

Research Article

Cite this article: Carlin E, Cowdrey-Fong S, Cox Z, Lowe J, Anderson L and Dudgeon P (2025). Exploring the role of self-efficacy in social and emotional well-being help-seeking behaviours for Aboriginal people in the Kimberley region of Western Australia. *Cambridge Prisms: Global Mental Health*, **12**, e135, 1–7
<https://doi.org/10.1017/gmh.2025.10091>

Received: 27 March 2025
Revised: 21 September 2025
Accepted: 31 October 2025

Keywords:
mental health; service access; indigenous; health and well-being

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Exploring the role of self-efficacy in social and emotional well-being help-seeking behaviours for Aboriginal people in the Kimberley region of Western Australia

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Abstract

Improving social and emotional well-being (SEWB) for Aboriginal and Torres Strait Islander peoples is central to achieving health equity in Australia. Aboriginal Community Controlled Health Services (ACCHS) deliver SEWB programmes that are culturally grounded and community-led. While service design and delivery have been explored, less is known about how Aboriginal peoples' perceptions of self-efficacy influence their SEWB help-seeking behaviours and self-management. This study re-analysed 22 one-on-one interviews with Aboriginal community members from the Kimberley region of Western Australia. In this context, self-efficacy is understood as an individual's belief in their ability to support their own SEWB, shaping their motivation, persistence and responses to challenges. The findings highlight the importance of family, culture and connection to Country as critical enablers of self-efficacy. The concept of 'strength', grounded in cultural identity, relationships, and personal growth, emerged as an important foundation for SEWB self-management. The study affirms that self-efficacy can be developed over time through mastery experiences, vicarious learning, verbal encouragement, and emotional regulation. It concludes that culturally safe services and environments that nurture self-efficacy are essential to improving SEWB outcomes.

Impact statement

This research explores how Aboriginal people in the Kimberley region of Western Australia understand and strengthen their social and emotional wellbeing (SEWB). It focuses on what helps or prevents people from asking for support, and how feelings of self-belief (called self-efficacy) can support people to take action to improve their well-being. The study is based on conversations with 22 Aboriginal community members held as part of a project between Kimberley Aboriginal Medical Services and the University of Western Australia. The project looked at ways to improve SEWB support provided by Aboriginal Community Controlled Health Services (ACCHS) across the Kimberley. In reviewing the data, it became clear that people had spoken about both help-seeking behaviours and practices that helped them to stay strong. We looked deeper into these 22 conversations for this paper. We found that positive beliefs and protective behaviours centred on family, culture, Country, and community. People often described how their family helped them stay strong or take steps to seek help. Spending time on Country and taking part in cultural activities helped people reflect, feel grounded, and find their own way forward. Community programs led by Aboriginal people were also described as valuable. They gave people the chance to learn, share stories, and support each other. This research shows that supporting people to build belief in themselves is central to improving their SEWB. It highlights the importance of providing opportunities for people to learn, watch others succeed, receive encouragement, and understand the mind-body connection. These are the building blocks of self-efficacy. The findings will help improve the design of SEWB programs in ACCHS and support broader efforts to strengthen well-being through community-led, culturally grounded care that builds individual and collective strength.



Introduction

Improving health outcomes for Aboriginal and Torres Strait Islander people has been an Australian government priority since the launch of the 'Closing the Gap' National Agreement in 2008. This initiative is a partnership between the Australian Government, Aboriginal leaders, and other non-government organisations. It is aimed at reducing systemic inequities and promoting better health and social outcomes for Aboriginal and Torres Strait Islander peoples within a generation (Department of the Prime Minister Cabinet Australia, 2020). The initiative employs a social and emotional wellbeing (SEWB) (Gee *et al.*, 2014) approach to guide its understanding of health for Aboriginal and Torres Strait Islander people. The concept of SEWB is holistic, recognising that mental, physical, cultural, and spiritual dimensions of health are interconnected and influenced by historical, social, and political determinants. In 2020, specific targets for improving SEWB were introduced into the Closing the Gap National Agreement, recognising good SEWB as a fundamental component of health equity for Aboriginal and Torres Strait Islander peoples (Department of the Prime Minister Cabinet Australia, 2020).

