

**Toward Aboriginal and Torres Strait Islander Cultural Responsiveness in Psychology
Practice and Higher Education to Enhance Aboriginal and Torres Strait Islander Social
and Emotional Wellbeing**

Emily Darnett

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Department of Psychological Sciences

School of Health Sciences, Swinburne University

Abstract

The discipline of psychology has historically perpetuated deep and lasting harms onto Aboriginal and Torres Strait Islander peoples which has contributed to our experiences of low social and emotional wellbeing (SEWB). Some progress has been made towards improving the often harmful nature of the discipline. In recent years, cultural responsiveness has gained prominence across various organisations and disciplines including psychology. Within the field of psychology, cultural responsiveness is recognised as a critical area of knowledge and skill for all practitioners. Consequently, it has become an integral component of the psychology curriculum in universities and supported as a safe framework to guide psychologists' interactions with Aboriginal and Torres Strait Islander clients. However, there appears to be confusion of how to incorporate culturally responsiveness skills into psychology higher education, and practices to support Aboriginal and Torres Strait Islander SEWB.

This thesis set out to achieve the overarching research goal of collecting and analysing psychologists' experiences of working with or learning about Aboriginal and Torres Strait Islander clients during their practice or higher education training. This was undertaken in order to provide insights into how psychologists and educators might enhance their culturally responsiveness to promote SEWB when working with Aboriginal and Torres Strait Islander clients. This was achieved through a series of studies that have since been submitted for, and in some cases published in peer-reviewed in academic journals. The results from a scoping review that explored the association between social determinant of health (SDoH) and Aboriginal and Torres Strait Islander people's experiences of psychological distress revealed social support to be one of the greatest influences on Aboriginal and Torres Strait Islander SEWB. No other associations were found as consistently as social support, which was likely due to the diverse ways in which the research team approached and measured the outcomes.

The second and third studies leveraged the same methodology to explore psychologists ($N = 108$, Female 83.2%, Male 16.8%, Aboriginal 13.9%, non-Indigenous 86.1%, age range 22–83) experiences. Empirical paper 2 aimed to understand what culturally responsive practices psychologists were using with Aboriginal and Torres Strait Islander clients. While empirical paper 3 reported the results from an exploration of psychologists' perspectives about their psychology higher education curriculum, and how well it prepared them to practice with Aboriginal and Torres Strait Islander clients. Moreover, participants shared also their suggestions for improving cultural responsiveness and preparedness in the higher education psychology curriculum.

Psychologists participated by responding to an online mixed method survey. Statistical and content analysis were undertaken and revealed a number of commonly reported practices to be successful (e.g., working holistically) when working with Aboriginal and Torres Strait Islander peoples, as well as unsuccessful practices (e.g., rushing), and some commonly shared challenges (e.g., working within systems).

When asked about their higher education experiences, over 91% reported their higher education psychology training was inadequate in preparing them to work with Aboriginal and Torres Strait Islander clients. For participants who have not worked with mob before ($n=16$), 87.5% reported holding apprehensions for their first time, suggesting their lack of Aboriginal and Torres Strait Islander cultural knowledge and ways of practicing, as well as the concern for perpetuating harm fueled these apprehensions. Participants suggested to improve the psychology higher education curriculum and training included increased exposure to lived experiences, incorporating Indigenous-specific information, incorporating more practical exercises, and

creating guidelines instructing clinicians about how to adapt existing interventions. While over 90% of the participants asked (n=85) reported plans to increase their knowledge.

Unsurprisingly, the study also revealed racially motivated biases and attitudes in some participants' responses. These findings likely represent a cohort within the psychology profession who display biases toward Aboriginal and Torres Strait Islander peoples. However, the methodological limitations reduce the strengths of the inferences that can be made, therefore it requires further exploration and addressing in future research.

Acknowledgments

Firstly, I would like to acknowledge the Traditional Owners of the lands on which the majority of this research was conceptualised, designed, and composed, the Aboriginal clans of the Kulin Nation. I would also like to pay my respects to the Aboriginal clans of the Bundjalung and Yuggera Nations as these are the primary lands I have been situated on for the last six months of this thesis journey. I thank the traditional custodians within all Nations for keeping me safe and nourished while I was afforded the privilege of undertaking this higher degree.

I would like to pay my respects to Elders past, present, especially those I know personally as aunties and uncles. Without the guidance and sacrifices that they made, I would not be in the position I am today. I acknowledge the significant contributions of Aboriginal and Torres Strait Islander peoples to this research and their ongoing commitment to sharing their knowledge and wisdom.

The journey of undertaking a thesis can never be done in isolation, so next I would like to acknowledge the people who have walked along side me during this journey. Thank you to Associate Professor Andrew Peters for your cultural guidance, supervision and mentorship over the past four years. Thank you to my supervisor Professor Monica Thielking for helping me navigate the psychology aspects of this thesis. I would also like to express my gratitude to Dr Justin Trounson, as my initial supervisor, you helped me overcome my self-doubt, progress further along my personal journey, providing me with the strength I needed to own my story. I also need to express my sincere gratitude to the people that participated throughout this project, and shared with me their thoughts, emotions, stories and voices. It is always such an honour to work collaboratively with you mob and our non-Indigenous allies towards a common goal.

My deepest gratitude is to Ash Paxton and my Weenthunga family. There are simply no words that I can write that amounts to the love and appreciation I have for you mob as I reflect

on my PhD journey. The unwavering support, guidance, learnings, encouragement and strength you have afforded me have been invaluable. The dedication to fostering safe places for us to connect and share our culture has left an indelible mark on my experience that will continue to carry throughout my life, while I endeavor to do the same for those whose paths I cross. Your support went beyond assistance, it offered me a connection to our cultural heritage and wisdom, allowing me to ground the work with meaning and purpose. Through you, I found strength during challenges, and the inspiration to keep resisting against the people, places, and systems that do not serve me.

Finally, to my family for their love and support. Thank you to my mother, Elizabeth, who has been a constant source of encouragement and love. As well as doubling as editor for many sections of this thesis, as well as the degrees that have come before. Thank you to my father, Rodney, without inheriting your work ethic, I don't think I would be in the position I am today. Lastly to my partner, Anson, thank you for always being there for me in every way. Thank you for your understanding and compassion that afforded me the time I needed to complete the journey. Thank you for reminding me of the importance of taking care of myself, and the need to have balance. I'm so thankful for you.

Aboriginal and Torres Strait Islander Content Acknowledgement

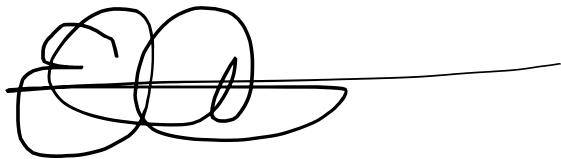
To all Aboriginal and Torres Strait Islander readers, I would like to acknowledge that this thesis respectfully names some Aboriginal and Torres Strait Islander peoples who have passed. We stand on the shoulders of those that have come before us, and as such it is important to acknowledge the significant contributions that those Aboriginal and Torres Strait Islander peoples have had.

Declaration

In accordance with Swinburne University of Technology regulations, the following declaration is made:

I, Emily Darnett, declare that this thesis is my own original work and does not contain material that has been accepted for the award of any other degree or diploma. To the best of my knowledge this thesis contains no material previously published or written by another person except where due reference is made in the text. Where the work is based on joint research or publications, I have disclosed the relative contributions of the respective creators or authors using the Authorship Declaration Form. In addition, I warrant that I will obtain, where necessary, permission from the copyright owners to use any third-party copyright material reproduced in the thesis for publication.

Signed

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Dated 19th December 2024

Publications and Contributions

The following publications are included in this thesis.

Chapter 6

Darnett, E., Harrison, M., Trounson, J. S., Peters, A., & Thielking, M. (2024). The associations between social determinants of health and Aboriginal and Torres Strait Islander peoples experiencing psychological distress: A scoping review. *International Journal of Equity in Health* (Submitted).

Chapter 12

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Chapter 13

Darnett, E., Peters, A., & Theilking, M (2024). Toward culturally responsive psychology higher education courses: Psychologists' perspectives on preparedness to work with Aboriginal and Torres Strait Islander clients. *The Australian Journal of Psychology* (Under Review).

Signed authorship indication forms are included in Appendices i, ii, and iii. These forms detail the contribution of the authors to the research that has been undertaken.

Preface

I have previously taken the time to articulate my story of growing up as an Aboriginal woman in the written word. This was published in an autoethnography and is available online (Darnett & Rhodes, 2020). However, for relational purposes and adherence to cultural protocols, I will briefly provide another overview to position myself in context for the purpose of this thesis

I am a Palawa descendant from the unceded lands of Tasmania. I was born on Bundjalung country in a town now known as Tweed Heads, on the southern side of the border where New South Wales and Queensland collide. Tweed Heads and the surrounding areas is where I lived with my family until we moved northward just in time for me to start high school on the Gold Coast. I have fond memories of the Gold Coast during my teenage years, when my family would take the doggies to the beach on a still afternoon to make the most of the golden hours before sunset. As articulated in the aforementioned autoethnographic paper, the Gold Coast served me well into my early 20s; it helped me learn hard life lessons the only way I know how.... the hardest way possible. Reflecting upon it, I recognise that I would not want to relive those tough times, but I acknowledge and appreciate how these experiences have contributed to my development and the person I am today.

A desire to explore and grow (maybe even escape), coupled with a lack of direction for my future took me adventuring across the seas. From watching the sunrise on a beach in Portugal after a night out, to trying a way too spicy curry in India, sweat still threatens to leak from under my eyes at the memory. My cheeks begin to hurt every time I think of the cheshire cat smile that was plastered across my face as I watched the Northern lights dance gracefully across the sky all the way down to me in northern Minnesota. I fondly recall the lone happy tear that ran down my left cheek as I witnessed snow fall from the sky for the very first time in England, and I will

always carry the weight of the tsunami of emotions that slammed into my body when exploring a Holocaust Museum in Germany. Each country and each experience were a drop in the ocean of my life that taught me how to swim, and I am so thankful to have ended up where the current took me.

I lived, I learned, and I fell in love time and time again. I saw many places, spaces and faces during my 20's and recognise the privilege I hold that has allowed me to see and learn about the world like I have, and the wider impacts these experiences continue to have on me as a learner, a knowledge holder and a powerful Blakfella. In between the journeys across the seas, I was continuing my higher education, advocating for change in the academies I studied at, dodging the systemic violence and racist comments as best I could, and challenging people to think critically when presented with deficit discourse narrative, or when they tried to pass along their colonial burden to me. Throughout this time, I have experienced growth in so many ways that it would be impossible to note them all down. Most notable in my opinion is that through finding myself and my people, I have been able to find my power, my voice, and my sovereignty.

As I begin to plan my next career step, it is a privilege that my path has crossed with the Carumba Institute. Although our paths have only recently been crossed, the impact on me and my knowing has been substantial. Professor Chelsea Watego is a Munanjahli and South Sea Islander woman who leads the deadly people of the Carumba Institute at Queensland University of Technology, and she writes:

“It is not that we speak back to what we are not, we must refuse the very framework from which the narrative has been written – rejecting outright the parameters for which we get to enter the chat. That is, if we know who the fuck we are.” - ChelseaWatego (2024).

The first time I read this quote, it hit me like a train. I sat with it and read it over and over again. I printed it out and stuck it on my computer, so it comes with me wherever I go. It gives me goosebumps still. On the one hand, it makes me feel seen and validates my past experiences operating within higher education, constantly having my Blak Knowing rejected or corrected. This quote empowers me in my present to acknowledge the resistance I have displayed to get here and the strength that I draw upon as I plan to stay. What's more, it creates feelings of motivation and hunger that transcend the present towards the future. These feelings are matched with cognitive illustrations in the form of daydreams that continue to fuel my fire. This quote embodies everything I have been in the past, am currently in the present, and hope to be in the future. It cements my knowing of who the fuck I am and who the fuck I will always be.

With this in mind, I draw the reader's attention to the present time and place. As you embark on this journey, engaging with me intimately on every single page you will notice that this thesis is more than an academic endeavour; it is a narrative exploration, a dialogue between worlds, and a reflection of a deeply personal quest. As you turn these pages, you will encounter a fusion of rigorous scholarly research and highlighting the vibrant voices of Aboriginal and Torres Strait Islander peoples and communities where possible. Our voices, historically marginalised in academic discourse, are central to this work. We are the beneficiaries of the legacy and knowledges of the ancestors, aunties and uncles, sisters and brothers who have come before us, which is such a gift and will be treated as such throughout this thesis. These voices guide us, challenge us, and invite us to see the world through a different lens.

Along the road, we will draw upon a more diverse array of sources than what might be commonly expected, as they contribute to the story. While grey literature can often be overlooked in traditional research, it offers grassroots insights and community-driven knowledge

that can provide priceless learnings. World events and political shifts provide a backdrop against which the struggle for Indigenous rights and recognition unfolds. These will be drawn upon at different times to illustrate certain points and provide further context to situations. Media articles will at times be used as they capture the zeitgeist, reflecting the voices and sentiments of the moment, and often perpetuating harm through the depiction of Aboriginal communities, forcing consumers to think critically in these instances.

