt the framework to be specific to the cultural needs and preferences of First Nations communities, and to support First Nations Elders with dementia (Hendricks et al., 2015). This presents a new pathway for interdisciplinary collaborations for music and art therapists in Australia. This new framework has the potential to be expanded and adapted to relieve the distress that First Nations Elders experience in aged care settings due to the impact of intergenerational trauma. Future programs could build on this existing knowledge to enable First Nations communities to embed their knowledge and practices into dementia care.

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