One approach to improving SEWB for Aboriginal and Torres Strait Islander people has been the development of SEWB programmes at Aboriginal Community Controlled Health Services (ACCHS). ACCHS are primary health care services that provide 'whole of life', holistic ongoing care with a preventative health focus (National Aboriginal Community Controlled Health Organisation, 2022). ACCHS are governed by Aboriginal boards, actively build the Aboriginal health workforce, and deliver health care that is culturally safe (Panaretto *et al.*, 2014). The ACCHS Model of Care is aligned with the SEWB framework, recognising the same dimensions and determinants of health (Kimberley Aboriginal Medical Services, 2021). Many ACCHS across Australia are funded by the Australian government to operate specific SEWB programmes (Transforming Indigenous Mental Health and Wellbeing Project, 2022). SEWB teams commonly include designated positions for Aboriginal staff and deliver community development, psychosocial support, targeted interventions, and supported coordinated care (Aboriginal Health Council of Western Australia, 2021).

There is an emerging body of research examining the experiences, impacts, and outcomes of SEWB programs on the wellbeing of Aboriginal and Torres Strait Islander peoples (Haswell *et al.*, 2013; Murrup-Stewart *et al.*, 2019; Gupta *et al.*, 2020; Dudgeon *et al.*, 2025). Several key barriers and enablers of SEWB service access have been identified. Perceptions of shame and stigma, feelings of hopelessness, not recognising certain behaviours or thoughts as requiring support, and concerns with confidentiality are consistently recognised barriers (Haswell *et al.*, 2013; Murrup-Stewart *et al.*, 2019; Gupta *et al.*, 2020; Dudgeon *et al.*, 2025). Availability of gender-matched Aboriginal support staff, flexibility of service approach, established pathways for service access, informal gathering spaces, and program delivery emphasising cultural activities are known enablers of SEWB program engagement (Haswell *et al.*, 2013; Murrup-Stewart *et al.*, 2019; Gupta *et al.*, 2020; Dudgeon *et al.*, 2025).

In addition to addressing structural and systemic factors impacting access to SEWB services, it is equally important to consider Aboriginal and Torres Strait Islander people's internal motivations for improving their SEWB and their ability to act on their wellbeing. Self-efficacy, defined as the belief in one's ability to take purposeful action to achieve a desired outcome (Bandura *et al.*, 1999; Schmutte *et al.*, 2009), provides a useful lens for this inquiry.

The positive role of high self-efficacy in facilitating help-seeking behaviours is widely recognised, especially in mental health contexts (Benight and Bandura, 2004; Schmutte *et al.*, 2009; French and Warner, 2020). High self-efficacy is associated with increased likelihood to recognise and seek help, persistence in treatment, and empowerment to overcome barriers such as stigma and fear (Gulliver *et al.*, 2010; French and Warner, 2020). High self-efficacy is also linked to stronger self-management, which empowers individuals to support their own mental health by building the skills and confidence needed to actively recognise and manage their health challenges (Lean *et al.*, 2019). Exploring how Aboriginal people understand and enact self-efficacy in relation to SEWB help-seeking and self-management, therefore, has the potential to inform both community empowerment strategies and service responses.

This study draws from a consultation undertaken by the Kimberley Aboriginal Medical Services and the University of Western Australia (Cowdrey-Fong *et al.*, 2024). The consultation aimed to understand how Aboriginal people were engaging with ACCHS and to explore opportunities to optimise SEWB care across the Kimberley region of Western Australia. Within the consultation, a number of participant narratives highlighted experiences of SEWB help-seeking and self-management. By examining these narratives, this paper offers insight into how participants engage with these processes and explores the themes that emerged from their accounts. This study aims to explore Aboriginal community members' experiences of SEWB help-seeking and self-management in the Kimberley region, with particular attention to how self-efficacy is expressed and enabled through family, culture, services, and personal strength.