This thesis also contains some of my own experiences. Through first-person storytelling, I will share my reflections, challenges, and moments of clarity. These personal narratives are not mere anecdotes; they are integral to understanding the heart of this work. They connect all parts of me, the academic with the lived, the theoretical with the practical, and the universal with the personal and the cultural which is present in all parts. Our journey will traverse the landscapes of mental health services and higher education, areas where the intersection of culture and care is both critical and complex. Through the lens of Indigenous worldviews, we will explore barriers and enablers, uncover hidden narratives, and seek pathways to more inclusive and culturally responsive practices and education institutions.

I advocate throughout this thesis for the need for our Indigenous knowledge systems to be embedded in higher education psychology courses. It would be hypocritical of me to merely produce a palatable, Western scientific thesis in the hopes of obtaining a doctorate. It may be necessary at times to keep this in mind as we dive into the diverse sources of knowledge that lay outside what the Western world considers academic. As we embark on this journey, know that I am walking alongside you, inviting you to engage with the material not just as a reader, but as a participant in an ongoing conversation. Let this be a space for reflection, for questioning, and for opening your mind to new ways of thinking and knowing. It can be common for discomfort to

set in when operating in this space. Frameworks are presented in the later chapters to guide your critical reflection through the discomfort and to gather learnings from it. After all, learning is what this is all about.

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List of Common or Important Terms

Blak - A shortened form of "Black" or "Blackfella," often used by Indigenous Australians to refer to ourselves.

Blakademics - Aboriginal and Torres Strait Islander academics.

Blakfella - An Aboriginal or Torres Strait Islander person.

Clan - A group of people with a common ancestor.

Cultural safety – Evaluated by the client. Explored how the clinician honoured the client's cultural identities, creating a respectful, validating, and understanding environment where clients feel safe to express themselves fully.

Cultural responsiveness - The ability to understand, communicate with, and effectively interact with people across cultures. It encompasses a set of behaviours, attitudes, and policies that enable professionals and organisations to work effectively in cross-cultural situations

Deadly – In the Aboriginal Australian context means excellent, impressive, or very good.

Mainstream - The dominant or widely accepted ideas, attitudes, or practices of a particular society or culture. It is often associated with popular culture, media, and societal norms.

Mob - A group of Aboriginal or Torres Strait Islander peoples.

Norms - Something that is usual, typical, or standard.

Privilege - A special right, advantage, or immunity granted or available only to a particular person or group of people

Race - A group of people sharing specific physical characteristics.

Racism - Prejudice, discrimination, or antagonism directed against someone of a different race based on the belief that one's own race is superior.

Reflexivity - Reflexivity is considered to be a form of higher order thinking extending beyond solely cognitive reflecting to critically examining one's own attitudes, beliefs, values, and biases to engage with clients in ways that exclude racism and superior attitudes

Sis or Tidda - In the Aboriginal Australian context it is a slang term for "sister."

Western - Relating to European or North American peoples and processes.

White - used to refer to non-Indigenous people, particularly those of European descent.

White privilege - The societal privilege that benefits people identified as white in some societies, beyond what non-white people experience.

List of Common or Important Abbreviations

AAL - Australian Aborigines' League

ABS – Australian Bureau of Statistics

AHPRA - Australian Health Practitioner Regulation Agency

AIPEP – Australian Indigenous Psychology Education Project

APAC – Australian Psychological Accreditation Committee

APS – Australian Psychological Society

CAM - Complementary Alternative Medicine

CASP - Critical Appraisal Skills Programme

CBSs - culture-bound syndromes

CRT – Critical Race Theory

ERI - Ethnic and Racial Identity

IAHA - Indigenous Allied Health Australia

NACCHO - National Aboriginal Community Controlled Health Organisation

PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses

QAT – Aboriginal and Torres Strait Islander Quality Assessment Tool

SDGs - Sustainable Development Goals

SDoH – Social determinants of Health

SEWB – Social and emotional wellbeing

UN - United Nations

UNDRIP - The United Nations Declaration on the Rights of Indigenous Peoples

UNESCO - United Nations Educational, Scientific and Cultural Organization

List of Peer Reviewed Publications During Candidature

- Darnett, E., Peters, A., & Thielking, M. (2024). Hearing Australian Aboriginal stories to develop recommendations toward improving the psychology discipline: An Indigenous yarning methodological perspective. *AlterNative: An International Journal of Indigenous Peoples*. (Under Review)
- Clarke, A., Darnett, E., Coombe, L., Jordan, H., & Chamberlain, C. (2024). Evaluating the Indigenous public health competencies in the Master of Public Health. *The Australian Journal of Indigenous Education*. (Under Review)
- Mackelprang, J. L., Orr, C., Darnett, E., Goldring, A., Gibbs, J., Chalmers, A., Tzan Chan, P., Thielking, M., & Trounson, J. (2024). Where knowledge systems converge: Collaborating to co-design decolonized psychology curricula in Australia. *Higher Education Research & Development*. (Under Review).
- Priest, N., Doery, K., Lim, C. K., Lawrence, J. A., Zoumboulis, G., King, G., Lamisa, D., He, F., Wijesuriya, R., Mateo, C. M., Chong, S., Truong, M., Perry, R., King, P. T., Paki, N. P., Joseph, C., Pagram, D., Lekamge, R. B., Mikolajczak, G., Darnett, E., Trenerry, B., Jha, S., Masunga, J. G., Paradies, Y., Kelly, Y., Karlsen, S., & Guo, S. (2024) Racism and health and wellbeing among children and youth-an updated systematic review and meta-analysis. *Social Science & Medicine*, 361(117324).
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List of Media Appearances During Candidature

Darnett, E., & Winnifred, L. (2024, June) Indigenous knowledges and psychological statistics

and methods: Interview with Emily Darnett & Winnifred Louis. Housed on Youtube.

[online interview]. https://youtu.be/0BaRuG5aboQ?si=p3bdn2_rb3TFxY8o

Darnett, E. (2023, September). An initiative to codesign decolonised content in a 4th-year psychology course. In Australian Indigenous Psychology Education Project (B. Selkirk & J. Alexi) & C. Orr (Chairs), *Efforts to decolonise psychology education: Reflections from the AIPEP Community of Practice* [Symposium Podcast]. Australian Psychology Learning & Teaching Conference, Hobart, TAS, Australia.

<https://www.podbean.com/ep/pb-2cy4h-15cc39b>

Darnett, E. (2022, May). Episode 242 Emily Darnett: Decolonising Psychology. *Humans of Purpose* [Podcast]. <https://podcasts.apple.com/au/podcast/242-emily-darnett-decolonising-psychology/id1205858107?i=1000564592797>

Darnett, E. (2022) Emily Darnett PhD Research. *Private Collection with Bill Page - Brainwaves FM radio*. [Live Radio Interview]. <https://www.swinburne.edu.au/news/2022/04/Getting-on-the-same-wavelength-with-community-mental-health/>

Chapter One: Introduction

1.1 Chapter Guide

This introductory chapter provides the reader with the research goals that underpin each study in the context of the overarching goal of the thesis (see Section 1.2). The terminology used and a rationale for its use will be provided in Section 1.3. Section 1.4 will provide a brief overview of Indigenous research methodologies and how cultural protocols were adhered to throughout this thesis. Finally, Chapter 1 will conclude with an overview of the thesis structure in Section 1.5 to prepare the reader for what is to follow.

1.2 Thesis Goals

This thesis' overarching research goal is to contribute to the evidence to enhance the cultural responsiveness of psychological practices and higher education to promote SEWB when working with Aboriginal and Torres Strait Islander clients. This goal was achieved by investigating experiences, perspectives, and recommendations of Aboriginal and non-Indigenous peoples. Making a contribution towards improving the cultural responsiveness of psychologists' and psychology higher education training to increase cultural responsiveness when working with Aboriginal and Torres Strait Islander clients.

The thesis has contributed substantially to the current scientific understanding of how the historically Westernised conceptualisation of psychology and its practices can be altered to consider the different needs of the Aboriginal and Torres Strait Islander communities. An improved understanding of Aboriginal SEWB may also benefit the design of interventions aimed to assist Aboriginal and Torres Strait Islander peoples' wellbeing and reduce the harms from the continued impacts of colonisation.

1.3 Terminology

It is essential to clearly define who Aboriginal and Torres Strait Islander peoples are within the parameters of this thesis. Aboriginal and Torres Strait Islander will be used to respectfully but broadly refer to the diverse range of native peoples and communities across Australia inclusive of Tasmania and the Torres Strait Islands. This is in no way meant to ignore the diversity in idiosyncratic culture, language, ceremony, beliefs, and rituals that exist between and within the communities. Aboriginal people are the Indigenous group of people in Australia and Tasmania. Torres Strait Islander Peoples are Indigenous to the Torres Strait Islands located off the tip of Queensland's most Northern Point. Aboriginal and Torres Strait Islander Peoples can be referred to by other names such as First Nations Peoples, First Peoples or Indigenous Australians.

The literature review will sometimes alternate between referencing Aboriginal and Torres Strait Islander or, Aboriginal or, Torres Strait Islander peoples. This will depend on the population to which the cited source refers. For example, some sources have only focused on the Torres Strait Islander population. Therefore, in this instance, the term 'Torres Strait Islander' would be used. Similarly, the research that was conducted in this thesis, whilst not intentional, only captured the perspectives of people who identified as Aboriginal. Therefore, the findings from this thesis should only be considered in relation to Aboriginal peoples and critically considered when or if applied to another Indigenous population.

Throughout this thesis, the term 'Western' is used to describe frameworks rooted in European and North American traditions. Moreover, the term 'mainstream' will be used to refer to dominant practices, ideas, or systems that are widely accepted and institutionalised within a given context. For example, within psychology, mainstream can be used to describe prevailing

norms and standards that are recognised and practiced by the majority of professionals and institutions, often based on Western frameworks. Western refers more broadly to cultural and epistemological origins from Europe and North America, while mainstream refers to the current dominant practices within a specific societal or professional context. Therefore, mainstream practices in countries with Western influence are often Western in origin but may also be shaped by other factors. These terms are in no way intended to be offensive or disrespectful.

Most of this thesis was written on Wurundjeri and Boonwurrung country. Moreover, Swinburne University is located on Wurundjeri country. The majority of participants are located within the Kulin Nation; therefore, to respect this, Section 2.2 focuses on the impacts of colonisation on the Koorie mob. The term ‘Koori’ originated from Wiradjuri mob and is used as a cultural marker by many Aboriginal people in the southeastern parts of Australia, particularly in the states of Victoria and New South Wales. However, due to the differences between Aboriginal cultures, traditions, and ceremonies across this area, a delineation was made between the Koorie Aboriginal peoples of Victoria, and the Koori Aboriginal people of New South Wales.

I also need to acknowledge that while the term Koorie is in common use in Victoria, I am aware that many Wurundjeri people do not refer to themselves as Koorie. However, for the purpose of dissertation the work Koorie is respectfully used to serve as a culturally specific way for Aboriginal people from the regions to identify themselves that reflects local Indigenous heritage. Therefore, as the exploration of Koorie colonial history progresses, it is imperative to understand the distinction.

1.4 Indigenous Research Methodologies

First Nations peoples worldwide, including Aboriginal and Torres Strait Islanders, are arguably the most studied peoples (Rigney, 1999). Historically, Indigenous Australians have been excluded from research as racialisation and colonisation suggested that our minds, intellects, histories, knowledge, experiences, and ways of knowing and being were irrelevant (Rigney, 1999). The data collection and storage processes were not culturally appropriate when we were included in past research. Additionally, ownership of Indigenous knowledges has been misplaced, and control has been traditionally taken away from the community (Rigney, 1999). Indigenous research methods are critical to addressing these limitations and to engage in ethical and culturally appropriate research with Indigenous communities (Washington, 2023).

Professor Lester-Ibrabinnia Rigney is a descendant of the Narungga, Kaurna and Ngarrindjeri peoples of South Australia. Rigney (2001) defined the three interrelated core principles that underpin Indigenous research methodologies: privileging Aboriginal and Torres Strait Islander voices, resistance as the emancipatory imperative, and political integrity. These core principles and Aboriginal Australian cultural values and strengths were at the forefront of every thesis stage.

1.4.1 Privileging Aboriginal and Torres Strait Islander Voices

Privileging Aboriginal and Torres Strait Islander voices was of primary significance to me and the research team from the outset of this thesis. Significant consideration and care were taken in the conceptualisation of the thesis and the studies that it holds. This privileging is evidenced throughout my research in areas such as questionnaire construction, participant group allocation, data analysis, and presentation of findings within the manuscript in the studies that comprise this thesis (see Chapter's 6, 12, & 13). The Aboriginal psychologists' responses were

separated from the non-Indigenous psychologists to ensure their voice was privileged. Furthermore, throughout the thesis literature review, Aboriginal and Torres Strait Islander scholars and their ancestral lands were highlighted and acknowledged in-text to highlight their heritage to the reader, and indicate that their words hold weight based on their identity.

The exclusion of Aboriginal knowledge and voices from academic literature has been a long-standing issue that has been actively challenged by Aboriginal and Torres Strait Islander scholars and communities (Kinshuk, 2012; Oakes, 2012). Whilst Indigenous methodologies have been instrumental in legitimising the lived experience of Aboriginal and Torres Strait Islander peoples in the academic arena, disparities still exist (McGinty, 2012). Therefore, Aboriginal and Torres Strait Islander voices have been further privileged throughout the literature review by incorporating voices, stories and sources that are academic and also lay outside the academic literature.

As an Aboriginal woman, the very existence of this dissertation and the three studies encompassed within also work towards privileging my own voice. Lee and Evans (2022) highlight the importance for Indigenous women to reclaim their voice and position themselves within the narrative by writing in the first person, using 'I' statements. The teachings during my tertiary education up until this point (in the psychological sciences) have strongly suggested that there is no place for 'I' statements in formal writing. This is not only an example of the continuation of colonisation on the science and discipline of psychology but also an example of the challenges experienced by Aboriginal scholars and communities at the interface of psychology and Aboriginal knowledge. Despite experiencing this challenge through the way psychological science is taught in higher education, I position myself within the thesis to reclaim my voice and privilege an Aboriginal voice.

1.4.2 Resistance as the Emancipatory Imperative

The second core principle of Indigenous research is resistance as the emancipatory imperative. Psychology as a discipline is a colonised discipline that promotes colonised practices. This will be explored and explained further in Chapter 2. However, it is prudent to state that psychology was introduced to Australia by the colonisers and therefore, most of the knowledge that underpins psychology is from a European foundation. Rigney (2001) suggested that part of the self-determination for Aboriginal people lies in overcoming our differences from the dominant western practices and being sovereign in our cultural ways of translating and producing our knowledge. This sentiment speaks to the importance of resistance towards colonial knowledge being the only valid knowledge and the agency we, as Aboriginal people, may experience by continuing to produce our knowledge.

Incorporating Aboriginal perspectives into this thesis was inevitable based on my standpoint. The importance that I place on this is evident as a portion of this thesis speaks to including the perspectives into psychology higher education curricula. Study 2 (see Chapter 12) was carefully designed in a way that Aboriginal people could safely share their experiences. This is one way the thesis has resisted the passive recognition of experiences from non-Indigenous mental health discourse. Generating culturally grounded experiences has the prospective ability to reinforce the capacity of psychologists and psychological services to deliver better long-term therapeutic care to their Aboriginal and Torres Strait Islander clients. The importance of Aboriginal knowledges is further explored in Chapter 3.

1.4.3 Political Integrity

The third and final principle is political integrity, which highlights the value of Aboriginal community control. Political integrity in Indigenous research is crucial as it involves navigating

complex power dynamics and historical injustices (Harris et al., 2013; Shih, 2021). All of the studies in this thesis respect the community's self-determination and sovereignty by ensuring that the research aligns with our priorities and values. Furthermore, the research used anonymised data to protect sensitive knowledge shared during participation. and, the manuscripts include a critical reflection on the researcher's positionality, the power imbalances inherent in academic research, and how the research was conducted in a way that mitigates those imbalances.

The principle of political integrity is interconnected with reciprocity within Indigenous research. Reciprocity in Indigenous research is a fundamental principle that acknowledges research responsibility to community by ensuring mutual respect and benefit between researchers and Indigenous communities (Gower, 2012). This principle is rooted in the concept of reciprocal appropriation, where there is a mutual exchange and investment between Indigenous experiences and the natural world, fostering a deeper connection and understanding (Brewer & Johnson, 2023). Furthermore, reciprocity in the Indigenous context identifies knowledge as a shared responsibility between all, challenging the traditional assumption of knowledge belonging to scholars (Peters, 2017). Rigney (2000) emphasises the importance of reciprocity to maintain political integrity and uphold our sovereignty and self-determination when undertaking Indigenous research, highlighting Indigenous control and ownership over research processes and outcomes is crucial.

Nakata (2007) posited that reciprocity involves a commitment to returning benefits to the community, such as sharing research findings in accessible formats and supporting community-driven goals. Linda Tuhiwai Smith (1999) highlights that genuine reciprocity fosters trust and respect, which are crucial for Indigenous research methodologies. The studies in the thesis ensured there was reciprocity underpinned the research processes and outcomes. For example,

Study 2 and 3 in Chapters 12 and 13, ensured mutual respect and sovereignty by grounding the questions posed to Aboriginal participants' within the assumption that they are connected to culture and respected the power of their Blak knowing. Furthermore, Aboriginal participants' responses were presented separately and as an indication of best practice in the manuscript. This approach not only challenges the historical exploitation of Indigenous perspectives but also promotes a collaborative and respectful relationship between researchers and Indigenous communities, ensuring that research benefits are shared, and that Indigenous intellectual sovereignty is upheld.

1.4.4 Additional Elements of Indigenous Research Methodologies

Since the three core principles were published further work has been undertaken to develop the concept of Indigenous research further. Henry and colleagues (2002) suggested that proponents of Indigenous research reform advocate for re-positioning Indigenous peoples within the creation process of research instead of asking for the development of new research methods. These suggestions may be captured in the political integrity core principle mentioned above as it advocated for community collaboration, which is believed to be captured within the above three core principles and the broader thesis.

Indigenous governance structures during research projects are one way Aboriginal and Torres Strait Islander peoples were engaged during the creation process, as well as throughout the candidature. To more explicitly acknowledge some of the informal governance support and guidance that was provided, Dr Andrew Peter's was a named author on all of the publications in this thesis, as well as thanked in the acknowledgement section for his time, guidance and contributions. Professor Emma Lee was a member of my Swinburne panel, in which she provided feedback and governance during my candidature. Dr Justin Trounson, and Mr Jordan

Gibbs are both Aboriginal men who contributed to certain governance aspects of this thesis were named authors on Study 1 as it encompassed the majority of their input. Further, ongoing dialogue with people and organisations who contributed to governance processors and guidance of this research were thanked in the acknowledgement section as well as personally.

Professor Linda Tuhiwai Smith is a Ngāti Awa and Ngāti Porou, Māori/Aotearoa (1999) scholar well-known in Indigenous spaces for her groundbreaking book “*Decolonising Methodologies*”. The book creates a rationale for the need for Indigenous methodologies as it mentions observing positive changes in the research activity when Indigenous people are not only the researched but also the researchers. Tuhiwai Smith (1999) suggested that when Indigenous people are leading the research on Indigenous peoples, how questions were framed, the ranking of priorities, and the definition of problems were all presented differently. Further, they found that people participated on different terms. Therefore, further research capacity development and Indigenous research reform must be considered (Tuhiwai Smith, 1999). These learnings were applied throughout this thesis and can be seen in the framing of questions, the prioritising of cultural values and frameworks that underpin the methodologies, and the strengths-based approach that was always foregrounded.

More recently, Professor Pat Dudgeon, a Bardi woman from the Kimberley, in collaboration with her colleagues (2020), discussed the need to include concepts and applications of a transformative and critically reflexive Indigenous research methodology, which is now called Aboriginal Participatory Action Research (APAR). This approach builds upon Participatory Action Research (PAR), and its guiding principles focus on correcting colonial imbalances through shared decision-making, centering of people, place, and intention in research (Dudgeon et al., 2020). These principles involve decolonising mainstream research approaches, co-creating

knowledge, and translating it effectively (Dudgeon et al., 2020). The APAR framework emphasises community-led engagement, relational methodologies, and knowledge translation through co-creation and exchange (Dudgeon et al., 2020). Many elements of APAR have been embedded in the studies that comprise this thesis to ensure best practice research has been undertaken.

Indigenous research methodologies also support cultural communication and relationship development etiquette (Johnston & Forest, 2020). This etiquette is utilised when introductions are made to other Aboriginal people. This introduction includes information that helps relationally and geographically place me as the researcher, as well as my ancestry and cultural, social, and political position, so that relations can be determined (Tuhiwai Smith, 1999; Martin, 2003). As such, I introduced myself using the following when interacting with Aboriginal participants throughout this study.

“My name is Emily Darnett. I am my parents' youngest and only daughter: Aboriginal mother, Elizabeth Darnett (of Aboriginal and Anglo-Saxon ancestry), and my non-Aboriginal Father, Rodney Darnett (of Anglo-Saxon, German, and Australian ancestry). My Aboriginal ancestor, Rachel, was born at Huon Town (now known as Huon Valley) Hospital in the Southeast region in 1850 in what is now known as Tasmania. She was removed from her biological parents at birth. Whilst Rachel was brought up by non-Indigenous parents, they were honest with her about her heritage and ensured she remained connected to community, country, and culture in her area. Rachel passed along her stories through oral traditions and her poetry. Rachel was married to an English man and had 14 children, of which my family line comes from the youngest child, a son named

Albert Price. I am related to the Browns, Priest and Prices families who are commonly connected to the place of Hobart in Tasmania, Australia.

I was born and raised on the border of New South Wales and Queensland; I now identify with my bicultural heritage as an Aboriginal and Anglo-Saxon. Since birth, I have been on a journey to understand my identity and connect to community and culture. Aboriginal community principles are based upon relationality. I have engaged in this practice, returning to Tasmania several times to connect with and learn from community to explore the nuances of Aboriginal culture in Tasmania. As a learner within my culture, this journey will continue until I enter the dreaming; however, engaging in the learning has strengthened my spirit and fuelled my passion for working to enhance Aboriginal and Torres Strait Islander social and emotional wellbeing. I feel blessed that my path brought me to Naarm for several years before it took me home to Yugambeh country.”

When considering the Indigenous research method within the Australian context in this thesis, it must be acknowledged that social and psychological scientific perspectives will intersect with Aboriginal ways of knowing and doing. With this interface comes intrinsic tensions, given that many, including myself would agree that the discipline of psychology and the practice of mental health has played, and continues to play a role within the colonisation process for Aboriginal and Torres Strait Islander people across Australia (Dudgeon et al., 2014; Gee, 2016). Specifically, earlier researchers reported burdens when applying Western psychiatric frameworks and understanding mental health (McKendrick, 1993; Swan & Raphael, 1995). This will be further explored in Chapter 2.

In this thesis, all studies are underpinned by Aboriginal values and worldviews as these values and worldviews are symbiotic with me as a researcher, and these elements can be and

should not be removed. However, Study 1 (Chapter 6) is a scoping review and, therefore, has a pre-determined methodology that was followed to ensure scientific rigour. Studies 2 and 3 featured in Chapters 12 and 13 had less external structuring, so Indigenous research methodologies and knowledge drive their foundational approaches and values. While this dissertation is located in the academic field of clinical psychology, through this research I have also attempted to represent the four principles that Mason Durie, (2004) a Maori a descendant of Ngati Kauwhata and Ngati Raukawa, reported should underlie research that takes place at the interface of science and Indigenous knowledges. The four principles within an Aboriginal and Torres Strait Islander context include ensuring benefits to the Aboriginal and Torres Strait Islander communities, which were at the forefront of this research. Additionally, the cultural and spiritual practices and beliefs of the Aboriginal and Torres Strait Islander peoples are respected and supported, ensuring that Aboriginal and Torres Strait Islander worldwide views are not compromised. There was also a recognition of the authenticity and legitimacy of each knowledge system, and further advocacy for wider recognition is present. Lastly, Aboriginal and Torres Strait Islander methodologies and scientific methods were explored, used, and blended innovatively with minimal compromising.

1.5 Overview of Thesis Structure

This section outlines the general structure of this thesis. Overall, this thesis explores the impacts of colonisation on the colonial discipline of psychology and how this disadvantages Aboriginal and Torres Strait Islander peoples. Moreover, it provides insights into how psychology can improve cultural responsiveness in practice and through teaching in higher education. Importantly, this thesis explores suggestions towards the incorporation of Indigenous knowledge and perspectives into psychology teaching and practice to enable psychologists to

practice safely and enhance Aboriginal and Torres Strait Islander people's social and emotional wellbeing (SEWB). A set of research questions were initially developed in line with these aims. They evolved reflexively with the research topic over time and in the end the research questions that informed the three studies in this thesis included:

Study 1 What does the existing literature tell us about the relationship between psychological distress and SDoH for Aboriginal and Torres Strait Islander peoples? Which SDoH reduces psychological distress (or promote wellbeing) among Aboriginal and Torres Strait Islander communities? Finally, what are the trends that emerge from existing literature exploring the association of SDoH within Aboriginal and Torres Strait Islander populations experiencing psychological distress when categorised by participants characteristics, and geographical locations?

Study 2 How do psychologists promote SEWB in their practice with Aboriginal and Torres Strait Islander clients?

Study 3 How do psychologists feel about the higher education training they received? Secondly, how prepared do psychologists who have not previously worked with Aboriginal and Torres Strait Islander clients feel to engage in culturally responsive practice with Aboriginal and Torres Strait Islander clients? Finally, what suggestions do psychologists have to improve the psychological higher education training to better prepare them to work with Aboriginal and Torres Strait Islander peoples? A proud Aboriginal woman with ancestral ties to the Nipaluna lands wrote this thesis. Therefore, it was essential to be guided by Indigenous knowledge, values, worldviews, authors, methodologies, and ethical considerations. This approach adds strength to higher-degree training by incorporating non-dominant perspectives that can broaden the discipline of psychology. The supervisory team was comprised of both Indigenous and non-

Indigenous academics. This served to bridge the gap between psychology and Aboriginal cultures, given the underrepresentation of Aboriginal and Torres Strait Islander peoples that comprise the psychology workforce. The diverse supervision has provided opportunities for two-way learning and increased the research team's capacities.