Methodology

Setting

The Kimberley is a vast and remote region in the north-west of Australia. It spans more than 400,000 km² and is one of Australia's most sparsely populated regions. It is a place of abundant ecological diversity and is internationally acclaimed for its wilderness and Aboriginal culture. The region has evidence of Aboriginal heritage dating back at least 50,000 years (Veth *et al.*, 2018). By the 1870s, Europeans had engaged in a violent frontier conflict, colonised land and waters, and were actively pursuing pastoralism and pearling (Veth *et al.*, 2018). Today, the Kimberley has a population of approximately 34,000 people, 42% of whom identify as Aboriginal and/or Torres Strait Islander (Australian Bureau of Statistics, 2016). Broome is the regional centre of the Kimberley, with a permanent population of around 16,000 (Australian Bureau of Statistics, 2016). The Kimberley has another five townships: Derby, Fitzroy Crossing, Halls Creek, Wyndham and Kununurra, and more than 100 Aboriginal communities. Communities have varying populations, with Bidadanga being the largest, at approximately 800 people (Australian Bureau of Statistics, 2016). Aboriginal people across the Kimberley are culturally and linguistically distinct, with over 30 languages spoken across the region (Kimberley Language Resource Centre, 2022). Kimberley Aboriginal people are resilient and continue to practice their languages, Lore and culture, sustaining kinship systems and a deep connection to Country.

Many historical and contemporary factors shape the lives of Aboriginal people across the Kimberley. These include the ongoing impacts of colonisation, the systemic erosion of cultural, kin and family systems, and enduring policies of racism and exclusion. At the population level, Aboriginal people across the Kimberley

experience adverse health outcomes, including a high burden of disease (Western Australian Country Health Service, 2018), over-representation in mental health disorders (Western Australian Primary Health Alliance, 2022), and some of the highest rates of suicide and self-harm in Australia (McPhee et al., 2021). Many Kimberley communities experience high rates of intergenerational trauma with associated impacts including high rates of violence, incarceration, and child removals (Australian Institute of Health and Welfare, 2023). There is limited availability of health and wellbeing services across the Kimberley, particularly psychosocial or therapeutic services (Carlin et al., 2022). Consistent with broader experiences across the more remote Northern Australia, the Kimberley region faces significant challenges with health workforce retention (Roberts and Maylea, 2019; Wakerman et al., 2019).

Design

This study employed content analysis methodology (Harwood and Garry, 2003) to re-analyse qualitative yarns with Aboriginal community members collected through the Wellbeing Informed Care-Kimberley community consultation (Cowdrey-Fong et al., 2024). During the development of the consultation report, we identified key insights relating to participants' self-management and help-seeking in relation to their SEWB. For the present study, we undertook a closer examination of data, specifically the one-on-one interviews with community members involved in the consultation. These accounts were selected for reanalysis as they were 'thicker' (Saldaña, 2021), offering a more layered understanding of participants' beliefs and actions concerning their SEWB.

The content analysis involved reading the interview transcripts and notes multiple times to become familiar with the content, context, and nuances of the data. Information was then coded if it related to 1) self-directed SEWB help-seeking; or 2) identifying someone or something that the participant did or engaged with to support their own SEWB. These codes were thematically reviewed, and three key themes were identified. Verification of the content analysis occurred through discussions with Aboriginal authors (SF, ZC and LA).

Study context and background

The community consultation providing the data for this project employed qualitative methodology informed by the principles of yarning (Bessarab and Ng'andu, 2010; Byrne et al., 2021) to explore barriers and enablers of receiving SEWB care at Kimberley ACCHS. The yarns also explored the type of SEWB care community members desired. Aboriginal (SF, ZC) and non-Aboriginal (EC, JL) project team members guided participants through a social yarn (relationship-setting), research yarn, therapeutic yarn (further sharing of experiences and participant-research context setting), and collaborative yarn (listening and synthesising responses).

ACCHS staff and community members identifying as Aboriginal were recruited using purposive sampling methods. During the process of seeking informed consent, participants were asked if yarns could be audio-recorded and if the project team could take notes. Audio recordings were transcribed as fully as possible by the project team, but due to many interviews occurring outdoors, audio quality was suboptimal, necessitating supplementary notes. A team of Aboriginal and non-Aboriginal researchers (EC, SF, ZC, LA) deductively coded and thematically analysed the data. A report was published and disseminated to stakeholders, with a detailed

account of the original study design and findings published elsewhere (Cowdrey-Fong et al., 2024).