Chapter 1 sets the scene for the thesis and provides the reader with an understanding of the need for this research. It also outlines key definitions, standard abbreviations, and terminology that will be further explored in the following chapters and thesis. This thesis will introduce Indigenous research methods, theoretical frameworks that were privileged and foregrounded, and non-Indigenous theories.

Chapter 2 provides the historical and continuing contexts of colonisation that exist for Aboriginal and Torres Strait Islander peoples in Australia and how it has impacted our health and wellbeing. Chapter 2 begins by providing a brief overview of the impact of colonisation on the wellbeing of the Koorie mob, as this thesis was mostly composed on Koorie land. The brief overview is followed by colonial theories offered to explain colonisation. The historical context and theoretical frameworks are then focused on the impacts within the psychology discipline broadly. This chapter illustrates to the reader the Westernised foundations of the psychology discipline and how that has perpetuated harm to Aboriginal and Torres Strait Islander peoples.

Chapter 3 exploring the continuing experiences of colonisation that Aboriginal and Torres Strait Islander peoples face in the modern day. The direct impacts of colonisation on people's minds, the education system and curriculum, then within psychology higher education specifically. This follows on to explore in Chapter 4 the continuing impacts of colonisation on Aboriginal and Torres Strait Islander identity. This chapter specifically dives into the legalities of identifying as Indigenous within Australia, as well as the various forms of violence and racism

that impact our identity. Chapter 4 ends with a discussion about Aboriginal Youth identity and the factors that impact its formation advocating for the need for prevention.

Chapter 5 focuses on the political impacts mentioned in previous chapters to explore the Closing the Gap initiative. Specifically, Chapter 5 highlights the shortcomings of this initiative and the limitations that are limiting its potential progress including the lack of considerations about the social and cultural determinants of health within the framework. The discussion about the need for further consideration about the social determinants of health (SDoH) leads us on to Chapter 6 which holds the first empirical publication of this thesis. It is a scoping review that explored the associations between SDoH and psychological distress experienced by Aboriginal and Torres Strait Islander peoples.

Chapter 7 changes the discourse to a strengths-based one and moves from psychological distress toward investigating conceptualisations of wellbeing. It begins by exploring the literature surrounding Westernised wellbeing paradigms, constructs, and measures. This chapter then explains how cultural belonging influences how an individual's worldviews are developed and further how Indigenous worldviews specifically shape wellbeing perspectives. This is followed by a comparison of the western medical model and the mental health and wellbeing frameworks and experiences that impact Aboriginal and Torres Strait Islander people due to our differing worldviews.

Chapter 7 explored how culture shapes mental health and wellbeing perspectives then Chapter 8 goes on to explore SEWB as it is Aboriginal and Torres Strait Islander people's wellbeing. This chapter begins by explaining the guiding principles of SEWB that underpinned the development of the SEWB Framework. The chapter explores each domain of the SEWB Framework in-depth and critically reviews the literature that underpins each domain. It will

conclude by exploring the social, political, and historical determinants that comprise the most out layer of the SEWB framework and connect back to Chapter 2 in the context of colonisation.

Chapter 9 ties the previous chapters together by exploring the idea of Indigenous psychology. This chapter begins by highlighting the concept of Indigenous psychology and how it can be applied to improve SEWB. The chapter reinforces the current problems within the discipline of psychology for Aboriginal and Torres Strait Islander peoples discussed in Chapter 3. Then it proceeds to discuss the healing and SEWB that can be enhanced through culture, continuing on to introduce cultural responsiveness as a critical area for development across the discipline to merge psychology with cultural healing. The chapter continues by exploring how cultural responsiveness can be incorporated into psychology, focusing on improving the cultural responsiveness within psychology training in higher education settings and in clinical practice. This will provide the foundation for the two additional empirical studies that comprise this thesis.

Chapter 10 outlines the present investigation, highlighting the rationale for the thesis development, as well as the research questions that informed the research aims of the overarching thesis. The methodology and the considerations of each empirical study of the thesis are outlined in Chapter 11. This thesis will be submitted by publication, which entails all empirical studies submitted for publication in peer-reviewed academic journals. Each journal has its own set of guidelines for the manuscripts submitted for review and, ultimately, publication. Due to these restrictions, some details regarding study design, relevant theoretical considerations, and statistical analysis were omitted from the empirical studies. Therefore, Chapters 10-13 will expand on these further and will be completed by emphasising the objective of each empirical study that will provide the reader with an understanding of how each study builds on the

previous one to form a cohesive body of research. The remaining two related empirical studies will follow the methods sections in Chapters 12 and 13.

The three empirical studies submitted to fulfil this thesis will be briefly outlined. Study 1 was designed as a scoping review to identify and summarise the current literature that exists exploring the association of the SDoH and Aboriginal and Torres Strait Islander people experiencing psychological distress. Study 2 was designed to understand psychologists' experience of successful cultural responsiveness within psychological clinical practice with Aboriginal and Torres Strait Islander clients. While Study 3 built upon the second study by exploring psychologists' experience of their psychology training in higher education institutes and participants recommendations to prepared future psychologists to work in a more culturally responsive way with Aboriginal and Torres Strait Islander clients to enhance SEWB.

1.6 Conclusion

This introductory chapter outlined the thesis goals overall as well as individual study research questions, identified and justified key terminology and discussed how this thesis embodied the key protocols of Indigenous research methodologies to ground the research in Indigenous ways of knowing, being, and doing. Finally, an overview of the thesis structure has been provided to prepare the reader for the subsequent chapters and provide insights and direction into the exploration that will occur throughout this thesis.

Chapter Two: The Intersection of Colonisation and Psychology

“The conqueror writes history, they came, they conquered, and they write. You don't expect the people who came to invade us to tell the truth about us” – Miriam Makeba

2.1 Chapter Guide

The impact of colonisation on Indigenous peoples is continuing to deeply influence multiple spheres, including knowledge systems and professional practices like psychology. Theories of colonisation provide foundational understandings of how colonial powers systematically dispossessed Indigenous peoples of their lands, cultures, and autonomy. These theories explain how colonisation was not just a historical event but is an ongoing process that continues to shape the lives of Indigenous communities. This context is critical to understanding the development of psychology as a colonial discipline, which historically aligned itself with Western ideologies, often pathologising Indigenous ways of knowing and being. Psychology, in its early forms, contributed to the colonial project by ignoring or undermining Indigenous ways and reinforcing racial hierarchies. This legacy of harm has been acknowledged by Australian Psychological Society's (APS) as they recognised the role psychology played in perpetuating colonial violence and committed to addressing past wrongs. Together, these interconnected events illustrate how colonisation has profoundly influenced the discipline of psychology, highlighting the need for ongoing reform to genuinely engage with and respect Aboriginal and Torres Strait Islander perspectives if we are to work collaboratively towards improving the current landscape.

2.2 The Impact of Colonisation in Victoria

It is important to acknowledge that the processes of colonisation impacted Aboriginal and Torres Strait Islander peoples differently. Moreover, these processes are continuing to have different impacts. Each mob has diverse experiences that occurred across different periods. To

write about the impact of colonisation for Aboriginal and Torres Strait Islander peoples would be too broad for this dissertation given the diversity of events, as would attempting to write about the impact of colonisation for Aboriginal peoples across Australia. Therefore, this thesis will narrow the scope by exploring the impact of colonisation in a certain place.

As I have highlighted in my positioning, my ancestral heritage is rooted in the southeastern Nipaluna lands, and I acknowledge the unique challenges that occurred for the traditional custodians of what is now known as Tasmania, we arguably experienced one of the worst genocides. However, most of this thesis was written on Wurundjeri/ Woiwurrung country and Boonwurrung country. Moreover, Swinburne University is located on Wurundjeri country. The majority of participants are located within the Kulin Nation; therefore, to respect this, Section 2.2 will focus on the impacts of colonisation on the Koorie mob of Victoria.

Before the arrival of Europeans, the land now known as Victoria was home to many Aboriginal nations, including the Kulin (Melbourne region), Gunai/Kurnai (Gippsland region), and Yorta Yorta (Northern Victoria) Nations (Evans, 2015). These communities had rich, well-developed cultures, complex kinship and knowledge systems, and a deep spiritual connection to their land. They lived sustainably, managing the environment through practices like fire-stick farming (Wilson & Woodrow, 2009) and maintaining a balanced ecosystem motivated by the belief that by caring for the country, Mother Earth will care for us in return (Ganesharajah, 2009; Garnett & Sithole, 2007).

The beginning of colonisation in Victoria occurred in 1834 at Portland, in Gunditjmarra country, when the Henty brothers established a European settlement (Ashton, 2024). At the time of arrival, the Henty brothers reportedly took the land, homes, and some lives of the Gunditjmarra people, despite it being illegal according to British and settlement laws (Ashton, 2024). In 1836,

Major Thomas Mitchell's expedition arrived in Portland, finding a small and prosperous Gunditjmara community sustainably living off of the land. The colonists initiated a war against the local mobs in the hope of invading the country (Deadly Story, 2024).

The colonisers established a site in Naarm, which has been renamed Melbourne. This site was highly significant to the Koorie people of the Kulin nation as it was a ceremonial ground and gathering place for mobs of three mobs (Woiwurrung, Boonwurrung, Wathaurung) occasionally accommodating all five clans, when Taungerong and Dja Dja Wurrung people would share place also. As colonial numbers rapidly grew, the practice of developing and stripping sacred land that belonged to the Koorie people continued in order to feed and house the colonisers (Barwick, 1984, 1998; Presland, 1977). Sarah Deer (2016) is an Indigenous Lawyer in America who has written a book called *"The beginning and end of rape"*. The book aims to explore rape within Indigenous communities in America to share stories and work towards ending it (Deer, 2015). Deer (2015) uses a powerful analogy between the experiences of rape and colonisation, stating,

"Indigenous people across the world share a common experience—namely, intrusion on their lands and culture by an exterior, hostile outsider. Rape victims experience the same dynamic, but it is played out on their bodies and souls rather than on the land." (p. 14)

Rape is widely accepted across the world as a violent act, with most justice systems labelling it as a severe and criminal offence (The Blackwell Encyclopedia of Sociology, 2022). Deer's (2015) comparison is used here and throughout this section to highlight the seriousness of colonisation. Many people have in previous times asked me "why Aboriginal people can't get over it" because "colonisation happened so long ago". I doubt people pose such questions to rape survivors, and whilst I cannot compare the experiences, Deer (2015) can and does so in a way that illustrates the profound impact that the heinous acts can have.

As the coloniser continued to dispossess the land and sustaining provisions, Koorie's struggled to sustain their supplies, which resulted in the stealing back of sheep and supplies (Wahome & Ng'ang'a, 2020). The displacement from traditional lands disrupted traditional ways of life, food sources, and economic self-sufficiency, leading to poverty, poor health, and social disadvantage that persists today. Additionally, connection to country is central to Aboriginal culture, spirituality, identity and health. By limiting access to the country, the colonisers caused significant loss of cultural knowledge and intergenerational experiences of trauma, which increased the odds of Aboriginal people being born at a disadvantage (Atkinson, 2002; Krieken, 2009; O'Neill, 2016). Aboriginal people across Australia continue to battle for recognition of our land rights and native title (Krieken, 2009). However, the lack of sovereignty over our traditional lands has made it difficult for Aboriginal communities to practice cultural traditions, customs, and ceremonies tied to those places (Furaih, 2022).

Land dispossession was often accompanied by violence and massacres (Furaih, 2022; Krieken, 2009). In 1836, one of the first recorded conflicts at Mount Dispersion, Major Mitchell and his party shot a group of Koories (Koorie History Website, 2024). Two short months later, ten more Koories lost their lives to Henry Batman (Koorie History Website, 2024) of the same Batman party that only a month prior established Batman's treaty with devious intentions (State Library Victoria, 2023). Further violent acts closely followed, with the first recorded massacre of 35 Koorie people having occurred in the same year (Critchett, 1984). The Koorie History Website (2024) illustrates on a map the massacres that took place spanning an 18-year period across what is now known as Victoria. The authors noted, *"This map shows the locations of known killings of Aborigines by Europeans for the 18 years between 1836 and 1853. The deaths of several thousand people are represented. Many thousands more died beyond prying eyes"*

(Koorie History Website, 2024). The acts of violence against Aboriginal peoples during colonisation have had an enduring effect that continues to shape the experiences and perpetuation of violence in the present day. Truth-telling has commenced in Victoria as well as other states to shine light on these experiences.

Land dispossession, massacre, and disempowerment were only the beginning. In 1837, the land was officially renamed Melbourne, and the colonial population density continuously increased (Baker, 2017). With them, they brought diseases that had not previously existed in what is now known as Australia prior to their arrival. Given that the Aboriginal people had no previous knowledge or exposure to diseases such as smallpox, bronchitis, tuberculosis, and syphilis, they also had no immunity (Ashcroft, 2017). This decimated the population size. The massacres, disease, starvation and other challenges resulted in a substantial loss of life, with Barwick (1984) reporting that by 1861, less than 2,000 Aboriginal people within the Kulin Nation had survived. Furthermore, it was suggested that the Koorie people were cautious about reproducing, as they were unwilling to bring babies into a world they did not understand (Wiencke, 1984).

As of the 2021 census, Aboriginal and Torres Strait Islander peoples are estimated to account for 3.8% of the Australian population (Australian Institute of Health and Welfare [AIHW], 2023). Excitingly, the population percentage of Aboriginal and Torres Strait Islander peoples has trended upward since each previous census, which can only partially be accounted for by the increased birth rate (AIHW, 2023). The AIHW (2023) has reported an increase in people discovering family connections and thus being faced with changes to their identity. This is suggested to have contributed to the increase in the population, and perhaps indicates more people are reconnecting with our culture.

In the late 19th century, colonial governments began passing legislation to control and ‘protect’ Aboriginal people, such as the Aborigines Protection Act 1869 in Victoria (Krieken, 2009). These acts established the Board for the Protection of Aborigines, which saw Koorie peoples receive rations for moving onto missions and reserves across different regions of Victoria (Aborigines Act, 1957, section 6, in Cummins et al., 2012; Gee, 2016). On the missions and reserves, attempts at assimilation were made by suppressing or banning Koorie cultural beliefs, language, ceremony, and other traditional practices (Perkins & Langton, 2008). The Board for Protection of Aborigines surveyed and controlled every aspect of the lives of the Koorie people, including whom they married, how they raised their children, and where they lived (McKendrick et al., 1990).

Aboriginal leaders such as Uncle William Barak, Uncle Doug Nicholls and Uncle William Cooper petitioned resiliently. In 1933, Uncle William Cooper, a Yorta Yorta man established the Australian Aborigines’ League (AAL) in Melbourne with representatives from surrounding communities. Between 1933 – 1938 AAL gathered 2000 signatures from Aboriginal peoples on a petition to King George VI requesting Aboriginal representation in federal parliament (National Museum of Victoria, 2023). However, the government official refused to present the petition to the King (National Archives of Australia, 2023). At a similar time in 1938, Uncle Willian Cooper and the AAL organised the first protest in the world that marched on the German Embassy in Melbourne, protesting against the treatment of Jewish people in Germany (National Museum of Australia, 2023). Despite all that was occurring on their home soil AAL displayed solidarity to the inhumane treatment of the Jewish people which speaks to the moral character of the AAL and all who participated.

The Board for Protection of Aborigines had the power to separate Aboriginal children from their communities and families to provide care, education and custody (Krieken, 2009). This change to the act also saw the discrimination between '*half-caste*' (e.g., people of mixed European and Indigenous decent) '*full-blood*' (e.g., non-mixed ancestry) Aboriginal people. The Act determined that '*half-castes*' could no longer reside on missions or reserves to let the '*full bloods*' go extinct (Perkins & Langton, 2008). From the board's inception, the removal of Aboriginal children by the government from their families was entrusted to mainstream child welfare legislation. In 1966, a policy shift occurred that recognised Aboriginal children should stay with their families when possible, and in 1968, the Aboriginal Welfare Board was disbanded.

Aboriginal leaders petitioned to the government to maintain reserves and obtain land ownership (Gee, 2016). Due to the many years of Aboriginal resistance prior, in the early 1970s a National Framework was established to protect Aboriginal children and fund Aboriginal community-controlled child and welfare organisations (SNAICC, 2005). It was not until 1984 that section 50 of the Adoption Act required consent from parents of Aboriginal children, with the requirement to find adoptive parents within the child's community written in Victorian legislation (Cummins et al., 2012; McKendrick et al., 1990).

It was estimated that from the onset of colonisation until 1970, thousands of Aboriginal people were removed from their families and raised in institutions or placed with non-Aboriginal families (Long & Sephton, 2011). This led to several generations of Koorie children being disconnected from culture; sometimes, they never found their way back. Many people who were forcibly removed now identify as a member of the 'Stolen Generations' (Read, 1981). In Victoria, and all over Australia, many members of the stolen generation did and currently still do

experience problems of identity, belonging, and self-worth, growing up on the margins of two worlds (Human Rights and Equal Opportunity Commission, 1997). These challenging experiences of racism, sexual abuse, emotional neglect, loss of language, culture, community and connection, substance abuse, physical abuse and suicide that were cited in surviving members of the stolen generations stories have been passed between generations, resulting in many Aboriginals experiencing intergenerational trauma (Stolen Generations Victoria, 2008).

Often the colonial discourse frames colonisation as an event that occurred in the past, when, in fact, it is a process that is still occurring in the present day. An example of this can be seen in the child protection system. Approximately 170 per 1000 Aboriginal and Torres Strait Islander children in 2021-2022 were in contact with the child protection system (Australian Institute of Health and Welfare & National Indigenous Australians Agency, 2024). Alarming, these rates are increasing for Aboriginal and Torres Strait Islander children while remaining consistent or displaying slight decreases for their non-Indigenous counterparts (Australian Institute of Health and Welfare & National Indigenous Australians Agency, 2024). These statistics represent a clear example of systemic issues and government inaction that continue to perpetuate Aboriginal and Torres Strait Islander disenfranchisement.

The 1997 Bringing Them Home report documented the extensive suffering and trauma caused by the policy of forced removals. The report recommended that the Australian government apologise to the affected families and communities. However, John Howard, the Prime Minister of Australia from 1996 to 2007, not only refused to formally apologise to the Stolen Generations during his time in office but attempted to gaslight the Aboriginal and Torres Strait Islander communities by denying and minimising the impact that the stolen generation had. Howard (1997) stated,

“Although in a personal sense, many Australians will feel sorrow and regret in relation to past injustices suffered by sections of the Australian community, it is the view of my government that a formal national apology, of the type sought by others, is not appropriate, I do not believe as a matter of principle that one generation can accept responsibility for the acts of an earlier generation.” (John Howard, 1997, as cited in PM transcripts, 1997).

Howard continued throughout his time as prime minister, only rubbing salt in the wounds of Aboriginal and Torres Strait Islander peoples everywhere when he made ignorant statements like, *“I did apologise in a sense; I delivered a statement of regret to the parliament”* (John Howard, 2014 as cited in Davidson, 2014). *“On top of that, I didn’t accept the conclusion of the Bringing Them Home report that genocide had been practised against the Indigenous people...I didn’t believe genocide had taken place, and I still don’t.”* (John Howard, 2014 as cited in Davidson, 2014), *“I reject the black armband view of history, which portrays Australia’s past as one of unrelenting oppression and genocide.”* (Howard, J. 1996 As cited in PM Transcripts, 1996) and *“Australia is not a racist country, and to suggest so is an insult to all Australians.”* (Howard, 2006, As cited in Murray, 2010).

These quotes reflect the government’s viewpoint at the time. They caused feelings of invalidation and anger, which unsurprisingly widened the separation gap between Aboriginal peoples and non-Indigenous Australians. On February 13th, 2008, Prime Minister Kevin Rudd formally apologised to the Stolen Generations on behalf of the Australian government. He said,

“We apologise for the laws and policies of successive Parliaments and governments that have inflicted profound grief, suffering and loss on these our fellow Australians. We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country. For the pain, suffering and hurt of these

Stolen Generations, their descendants and for their families left behind, we say sorry... We today take this first step by acknowledging the past and laying claim to a future that embraces all Australians. A future where this Parliament resolves that the injustices of the past must never, never happen again. A future where we harness the determination of all Australians, Indigenous and non-Indigenous, to close the gap that lies between us in life expectancy, educational achievement and economic opportunity.” (Kevin Rudd, 2008. As cited in Parliament of Australia, 2008)

Since Kevin Rudd’s apology, some progressive steps have been taken to work towards conciliation. However, without a deep understanding and accountability of actions that are occurring from the processors of colonisation the apologies made by the government will remain a tokenistic weapon against Aboriginal and Torres Strait Islander peoples. I use the term conciliation purposefully; reconciliation infers that two parties must reestablish the once friendly relations. Unfortunately, we cannot establish something that did not exist in the first place. At the same time, the definition of conciliation that I subscribe to infers that we, as Aboriginal and Torres Strait Islander peoples, work towards overcoming our anger to progress towards healing. In contrast, non-Indigenous Australia need to work towards making amends to achieve peace and harmony. Many Aboriginal and Torres Strait Islander people may now argue that after the 2023 referendum, reconciliation died.

The 2023 referendum on enshrining an Indigenous Voice to Parliament in the Australian Constitution was highly contentious and divisive. While some saw it as a long-overdue step towards greater recognition and self-determination, others viewed it with skepticism or outright opposition. The referendum was unsuccessful; with only 39.94% of the population voted yes (Australian Electoral Commission, 2023). The referendum's failure prompted reflections on the

prevalence of systemic racism, with many Aboriginal people and allies viewing the outcome as indicative of a broader societal reluctance to confront and address the legacy of colonisation and ongoing discrimination, which reinforced feelings of marginalisation and neglect, highlighting the ongoing battle for equal rights and representation (Cornelius & Cornelius-Bell, 2022; Dwyer et al., 2020; Lluçmetkwe et al., 2023). Professor Marcia Langton, a descendant of the Yiman and Bidjara peoples and a key architect of the Voice to Parliament, stated, "*It's very clear that reconciliation is dead*" (Langton, 2023, In SBS News, p. 1). This sentiment was echoed widely, as many Indigenous leaders viewed the referendum's failure as a significant setback for reconciliation efforts.

Leading up to the referendum, I was a ball of nerves. I attempted to set my expectations for a No result because that was not only safer for my wellbeing, but it was the central discourse that I was hearing in the media and the white communities in which I am connected. Although I know it is silly and even harder to admit, a kernel of mischievousness in my gut was swimming against the tide, whispering, "but what if it is a yes?". I voted early to avoid any potential harm or racism that might have occurred at the polling booths on the day and attended Marches and rallies to be surrounded by mobs regardless of the outcome. As the decision day drew closer, I found the thought of leaving the house challenging, dangerous, or even overwhelming. I struggle to find the word to describe such a feeling, like one occurring deep in my gut, making me curious if I might be hugging the bowl soon. It was like a swarm of ants marching through my veins, with each step sending a prickling jolt of unease across my body. The vice was gripping my chest tightened with each breath that passed in anticipation of the outcome, crushing all calm. The symphony of discomfort accumulates as every minute passes. I had to escape.

I tried engaging my wellbeing strategies; I walked my dog, hit the gym, and tried to lose myself in books. When that did not work, watching a movie at the cinemas seemed the perfect idea for at least two hours of uninterrupted emotional regulation. The movie worked; I escaped my feelings and got lost in a good story until about 3 minutes after we left that cinema. My stomach dropped, my limbs went numb, and my eyes welled up far too quickly for me to get somewhere private before the overflow became evident, flowing down my cheeks at an apparent pace. The people around me were the least of my concerns, however. After that, my memory is blank. Safe to say, I had not adequately done my job to safeguard my wellbeing during the referendum, and that question of ‘what if’ that hung around in the days leading up had turned into a fire in my belly, which now continues to burn to fuel my passion for my culture.

The impacts of colonisation and intergenerational trauma on the Aboriginal population of Victoria have been shown in the statistics to be significant and lasting. In the present, Aboriginal Victorians typically have a lower life expectancy, experience significant disparities in SDoH, experience worse health outcomes, are overrepresented in the justice system, unemployment sector, and the homeless population, are more likely to live in an overcrowded house, engage in self-harm, suicide ideation, attempt suicide, experience comorbid mental health issues, experience racism or family violence, be removed from their parents care during their childhood, and are less likely to complete year 12 (Australian Institute of Health and Welfare, 2024). These statistics portray a convincing picture: Victorian Aboriginal peoples and communities are currently marked by considerable disadvantage, hardship, and vulnerability.

Many Koorie people grow up in environments where the SDoH are absent. Therefore, risk factors are present, collating into a potent combination of adversity. These experiences increase the likelihood of experiencing decreased SEWB and increased mental health problems.

Despite the devastating impacts of colonisation, Koorie people have held onto their culture, knowledge, and connection to their ancestral land. After many challenging decades, the Koorie resilience and resistance are continually displayed through the piecing together of language, the continued fight for the recognition of the prior ownership of land and the economic and cultural rights that accompany the land, the holding of ceremonies that were thought to be lost, and the teaching of Koorie ways of knowing and being.

I must point out that these impacts of colonisation are not a Blakfella problem, nor is it one for whitefellas to exercise their saviorism complex on. I again refer to Professor Watego's (2024) work on race, which provides a meaningful viewpoint of the sentiment I am trying to convey:

“The infamous ‘Aboriginal as problem’ combined with ‘whiteness as saviour’ has been cast as the path to our emancipation. The mainstreaming, or rather white-washing of Indigenous affairs has been rationalised and naturalised even without an evidence-base of outcomes. But who needs evidence, when one can count on the narrative of assumed Black lack and inevitability of Black death?”.

Professor Judy Atkinson (2002) is a Jiman and Bundjalung woman and a national leader in intergenerational and relational trauma. Professor Atkinson (1990, 1998, 2002) maintained that intergenerational trauma currently experienced in Aboriginal communities is a result of the violence inflicted upon Aboriginal people during the early stages of colonisation, which aligns with my and the wider communities' perspectives.