Data collection for the community consultation was undertaken by the project team (E.C., S.F., J.L. and Z.C.) between June and December 2023. All data were collected in person via site visits by one Aboriginal team member (S.F. or Z.C.) and/or one non-Aboriginal team member (E.C. or J.L.).

Data collection occurred in the East Kimberley (Halls Creek, Kununurra, Balgo, Mulan, Billiluna) and the West Kimberley (Broome, Beagle Bay, Bidyadanga, Derby).

Participants were provided with a \$40 pre-paid Visa card as an appreciation for their time and participation.

Findings

Participants

This study analysed 22 individual community member interviews that were collected during the Wellbeing Informed Care-Kimberley community consultation. This represented all the one-on-one community member interviews undertaken during the consultation process.

Of these participants, nine identified as male (41%) and 13 identified as female (59%). All participants were aged over 18 years of age. Other than being asked to confirm they were over 18 years of age, participants were not asked their age or any other socio-demographic questions in order to minimise participant burden and maintain comfort during the yarning process. To ensure participant confidentiality, responses have been aggregated into the categories of East Kimberley and West Kimberley, rather than identifying specific communities or townships where the interviews were conducted. A total of 12 participants were interviewed in the East Kimberley, and 10 participants in the West Kimberley.

Themes

Through our exploration of participant narratives related to SEWB help-seeking and self-management, several key themes emerged. These included the significant role of family and culture as sources of support and guidance, the importance of accessible and culturally responsive support services and the individual's role in recognising and addressing their own needs.

Theme 1: Family, culture and Country as sources of strength and support

Experiences of mental distress, stress and other challenging life experiences were prevalent for all participants (n. 22). These stressors were often cumulative and complex in nature. A total of 13 participants spoke about reaching out to family and friends, spending time on Country and drawing on cultural practices as an intentional way to support and strengthen their own wellbeing.

'I've got Elders around me that I speak to, especially I speak to my mum, or my sister to take my feelings out of me, or even talk to my daughter' (Female, Community Member, West Kimberley).

'When things are getting tough, I go for a walk, listen to music. I call my friend to talk to. ...So, I talk to them and they you know, they talk to me about their problems. I'm not the only one having problems. We lean on each other' (Male, Community Member, West Kimberley).

Participants who discussed reaching out to family and friends indicated they were aware that something was impacting their

SEWB. All participants expressed confidence in being able to reach out to a trusted person and knowing that person was capable of engaging and supporting them. In addition to reaching out to trusted people, 14 participants identified that being on Country (defined as people being on their ancestral homelands) as a critical and intentional act of SEWB self-management.

'My children stress me out, so I do things to get me out of that stress. I go fishing a lot, I love fishing! That feeling, being on my Country, sun shining, threading a line. Thinking this might be dinner tonight! It calms me right down, makes my Liyan [spirit], we say, feel right' (Female, Community Member, West Kimberley).

'Going back to Country, telling a story on Country...That gives people a sense of meaning and purpose. They know things too, they can share. That is what I do, I get myself out bush, no matter how hard it might seem, even with the price of fuel, I know, better this than anything else. This is what I need to do, and once you know that, well you gotta trust yourself, get over your mind's limitations and do what is right...'

For several participants, being on Country supported access to Cultural Healers, bush medicines and bush foods. Engagement with these supports was described as 'sacred', 'ancient' and 'cultural' approaches to supporting good SEWB.

'We go to go back into that sacred medicine [traditional healing practices]. Helps people to break the cycle, heal. But not much on this side [West Kimberley], I go see my old people back there from my mother's Country, East Kimberley' (Male, Community Member, West Kimberley).

Theme 2: Trust and connection in seeking support from services
Nine female participants shared their experience of seeking help from a health care professional in relation to their SEWB concerns. These participants spoke about the decision to attend their local ACCHS as self-directed and centred on a belief that they 'could' feel better. Participants spoke about actively overcoming help-seeking hesitation and making the challenging decision to reach out and trust a health care professional.