The Yoorrook Justice Commission (YJC) occurring in Victoria is the first formal truth-telling process into both the past, and ongoing injustices experienced by Aboriginal peoples in Victoria (YJC, 2022). Mob can choose to participate by making a submission to the commission across a number of topics, telling their stories about prejudices and how their culture and

knowledge survived. From this YJC (2022) will, develop an official and shared understanding about the impact of colonisation on mob in Victoria, as well as an understanding the strengths, diversity and resilience of Aboriginal cultures. Finally, the commission plans to make a set of recommendations aimed at healing, policy and education, system reform, practical changes to laws and any additional areas that are included in future treaties.

The YJC (2022) is one way that Koorie mob are engaging in healing, however, this will be a long process as the historical violence is deeply intertwined with contemporary social, economic, and psychological issues. For example, the disempowerment of Aboriginal peoples during colonisation has manifested in many different ways, including overrepresentation in domestic and family violence statistics. Several Aboriginal-focused enquiries into family violence and child abuse have highlighted the importance of acknowledging intergenerational sequences of abuse felt by Aboriginal families and communities (Al-Yaman et al., 2006; Gordon et al., 2002; Memmot et al., 2001; Robertson, 2000; Wild & Anderson, 2007). These enquiries undertook extensive interviews with local Aboriginal communities, and all of the reports acknowledge that no single risk factor accounts for the amount of trauma experienced in some Aboriginal communities.

2.2.1 Theories Underpinning the Processors of Colonisation

Aboriginal and Torres Strait Islander peoples were not the first population in the world to experience colonisation. The Indigenous peoples of America, Canada, New Zealand and others have all experienced some form of British colonisation (Smallwood et al., 2021). The Indigenous peoples of these countries also have experienced some of the same impacts as the ones that Aboriginal and Torres Strait Islander peoples experience today (Smallwood et al., 2021). It

appears that the similarities in inequities experienced by colonised populations create a link between colonisation and the experiences of disparities.

As discussed in the previous section (2.2), Aboriginal and Torres Strait Islander peoples in Australia face greater adversities across different aspects of life. However, I do not plan to recap these. This thesis does not look to form a deficit discourse as it could not be further away from my truth and beliefs. However, a deficit discourse has been a tool that the coloniser used to disempower Aboriginal and Torres Strait Islander people. Unfortunately, this deficit discourse (Section 4.4.2.1) was and is still also used in educational institutions today, which can colour non-Indigenous Australian's perspectives of Aboriginal and Torres Strait Islanders. Therefore, to change the colonial narrative, I will explore several theories in an Aboriginal context to offer the reader an additional lens through which to look.

The theories explored in this section include dependency theory, anthropological theory, cultural imperialism, critical race theory, internal colonialism, and the coloniality of power framework, which exist and seek to explain the outcomes of colonisation. Postcolonial and decolonial theories could also offer some insights into the current experiences of Aboriginal and Torres Strait Islander peoples, however they will be introduced in the following section (3.2) when we explore the colonised mind as they are integral to that discussion.

Dependency theory explores the economic relationships between colonising and colonised nations (Chase-Dunn, 2007). It suggests that colonial powers established economic structures that perpetuate dependency, leaving former colonies economically disadvantaged (Chase-Dunn, 2007). Evidence of this theory playing out in the Australian context can be seen in the 'Stolen Wages' debate (Senate Community Affairs Legislation Committee, 2017). Historically Aboriginal people's wages were stolen, and they were renumarated for their work

through rations such as tobacco, and rum (Kennedy et al., 2022). By doing this the coloniser removed the ability for Aboriginal people to determine what to spend their wages on, and likely contributed to the dependency some people developed for addictive substances (Kennedy et al., 2022). The enduring impact of Stolen Wages has become increasingly apparent, with subsequent generations of Aboriginal and Torres Strait Islander peoples facing significant challenges in wealth accumulation and economic empowerment (Davis, 2015).

Thankfully, a Senate Inquiry into Stolen Wages, was conducted in 2006 which investigated the systemic underpayment and non-payment of wages to Aboriginal and Torres Strait Islander worker (Senate Community Affairs Legislation Committee, 2017). The inquiry uncovered a history of exploitation and injustice, where Aboriginal and Torres Strait Islander people were denied their rightful earnings (Senate Community Affairs Legislation Committee, 2017). While the inquiry did not directly lead to a national compensation scheme, several states and territories, including Western Australia, South Australia, and the Northern Territory, have implemented their own compensation schemes to address the issue of stolen wages through awarding compensation (Senate Community Affairs Legislation Committee, 2017).

Anthropological theory has recently made dependence a topic for theoretical reflection, across history this idea has underpinned a variety of approaches to ensure the power remains within Western hands (Martin, 2023). Anthropological theory is a diverse discipline that encompasses the study of various aspects of human existence, including cultural, biological, archaeological, and linguistic dimensions (Archibald, 2017). Cultural anthropological theory is likely to be the most common applied to Aboriginal and Torres Strait Islander contexts and explores the ways in which people create, share, and interpret meaning within their cultural contexts (Tuhiwai Smith, 1999). Functionalism (Malinowski, 2002), structuralism (Lévi-Strauss,

1963), symbolic anthropology (Geertz, 1973), and cultural materialism are some examples of theoretical approaches within cultural anthropology (Harris, 1979). An example of how the theoretical approach structuralism overlap with Aboriginal and Torres Strait Islander cultures can be seen in the traditional knowledge systems that some communities maintain.

Cultural imperialism theory offers another explanation for the outcomes of colonisation. It focuses on the impact of unequal colonial powers on the culture of colonised societies (Ekeanyanwu, 2009). It argues that colonial powers often imposed their cultural values, norms, and practices on Indigenous populations, leading to cultural assimilation and erasure (Ekeanyanwu, 2009). A key feature of cultural imperialism theory is suggested to be creating a dependency of the colonised population on the resources in which the coloniser can obtain displaying the underpinning aspect of dependency theory (McChesney, 1999). Doris Pilkington Garimara published her memoir called *Follow the Rabbit Proof Fence* in 1996. The book tells the true story of three Aboriginal girls who escape from a government settlement in Western Australia after being forcibly removed from their families. The story illustrates the journey they take home, following the rabbit-proof fence. The book portrays the impact of the forced removal of children from their families and which results in creating a dependency for Aboriginal people on government institutions. Critics of cultural imperialism theory argue that it may oversimplify the complex ways cultures interact and change (Thussu, 2006).

Critical Race Theory (CRT) is a commonly cited legal framework that examines the role of race and racism in shaping societal structures (Jones, 2020). It emphasises the impact of systemic racism and white privilege on the health outcomes of Aboriginal and Torres Strait Islander peoples, leading to the normalisation of racist ideologies (Laccos-Barrett et al., 2022). CRT will be explored in greater depth across intersections such as structural racism,

intersectionality, voice and representation colonial legacy and land rights, and cultural resilience and resistance as this is one of the main theories used to understand the complexities of race and power dynamics in this thesis.

In the context of structural racism, CRT posits that racism is embedded within societal structures and institutions. Professor Aileen Moreton-Robinson (2015) is a Goenpul woman of the Quandamooka people, in her book highlights how entrenched structural racism is in Australia particularly through the concept of possession and dispossession. Additionally, Professor Larissa Behrendt, a Eualeyai and Kamillaroi woman and legal scholar has extensively analysed the structural racism that is embedded in the legal system in Australia, specifically highlighting disproportionate negative impacts that allegedly race-neutral laws and policies have on Aboriginal and Torres Strait Islander communities due to ongoing systemic discrimination (Behrendt et al., 2008). Structural racism is specifically important to this thesis as I try and navigate the education and healthcare institutes which are two of the biggest structures in Australia that not only maintain, but further perpetuate inequities through excluding Aboriginal and Torres Strait Islander ways of knowing, and doing (Gatwiri et al., 2021; Leroy-Dyer & Menzel, 2023; Yashadhana et al., 2021).

CRT emphasises the intersection of race with other social identities such as gender, class, and ethnicity. For Aboriginal Australians, discrimination and marginalisation intersect with factors such as socioeconomic status and geographic location to compound the effects of racism. Prof Martin Nakata is a traditional custodian of the Torres Strait Islands through his maternal side, he is the Deputy Vice Chancellor of Indigenous Education and Strategy at James Cook University in Townsville. Nakata's (2007) book "Disciplining the Savages, Savaging the Disciplines" explores the intersections of race, culture, and education, highlighting the challenge

Indigenous peoples experience when navigating multiple forms of discrimination within academic and institutional settings. These challenges include systemic barriers, marginalisation, misunderstandings, misrepresentations and even epistemological racism to our ways of knowing and learning (Nakata, 2007).

Voice and representation are a cornerstone of CRT as Aboriginal and Torres Strait Islander peoples so regularly are misrepresented and/or purposely used to position an audience that negatively impacts our image and contributes the racist stereotypes and bias assumptions placed on us. It underscores the importance of centering the voices and perspectives of marginalised groups in discussions of race and power. For example, Professor. Bronwyn Carlson, a Wiradjuri woman, critiques representations of Indigenous peoples in media and popular culture, advocating for greater Indigenous control over storytelling and representation (Carlson & Frazer, 2018). Carlson emphasises the importance of Indigenous voices in challenging stereotypes and shaping narratives about Aboriginal experiences. Indigenous data sovereignty principles align with this perspective as they highlight the need to recognise and amplify Indigenous voices in political decision-making, cultural representation, and academic discourse (The International Encyclopedia of Anthropology, 2022). It also involves challenging dominant narratives that perpetuate stereotypes and erasure of Aboriginal histories and contributions which will be a key feature of this thesis.

CRT examines how legal systems have historically been used to legitimise and perpetuate racial hierarchies. In Australia, this includes the legal doctrine of *terra nullius*, which denied the sovereignty of Aboriginal peoples over their lands (Behrendt et al., 2017). The struggle for land rights and Native Title recognition is central to CRT analyses of Aboriginal Australian experiences, highlighting the ongoing impacts of colonisation on Indigenous land, culture, and

identity (Behrendt et al., 2017). Professor Megan Davis (2016) is a Cobble Cobble woman of the Barunggam Nation and an expert in constitutional law. Her contributions to the Uluru Statement from the Heart exemplifies CRT by highlighting how existing legal and political structures have marginalised Indigenous voices (Davis, 2016). Through her engagement with policymakers, legal practitioners, and the broader public Prof Davis (2018) also applies CRT by foregrounding Indigenous perspectives and challenging the dominant narratives and practices that perpetuate racial inequities in the justice system.

CRT acknowledges the resilience and resistance of marginalised communities in the face of systemic oppression (Judge et al., 2016). Aboriginal Australian cultures have endured centuries of dispossession and attempted assimilation, yet continue to thrive through cultural practices, language revitalisation efforts, and advocacy for self-determination (Tuhiwai Smith, 1999). CRT frameworks celebrate Indigenous agency and activism in challenging racism and reclaiming cultural heritage (Judge et al., 2016). Dr Tyson Yunkaporta (2019), from the Apalech clan in far North Queensland, is a researcher and author. Through his work Dr Yunkaporta (2009, 2019), promotes Indigenous ways of knowing and being through his work on Indigenous knowledge systems and sustainability. He advocates and applies a decolonised approach to his work in education and governance, honouring Indigenous cultures and fosters ecological resilience (Yunkaporta, 2009, 2019). CRT also analyses whiteness as a social construct and how it functions as the default when structuring society in Australia which marginalises the Aboriginal and Torres Strait Islander worldviews (Moreton-Robinson, 2015).

Now moving onto internal colonialism theory, this theory suggests that within a nation, certain groups or regions may experience a form of colonialism, where they are exploited and marginalised by more dominant groups or regions (Hechter, 1975). Professor Gary Edward Foley

of Gumbainggir descent, through his work on the Blak Power movement in Redfern provides an in-depth analysis of internal colonialism, illustrating how it can be seen in economic exploitation, cultural suppression, geographical disparities, power imbalances, social inequities, and politically marginalised that have so commonly been featured throughout Aboriginal Australian history and in the present day. Professor Irene Watson's (2002) is a Tanganekald and Meintangk woman from the Coorong region, her work explores how internal colonialism manifests in the ongoing legal and social marginalisation of Aboriginal Australians.

There have been suggestions that the impacts of colonisation should not be to blame for the current experiences of Aboriginal and Torres Strait Islander peoples due to the length of time since colonisation in Australia began (Elias et al., 2022). However similar to the enduring nature of racism, so too are the impacts of colonisation. The colonality of power framework examines how colonial patterns of power continue to persist even after the formal end of colonial rule (Quijano, 2000). It emphasises the ongoing impact of colonialism on social structures, institutions, and cultural practices. For example, Professor Marcia Langton (2008) has extensively addressed issues of power and coercive control in the context of domestic violence against Aboriginal women. In her writings and public speaking, she has highlighted how systemic racism, and colonial legacies contribute to the high rates of domestic violence experienced by Aboriginal women (Langton, 2008). Violence is explored in my depth in Section 4.5.

These theories provide different perspectives on colonisation's complex and multifaceted outcomes, shedding light on the enduring social, economic, and cultural implications for colonised peoples. These theories continue to inform perspectives in the space of Indigenous affairs. Many perspectives highlight the enduring explicit and implicit processors that contribute

to the continuance of colonisation (Brockman & Dudgeon, 2020). The previously posited theories that spoke to the need for institutional power and control to maintain social dominance structures can be used to support the lack of power and self-determination afforded to Aboriginal and Torres Strait Islander peoples and communities (Moreton-Robinson, 2008). The loss of self-determination and agency includes material objects and a loss of culture, language, and identity which wa Thiong (1986) has posited leads to a colonisation of the mind which will now be explored in more depth.

2.3 The Colonial Discipline of Psychology

“For Indigenous nations to live, colonial mentalities must die” (Alfred Taiaiake, 2017).

The colonisers introduced the discipline of psychology, and therefore, it is centred on whiteness, privileging Westernised perspectives as the norm (Hook, 2012; Karelse, 2023; Sue, 2013). The introduction of the discipline of psychology involved the imposition of Western psychological concepts, theories, and practices on non-Western cultures, often disregarding cultural differences (Singh, 2021). Psychology historically marginalised non-Western concepts and practices, presenting Western psychological paradigms as universal and superior models of human behaviour and mental processes (Singh, 2021). The Westernisation of psychology in colonised nations has led to several challenges for Aboriginal and Torres Strait Islander people’s wellbeing, including a disconnection between psychological theories and cultural realities, misdiagnosis or misunderstanding of mental health issues in non-Western contexts, and the undervaluation of Indigenous healing practices and conceptualisations of mental health (Beals et al., 2021; Bhatia, 2017; Groot et al., 2018; Yakushko, 2021). These shortcomings have been recognised by The Australian Psychology Society (APS).

2.3.1 Australian Psychological Society's Apology

In 2016, the APS made an apology to Aboriginal and Torres Strait Islander peoples, acknowledging that the discipline of psychology was failing to respect how Aboriginal and Torres Strait Islander culture impacts our wellbeing (Carey et al., 2017). The apology went one step further to commit to change and engage in culturally safe practices. It specifically highlighted,

“We, as psychologists, have not always listened carefully enough to Aboriginal and Torres Strait Islander people. We have not always respected their skills, expertise, world views, and unique wisdom developed over thousands of years. Building on a concept initiated by Professor Alan Rosen, we sincerely and formally apologise to Aboriginal and Torres Strait Islander Australians for:

- *Our use of diagnostic systems that do not honour cultural belief systems and world views*
- *The inappropriate use of assessment techniques and procedures that have conveyed misleading and inaccurate messages about the abilities and capacities of Aboriginal and Torres Strait Islander people*
- *Conducting research that has benefitted the careers of researchers rather than improved the lives of the Aboriginal and Torres Strait Islander participants*
- *Developing and applying treatments that have ignored Aboriginal and Torres Strait Islander approaches to healing and that have, both implicitly and explicitly, dismissed the importance of culture in understanding and promoting social and emotional wellbeing and*
- *Our silence and lack of advocacy on important policy matters such as the policy of forced removal which resulted in the Stolen Generations.*

To demonstrate our genuine commitment to this apology, we intend to pursue a different way of working with Aboriginal and Torres Strait Islander people that will be characterised by diligently:

- *Listening more and talking less*
- *Following more and steering less*
- *Advocating more and complying less*
- *Including more and ignoring less and*
- *Collaborating more and commanding less.*" (Carey et al., p. 1).

The apology received positive reactions in Australia and internationally as well. Despite the apology occurring over eight years ago, Aboriginal and Torres Strait Islander people's mental health is still measured against and categorised according to Western understandings of 'good' mental health. This, in addition to the devastating and continuing impacts of colonisation, has painted Aboriginal and Torres Strait Islander people as psychically and mentally sick. For example, the Australian Bureau of Statistics (ABS; 2019) highlights that "*approximately 30% of Aboriginal and Torres Strait Islander adults reported experiencing high or very high levels of psychological distress, which is more than twice the rate of non-Indigenous Australians*". The colonial imposition of psychological distress is further evident as Aboriginal languages and communities less common use words like 'psychological' or 'distress' (McNamara et al., 2014).

Another example can be seen by the Australian Institute of Health and Welfare (AIHW; 2023), as they state, "*the suicide rate among Aboriginal and Torres Strait Islander people is nearly twice that of non-Indigenous Australians. The rate is particularly high among young people aged 15-24, where it is four times higher*". These two examples of recently released

findings by two of Australia's leading data institutes highlight how prominently deficit discourses (Section 4.4.21) are applied to Aboriginal and Torres Strait Islander mental health.

2.4 Conclusion

This chapter started by providing a brief overview of Australia's colonial history. It then discusses the theories underpinning colonisation and colonised populations before linking colonisation with the psychology discipline, illustrating how it perpetuates harm and continues to negatively impact Aboriginal and Torres Strait Islander peoples today. Postcolonialism scholars agree that the colonised mind lives within oneself, arguing that the colonised would experience feelings of inferiority and self-loathing as they constantly compare their self-worth with the colonisers. This has resulted in many Aboriginal and Torres Strait Islander peoples and communities being oppressed and being exposed continuously to racism. This prolonged exposure impacts people holistically, contributing to decreased experiences of wellbeing.

Chapter Three: The Continuing Impacts of Colonisation

3.1 Chapter Guide

Colonisation had impacts on the lives of Aboriginal and Torres Strait Islander peoples. The colonisation process is diverse in Australia and is dependent on place. These impacts over the past millennia have transformed with time. Though the impacts may now look different, the wounds are deep and remain unhealed, with many non-Indigenous people rubbing in the salt. What's worse is that some do this intentionally. wa Thiong (1986) posits that it leads to a colonisation of the mind, which will be the starting exploration of this chapter. The following sections progress to discuss the implication of colonisation upon the education system in Australia, and how the flow on impact that has on psychology higher education emphasising the need for Indigenous knowledges and perspectives to be incorporated into the higher education system to increase the preparedness of non-Indigenous psychologists to work with Aboriginal and Torres Strait Islander clients.

3.2 The Colonised Mind

Frantz Fanon's (1968: 2008) work draws upon his experiences of European colonisation. Post-colonialism is generally used to refer to the people who experience the condition and outcome of their country after it has been invaded and controlled by an external empire (Vigo, 2017). Frantz Fanon (1925-1961) was born on the Island of Martinique under French colonial rule and is suggested to be one of the most influential writers of black Atlantic theory in an age of anti-colonial liberation struggle (Fannon, 2008). His work has been suggested to provide a blueprint for social inequities that are increasing due to global aspirations and impositions of the 21st century (Kane, 2007).

Frantz Fanon's (2008) writings highlighted the struggles surrounding imperialism, racism, decolonising, and influenced the post-colonial discussions regarding the internalisation

of colonial discrimination. Fanon (2008) started the conversation around the colonised mind by investigating the colonial alienation of an individual through his psychiatric lens. Fanon's (1968) book *The Wretched of the Earth* further acknowledges the subtle and consistent mental pathology that developed as a result of the French colonisation of Algerians. Fanon (2008) argued that the colonial psyche is moulded and assimilated by colonial powers pressuring colonised populations to conform to Westernised cultures despite the many differences between their own culture.

Fanon (2008) and Baldwin (1993) agree that the colonised mind lives within oneself. They argued that the colonised would experience inferiority and self-loathing as they constantly compare their self-worth with the colonisers. Further, wa Thiong (1986) suggested that colonial power is a consequence of the colonised dominating the mental space of the colonised; through controlling cultures, the coloniser affects how people perceive themselves and the world around them. Aboriginal and Torres Strait Islander peoples have illustrated their experiences and the impact of colonised minds through their creative expressions.

Aboriginal and Torres Strait Islander peoples are still yet to have sovereignty or self-rule over our lands and ways of knowing and being. The late Uncle Archie Roach (1993), a Gunditjmara activist, singer and songwriter, sang about the colonised mind in his song, *Took the children away*, sang the lyrics, '*The mind of the oppressed, so long suppressed, ultimately turns against itself.*' This sentence further reflects the concept of internalised oppression. This internal conflict can manifest as self-doubt, self-hatred, and a lack of self-worth, leading to destructive behaviours towards oneself and others within the oppressed group (Schubert, 2012). To illustrate the experiences and some of the effects that internalised oppression can have, the well-known sports career of Adam Goodes, an Adnyamathanha and Narungga man, will be explored.

Adam Goodes is remembered for his illustrious career in the Australian Football League, with some highlights including winning two Brownlow medals and being named Australian of the Year in 2014 (Klugman, 2015). Goodes faced a series of racially charged incidents during the later years of his career, culminating in widespread booing that sparked national debate in Australia; for example, in 2013, Goodes compassionately called out a 13-year-old girl spectator for calling him an '*ape*', role modelling the importance of confronting racism. This incident became a flashpoint for public discourse, and was amplified when Goodes was named Australian Of The Year in 2014. and advocated for Indigenous rights and anti-racism efforts. Unfortunately, this advocacy drew backlash from segments of the public and in 2015 this morphed into consistent booing from crowds during his games.

These persistent experiences of racially motivated abuse bring to the surface the deep-seated discrimination that he has endured throughout his life (Hallinan & Judd, 2014; Klugman & Osmond, 2013). The constant public harassment took a toll on Goodes's mental health and wellbeing, highlighting the internal conflict and pain caused by continuous racial vilification (Hallinan & Judd, 2014; Klugman & Osmond, 2013). The relentless abuse and lack of adequate support from the AFL and the wider public led Goodes to take brief leave from the game in 2015 before retiring altogether at the end of the 2015 season (Klugman, 2015; Gardiner, 2019).

Goodes' retirement was a consequence of the cumulative effect of internalised oppression, where the external racial abuse he faced had a profound impact on his sense of self and his mental health, illustrating the psychological burden carried by those who face systemic racism (Hallinan & Judd, 2014; Klugman & Osmond, 2013). Goodes, being the deadly man that he is, rose above the racists and overcame his mental health struggles to become a prominent voice against racism and for the rights and recognition of Indigenous Australians (Klugman,

2015; Gardiner, 2019). While Goodes racially motivated experiences were directed at him individually, they had a wider community impact as this public demonstration reinforced the colonial message that we are not worthy.

Uncle Archie Roach's poignant lyrics and Adam Goode's deadly story encapsulate the devastating psychological effects of long-term oppression, illustrating how systemic injustices can lead individuals and communities to internalise negative beliefs and behaviours. Their work emphasised the necessity of healing and reclaiming identity through cultural and communal revitalisation. Lee and colleagues (2021) further posited that for the colonised to begin repairing the unconscious self-harms of being colonised, it requires acts of self-awareness and agency. Professor Emma Lee, a Trawlwulwuy woman of Tebrakunna Country, and her colleagues (2021) published her personal life experiences and encounters to articulate and illustrate some of how her colonised mind has impacted her life and identity. This section resonated with me and encouraged me to reflect further on how my history and life experiences have shaped my interactions with the world.

Postcolonial theory has emerged as an umbrella term that contains the literary theory of critical approaches to addressing the cultural studies of populations that have undergone colonisation (Juan, 2008). Postcolonial theories can aid Aboriginal and Torres Strait Islander peoples, along with other colonised populations, by refocusing research attention on how institutions and policies have historically constructed race, ethnicity, and culture. By offering a decolonised lens to Westernised settings or colonised minds to challenge their previously held attitudes and beliefs and rethink inclusion within healthcare and education settings (Anderson, 2000, 2002; Anderson et al., 2003; Brown et al., 2005; Reimer Kirkham & Anderson, 2002).

It is important to highlight the differences between postcolonial and decolonial as they can often be defined differently by different groups. While both concepts emerged as a reaction to the rise of capitalism and exist to criticise how colonial rules are applied to different countries, they are inherently different (Bhambra, 2014). Postcolonialism emerged from South Asia and India; it often refers to the period of time in the nineteenth and twentieth centuries after their respective colonisers had conquered the majority of the colonised, and the issues from these colonial practices were starting to be evident (Young, 2020). Edward Said (1978) is often touted as the ‘father’ of postcolonialism. Through his influential book, *Orientalism*, Said (1978) challenged Western representations of the East, particularly the Middle East and argued that Western portrayals of the Orient were often stereotypical, biased, and served to justify colonial domination. He exposed the power dynamics inherent in these representations and called for a more nuanced and critical understanding of Eastern cultures (Said, 1978). Frantz Fanon’s (1968), or Albert Memmi’s (1991) works are also examples of postcolonial work as they explore the impacts of living under colonial rule on the subjectivity and consciousness of the individuals being colonised (Young, 2020).

Decolonisation theory, on the other hand, emerged from South America after postcolonialism (Bhambra, 2014). Decolonisation is grounded in this theory and thought to be an unfinished and ongoing process in which individuals recognise the continuing impact of colonisation and address the perpetuation of the dominant ‘white’ discourses to incorporate and appreciate differing worldviews of historically marginalised groups (Moncrieffe et al., 2020; Soares and Witcomb, 2022). Decolonisation is necessary within traditional Western systems and structures such as healthcare and educational institutes (Moncrieffe et al., 2020).

There is a deeper conversation surrounding using the term decolonisation in Section 5.2 as it has been incorrectly used as a metaphor in the education discourse. Decolonisation has a place within the educational sector, however, only when referring to systems and structures (Tuck & Yang, 2012). Therefore, when applying decolonial theory in the education discourse, it will only be referring to the structures and systems that are implanted in the education system. The colonised mind discourse on the other hand, is deeply rooted in a bidirectional relationship with the colonised curriculum taught in Australian education systems.