'I was feeling rubbish, no good. It's an ugly feeling you know. I trusted no one at first and then I went to the clinic, and I trusted a nurse and I made the call, I am going to tell her... She found someone for me to talk to. ... Getting that referral to SEWB...Oh it was hard, but I knew I was there at that point, and I almost had to, for me you know. And I reckon that working with [name of SEWB counsellor], maybe it has saved me from going right down...I am getting back to a better place in myself, letting that shame go. Every month, I get closer... I see her [the SEWB counsellor] here every week or two' (Female, Community Member, West Kimberley).

People often enacted the decision to seek help based on the trust and connection they had with the professional or service in their community.

'When I need someone to talk to, when you like feeling down. And when we don't feel right within us, yeah, I go to the clinic, go in and talk to somebody. Normally I wait for the doctor. I only come out when 'Doctor Day' comes around. I prefer female, like myself, for cultural reasons and maybe they understand more. I might say I am not feeling myself, tell them about where things are getting me down. Majority of time there is things happening at home that I get affected by that, sometimes I do need to talk about [those things] and get more help. And I think they understand us there' (Female, Community Member, East Kimberley).

'I have been to see [name of service provider], we have confidence in [name of worker] she has been coming to see us for a long time. We

feel comfortable in her, there is that respect' (Female, Community Member, West Kimberley).

Participating in place-based groups that were led by Aboriginal Community Controlled Organisations, and facilitated by Aboriginal workers, was a highly valued approach to 'staying strong' and feeling 'connected' and 'supported'. Participants reflected on their experiences with various groups, including SEWB yarning groups, NDIS support groups and playgroups. These were routinely identified as a space for Aboriginal people to come together to 'yarn' and be with other Aboriginal people who might be having similar experiences. Groups were also discussed as a safe and accessible place to learn new information. Participants spoke about gaining knowledge about local Aboriginal history and truth-telling, the impact of alcohol and other drugs (AOD), mental health, suicide prevention and parenting/relationships. This was found to be valuable in promoting personal growth, skills, and behaviour change.

'Our playgroup is amazing. We're just Aboriginal mums talking about everyday life but slowly talking about other things too. It helps me to understand and manage...'

'This group of men, led by our brother [Aboriginal male facilitator] here. A strong thing for us fellas. It took me a while to do this, I forgot that feeling, you know, like things could be better' (Male, Community Member, East Kimberley).

Theme 3: Reflection, strength, and action

Participants spoke about the role of 'self' in supporting their SEWB. They reflected on their behaviours and experiences, recognised the impact these had on themselves and their families and drew on personal capabilities such as 'strength' to take actions that supported their wellbeing.

'When I lost my mother, I was on methamphetamines and all of that. I needed to stop and snap out of it. This is in my early 20s. I'm in my 30s now... I think I'm just strong. I mean, I'm a survivor of suicide. I've harmed myself before. I promised myself I'll never do that again. My family has lost so much to suicide. I was like, I can't do this. I can't put my family through this for the fourth time. So, I stopped and then I had the strength to tackle the rest of my life' (Male, Community Member, West Kimberley).

'For years I've been dealing with my own demons. Domestic violence. My kids. All that kind of stuff. It's the state of mind. If you've got a strong mind and a strong heart and you've got support and you've got family, you can conquer anything. I have shown my kids that, that we can make changes even when it feels like we can't' (Female, Community Member, East Kimberley).

A total of 15 participants spoke about how their hobbies, passions, or faith were critical expressions of SEWB self-management. These participants discussed how they would 'scan' their emotions or body and reflect on the challenges to their well-being. They spoke about how once they had the knowledge that something was 'off,' they would use their personal capabilities, such as being 'strong' to lead them to the things and places they love, so they could better manage their situation and support their SEWB.

'I have to be strong, strong in myself because I go through those things, but I got to work myself out and do what's best for me to keep my stress away. You know what I do to keep my mind off things, I just do gardening. Yeah, that's what I do. A lot of gardening, it keeps my mind and my hands busy' (Female, Community Member, West Kimberley).

'Things happen fast; it can be unexpected... I go to church; I just go and sit in the quiet and have a rest. I just sit there and be mindful about things. You can hold anything inside, but some things are not a good thing to hold, we don't need to be silent about them, in Church, I can let them go' (Female, Community Member, East Kimberley).

Discussion

The findings of this study indicate that Aboriginal people's SEWB-related help-seeking and self-management behaviours are shaped by deep reflection and a strong determination to pursue change, even in the face of fear or uncertainty. Participants' drive to improve their SEWB was grounded in a personal sense of 'strength', which they described as arising from their care for family and the enduring foundations of Country and culture. In this context, 'strength' becomes more than a personal quality or trait (Seligman, 2011) and is understood as a personal capability, pursuing the capacity to act in accordance with seeking a life that aligns with one's values (Sen, 2014).

Family support was frequently identified as a SEWB self-management approach behaviour, and as an important enabler of help seeking. Family support was described as providing emotional reassurance, practical assistance, encouragement and validation. This is congruent with previous research from the Kimberley region, which highlights the importance of family in promoting strong SEWB, self-efficacy and help-seeking behaviours (Carlin et al., 2020). It also aligns to broader Aboriginal health research that has found a connection with family as an important enabler of good SEWB, and in supporting an individual to access services (Murrup-Stewart et al., 2019; Baker et al., 2022; Garay et al., 2023).

Engaging in cultural activities and spending time on Country was found to support participants' SEWB. Practices such as fishing, crabbing, hunting, walking and 'being' are understood within Aboriginal worldviews as deeply relational, connecting mind, body, spirit, community and Country (Dudgeon et al., 2021; Smith et al., 2025). Strengthening the mind-body connection through these cultural practices fosters awareness of internal states. Participants in this study described this awareness as supporting adaptive regulation of emotions and bodily responses.

In clinical contexts, 'biofeedback' is defined as the use of information about the body to support self-regulation. It is most often studied using devices such as heart rate monitors or electromyography (EMG) sensors (Nestoriuc et al., 2008). Emerging research shows that effective self-regulation relies on interoception, which is the ability to notice internal bodily signals such as heart rate, breathing and muscle tension, and to use this awareness to manage these functions (Khalsa et al., 2018). Similarly, mindfulness and time spent in natural environments have been shown to enhance heart rate variability, a key marker of autonomic regulation (van der Zwan et al., 2015; Kirk and Axelsen, 2020). These findings reinforce the idea that emotional and physiological regulation can be developed without technological mediation.

While this explanation does not capture the full spiritual and relational dimensions of SEWB, it provides a sufficient and accessible framework for understanding how cultural engagement and time on Country support wellbeing. Framing these practices in this way allows policy makers and funders to recognise the evidence-based benefits of SEWB programs while respecting their cultural and holistic significance.

Participants in this study and others identified that Aboriginal-specific support groups provide valuable opportunities for learning (Murrup-Stewart et al., 2021). Aboriginal-led facilitation of groups was highly regarded by participants in this, and other studies, identifying the importance of lived experience in sharing stories, finding common ground and being inspired by other's (relatable) journeys of change (Carlin et al., 2020). This study has found that when receiving SEWB support in a one-on-one professional or therapeutic setting, considerations of gender-matched support and role-type become more pronounced. These findings highlight the significance of culturally safe group spaces led by Aboriginal facilitators, while also supporting the need for flexibility and sensitivity to gender and professional roles in one-on-one SEWB therapeutic support. Together, they point to the importance of tailoring support models that reflect both collective and individual preferences within Aboriginal communities (Dudgeon et al., 2025).

The patterns of help-seeking and self-management described by participants point to the importance of self-efficacy, or the belief in one's ability to take effective action, as a foundation for strengthening SEWB. Four key 'sources' have been identified as critical for building individual self-efficacy (Bandura et al., 1999). The first, mastery experience, involves engaging in new behaviours and achieving success, thereby building confidence. The second source, vicarious experience, occurs when individuals learn from the successes of others, reinforcing the belief that similar achievements are possible. The third source, verbal persuasion, strengthens self-belief through positive reinforcement, whether via self-talk or encouragement from others. The fourth source focuses on understanding the mind-body connection and managing emotions associated with fear or failure (De Raedt and Hooley, 2016). High levels of SEWB self-efficacy and a sense of personal 'strength' arise from complex bio-psycho-social factors but can be developed. This study identified specific enablers, including access to and engagement with sources of strength, trusted relationships, and spaces for reflection. Ideally established early and nurtured over time through supportive environments and positive experiences (Chamberlain et al., 2019; Jones et al., 2024), self-efficacy can also be promoted throughout life in schools, workplaces, and health services. Ensuring culturally safe opportunities to strengthen the four sources of self-efficacy is therefore critical to supporting Aboriginal peoples' SEWB. Taken together, these findings highlight self-efficacy as a key factor in strengthening SEWB across the life course.

The study has several strengths and limitations relevant to understanding self-efficacy, SEWB self-management, and help-seeking behaviours in Aboriginal communities. A key strength is that, although it was not originally designed to focus on self-efficacy, the study provides valuable insights into how self-efficacy shapes SEWB self-management and help-seeking. It contributes to the growing evidence base on Aboriginal self-efficacy and SEWB and informs actionable policy considerations.

Another notable strength is the composition of the research team. The team included Aboriginal and non-Aboriginal members. Aboriginal staff ensured that cultural knowledge, protocols and perspectives were embedded throughout the research process. Non-Aboriginal members contributed research expertise while collaborating under their guidance, promoting culturally safe practices. This composition allowed the study to be developed, conducted, and analysed through an Indigenous research lens, supporting reflexive interpretation of participant narratives and

ensuring findings were grounded in Aboriginal ways of knowing and being.

The study has some limitations. It did not specifically focus on the psycho-biological and social factors influencing self-efficacy, which could be explored in future phenomenological research. Generalisability is also limited, as findings reflect a specific region and may not fully apply to other Aboriginal or Torres Strait Islander populations. Despite this, the results provide contextually grounded insights that align with themes in other SEWB research and highlight important areas for further investigation. Future studies are needed to determine how self-efficacy in SEWB self-management and help-seeking manifests across different regions and cultural contexts, and to identify factors that could strengthen support for Aboriginal well-being more broadly.

Conclusion

Strengthening Aboriginal peoples' SEWB is a national priority and requires attention to individual capabilities as well as broader structural determinants. This study shows that connections with family, culture and Country play a central role in supporting SEWB help-seeking and self-management. Culturally safe initiatives that foster mastery, peer learning and mind-body awareness can build self-efficacy and create enabling conditions for well-being. Sustained investment in community-led, strength-based approaches grounded in Aboriginal ways of knowing, being, and doing is essential for achieving meaningful improvements in SEWB, advancing self-determination and reducing health inequities.

Open peer review. To view the open peer review materials for this article, please visit <http://doi.org/10.1017/gmh.2025.10091>.

Data availability statement. The data that support the findings of this study may be made available upon request from the corresponding author, [E.C.] and in consultation with the Western Australian Aboriginal Health Ethics Committee. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

Acknowledgements. We acknowledge the Aboriginal people who have participated in the project. Thank you for trusting us to honour your stories. We thank the Aboriginal Community Controlled Health Services who are partners in this project, your support, resources, and reach are essential in the work we do. Finally, we thank Dr. Rama Agung-Igusti for his time, camaraderie and valuable feedback in the drafting process.

Author contribution. Conceptualisation: E.C., S.F. and Z.C.; methodology: S.F., P.D. and E.C.; validation: S.H., Z.C., J.L., L.A., P.D. and E.C.; formal analysis: S.F., Z.C., L.A., J.L. and E.C.; investigation: S.F., Z.C., J.L. and E.C.; resources: E.C., P.D. and L.A.; data curation: S.F., Z.C., L.A., J.L. and E.C.; writing – original draft preparation: E.C.; writing – review and editing: S.F., Z.C., L.A., J.L., P.D. and E.C.; funding acquisition: P.D., L.A. and E.C. All authors have read and agreed to the published version of the manuscript.

Financial support. This work was supported by the Cooperative Research Centre for Developing Northern Australia (grant number: HT.5.2122005).

Competing interests. The authors declare none.

Ethics statement. The project has endorsement from the Kimberley Aboriginal Health Planning Forum and ethics approval from the Western Australian Aboriginal Health Ethics Committee (HREC 1201). The project aligned with the National Health and Medical Research Council: Ethical Guidelines for Research with Aboriginal and Torres Strait Islander Peoples. Informed written consent was obtained from participants before data collection commenced.

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