3.3 The Colonised Curriculum

“Hearing, understanding, and incorporating Aboriginal history into the psyche of all Australians is a painful, emotionally provocative but necessary process if we are to prepare the way for future generations to live in a society of acceptance, understanding and harmony with one another.” Professor Helen Milroy (in Zubrick et al., 2005, p. 16)

Section 2.2 discussed the processes of colonisation and how they continue to impact today. It touched on how colonial ideologies and racist beliefs about the supposed inferiority and savageness of Aboriginal peoples were used to justify the oppression, exploitation, and the imposition *“that civilisation was something which could be taught, by force if necessary”* (Biskup, 1968, p. 448). These colonial mindsets, rooted in notions of white superiority, have persisted and become entrenched within educational curricula and institutions (Moreton-Robinson, 2015). The imposition of Western educational models has contributed to the exclusion of Aboriginal cultures and histories from the curriculum, reinforcing colonial power dynamics (Grieves, 2011). This process aligns with several of the colonial theories outlined in Section 2.2.1. Therefore, it may be inferred that educational institutions and, by extension, educators are

continuing the work of the colonisers by rejecting the incorporation of Indigenous knowledge and perspectives into the curriculum.

In Australia, the school year usually commences the same week as *invasion day* (more commonly called Australia Day outside Indigenous communities) occurs. During my education journey, this day has been leveraged by educators as a learning opportunity for students. My first day of year 6 was in a small Catholic primary school. Once everyone was settled, the teacher asked all students to write a list of the facts they knew about Australia. After an allotted time, the opportunity to openly discuss our answers was presented. Some students noted that Australia was surrounded by water; others named the states and territories Australia now comprises. I stayed quiet in response to this one, partially due to my fear of speaking in class but also because by the ripe age of 11 years old, I was very aware that my understanding of the history differed from most of my peers.

It was not until another student told the common colonial narrative of Captain James Cook discovering Australia that my hand shot up. It was almost an unconscious decision to interject into the conversation; my body decided that resistance was necessary, and I was not standing for this. So, I cleared my throat, slightly concerned about my ability to clearly correct their version of history about Australia's discovery. I have no memory of what I said, only recalling the pounding in my chest, and the heat I could feel in my ears. I do recall, once I finished delivering the corrections, there was utter silence. My teacher stood by, unsure of how to handle the situation, eventually opting for the path of least resistance. Avoidance. As he moved the conversation along, seemingly invalidating my contribution, I sunk into my chair, making myself as small as possible, wishing the world would swallow me whole.

Now, almost 20 years later, this moment has lived on in my head, one of the many that haunt my educational experiences but also fuelling my resistance. It took me another couple of weeks before offering any answer in class and even longer before displaying resistance to the curriculum again. Unfortunately, these experiences happen all too often, and the impacts they are having on the Blak learners during their primary and high school education are enduring and determinantal to our confidence and self-worth, as we often internalise these racist and violent experiences which is discussed in more depth in Section 4.4.1.

3.3.1 The Education System Impacts on Aboriginal and Torres Strait Islanders Peoples

The Eurocentric education system in Australia has a profoundly negative impact on Indigenous education outcomes by perpetuating colonial legacies and marginalising Indigenous knowledge, cultures, and languages (Nakata, 2024). This system prioritises Western pedagogies and content, often ignoring or devaluing the rich histories, perspectives, and contributions of Aboriginal and Torres Strait Islander peoples. As a result, Indigenous students frequently experience a curriculum that does not reflect their identities or lived experiences, leading to disengagement and alienation from the education process. Bronwyn Fredericks, a proud Murri woman, along with her colleagues (2023), drew upon data from interviews with Aboriginal and Torres Strait Islander university graduates that highlighted perceived experiences of racism from both peers and staff. Concluding this paper, Fredericks et al., (2023) advocated for the need for further Indigenisation of the curriculum to contribute to increasing Aboriginal and Torres Strait Islander university student completion rates.

The lack of culturally relevant content and teaching methods contributes to lower academic achievement, higher dropout rates, and reduced self-esteem among Aboriginal students (Han, 2022). Moreover, the Western framework reinforces systemic inequalities, as it fails to

address the specific educational needs and aspirations of Indigenous communities, thereby perpetuating cycles of disadvantage and limiting opportunities for self-determination and empowerment. McLaughlin and Whitman (2010) took a CRT approach to legitimise Indigenous knowledge and systems to support their incorporation into the curriculum. They go on to infer a direct link between the lack of culturally relevant content in curricula to the perpetuation of colonial narratives and the marginalisation of Indigenous students, which can negatively impact their academic experiences and outcomes (McLaughlin & Whitman, 2010).

Aboriginal academics and authors have highlighted the challenges of representation and inclusion within the colonised curriculum. Tyson Yunkaporta (2019) critiques mainstream education for its failure to recognise and respect Indigenous ways of knowing, which perpetuates cultural disconnection and reinforces colonial hierarchies. Similarly, Linda Tuhiwai Smith (2012) argues that Indigenous knowledge systems (Section 3.3.3.1) are often marginalised or co-opted within educational settings, undermining the autonomy and agency of Aboriginal communities. Professor Marcia Langton (2012) emphasised the importance of Indigenous representation in curriculum development to challenge dominant narratives and empower Aboriginal learners. Similarly, Aileen Moreton-Robinson (2018) called for the education system to undertake a critical examination of internal power dynamics to address the ongoing impacts of colonisation on Indigenous students, their peers, and education. However, the implementation of such initiatives faces challenges as non-Indigenous educators within settler-colonial systems struggle to identify, critically analyse and adapt the whitewashed curriculum, perpetuating the subordination of Indigenous perspectives in school-based learning (McLean et al., 2021).

3.3.2 Barriers for Educators Incorporating Indigenous Knowledges and Perspectives

‘No force has been more effective at oppressing First Nations cultures than the education system’ (Marie Battiste, [Indigenous scholar] as cited in Silver, Mallett, Greene, & Simard, 2002, p. 163).

The body of literature surrounding the barriers that inhibit educators, academics and institutions from including Indigenous knowledge in mainstream curriculum suggests racism, lack of cultural knowledge, uncertainty of where to find appropriate resources, people or information, a general fear of getting the information wrong, mainstream backlash, or appearing tokenistic, as well as the common complaint that there is a lack of resources (e.g., time or budget) to undertake the work (Janke, 2021; Morrison et.al 2019; Shipp, 2013; Watego 2021; Yunkaporta, 2009). Whilst not all these barriers will be addressed in this thesis or can be addressed in the current educational climate, certain relevant ideas, theories, resources, and guidance will be offered throughout this as a starting point for educators to consider and explore further individually.

The decolonial theory is often used in educational contexts as it aims to centre Indigenous perspectives, rights to sovereignty and self-determination (Section 5.2), and possibilities for reinvention and change to move beyond the limitations of conventional CRT introduced previously in Section 2.2.1. It does this by taking a systems approach to address the ongoing impacts of colonialism and dispossession on Aboriginal and Torres Strait Islander peoples (Moodie, 2018). The theory involves challenging and dismantling colonial structures, ideologies, and power dynamics that perpetuate racial inequality and oppression. It seeks to deconstruct dominant narratives of race and colonialism, centering Indigenous perspectives and experiences while acknowledging the ongoing impacts of colonisation on Indigenous peoples and

communities (Moreton-Robinson, 2015). In line with decolonisation theory, Professor Rigney (1997) suggested Indigenist research epistemologies as a means to challenge the dominance of settler knowledge as intellectually superior. Further arguing that the academy constructed and racialised the dominant epistemologies for non-Indigenous Australians oblivious to any Aboriginal traditions, which, in turn, has further rendered Aboriginal knowledge as less than (Rigney, 1999).

Decolonising theory also emphasises the importance of recognising and confronting systemic racism, white privilege, and colonial legacies embedded within institutions, policies, and discourses (Moreton-Robinson, 2015). Vass (2013) argues that education is in a key position to address the structures underpinning inequitable narratives of Indigenous peoples, including race-based assumptions and deficit thinking. Educators have a responsibility to influence societal change by challenging normative structures and achieving better outcomes for learners. Educators must consider how Aboriginal and Torres Strait Islander peoples' ontologies and epistemologies can enhance the classroom experience for all students (Yunkaporta, 2019). Indigenous knowledge should stem from thorough engagement with Indigenous-led scholarship, sources, and practices rather than from contexts that have previously fragmented and diluted Indigenous truth, voice, and culture (Moreton-Robinson, 2015).

Incorporating Indigenous knowledges into the curriculum is essential for promoting educational justice, supporting Indigenous self-determination, and nurturing inclusive and empowering learning environments for all students. The point of this section was to highlight the colonial narrative that the education system is pushing, as well as the impact that it is having on Aboriginal and Torres Strait Islander students. This thesis focuses on the discipline of psychology broadly and psychology higher education courses specifically; it is important to

explore the context of psychology higher education more closely. However, this will be done after an introduction to Indigenous knowledge and perspectives

3.3.3 Indigenous Knowledges

The previous section emphasised the importance of incorporating Indigenous knowledges into the education system, which can improve educational outcomes for Aboriginal and Torres Strait Islander peoples. Indigenous knowledges refers to the complex, dynamic, and holistic body of knowledges rooted in Indigenous peoples' cultural traditions, experiences, practices, and values (Battiste & Henderson, 2000). It encompasses the relationship between humans, the natural environment, and the spiritual world, often transmitted orally and through lived experiences across generations (Nakata, 2007; Peters, 2017). Indigenous knowledges are context-specific, adaptive, and deeply connected to the land, community, and cultural identity (Simpson, 2004).

3.3.3.1 Indigenous Knowledge Creation

Aboriginal communities across Australia have developed and refined the knowledges the ancestors shared, adapting them to our country's changing context and landscape (Yunkaporta, 2010). This is reflective of the standpoint that Indigenous knowledges are adaptive and evolving. The creation process of Indigenous knowledges are a collaborative, continuous, and multilayered process that respects the individual perspectives in which Indigenous people and community can contribute to shaping the knowledges to offer an alternative way to understand or be applied (Yunkaporta, 2010).

Indigenous knowledges are underpinned by shared cultural values by many Indigenous communities, such as connectedness and relationships, as well as explicitly tied to the place in which it was created, as it was the local knowledges and histories of the community that were

fundamental to the knowledge's creation (Peters, 2017). This makes it impossible to be universally defined. It is unlikely that anyone outside of the Indigenous community will be able to thoroughly understand Indigenous knowledges and the process involved in its creation. Therefore, this section will provide a brief overview of the key elements of Indigenous knowledge creation before moving on to explore

The key processes of Indigenous knowledge creation include storytelling and language (Peters, 2017). Storytelling has always been a critical element of Indigenous cultures across the world. Indigenous oral traditions include a range of methods that underpin the knowledges and integrate into becoming a part of the knowledges, explaining why we often use words like 'adaptive' to describe knowledges (Peters, 2017). From an Indigenous perspective, the content of stories is equally important as the methods used to tell them. Storytelling depends on the power of language to inform the listener (Yunkaporta, 2010).

Language is the other key process when creating or adapting Indigenous knowledges. Yunkaporta (2010) highlights the deep knowledges contained in the language of Indigenous people. Bell (2003) further posits that knowledges of the language is vital for our culture. The language we use during the storytelling process creates a bridge, connecting Indigenous histories with the present day, unlike Western knowledge creation processes, reinforcing the importance even further (Peters, 2017).

In 2000, the United Nations acknowledged the utility of Indigenous knowledges in generating prospects for greater cultural awareness and strengthening and increased opportunities for economic and social development (United Nations, 2000). This recognition challenged the historical standpoint that questioned the validity of Indigenous knowledges (Mauro & Hardison, 2000). Colonisers and their systems attempted to contest and discredit Indigenous knowledges,

likely for many reasons, including maintaining Western discourse dominance (Battiste, 2000; Battiste & Henderson, 2000; Nakata, 2007; Smith, 1999; Sundberg, 2014).

Now, Indigenous knowledges are more widely accepted across several disciplines as a feasible complementary worldview (Knopf, 2016). They can be used to inform practices across diverse fields such as health disciplines (Craig, 2000; D'Cruz et al., 2019; Hewson, 2015), the education sector (Jones et al., 2021; McLaughlin & Whatman, 2015), the legal field (Burns, 2013; Deer, 2015), sociology (Gordon & Cooper, 2010) sustainable development projects, water and environmental management, botany, and ecology (Agrawal 2002; Ayre & Mackenzie 2013; Janke 2009; Mrittika & Rajarshi, 2023; Nakata 2004; Semali & Kincheloe 1999a; Smith 2009). I feel great privilege when presented with opportunities to learn from Elders in the communities I engage with. To continue translating these knowledges and continuing our culture, it is essential also to understand Indigenous knowledge systems.

3.3.3.2 Indigenous Knowledge Systems

Indigenous knowledge systems are closely tied to Indigenous knowledge and are an integral element that has facilitated the continuance of Aboriginal culture. Therefore, they must be explored in more depth. This section will focus on the systemic transferring of the knowledges that has enabled Aboriginal cultural adaption and survival despite colonisers' best efforts.

The concept of Indigenous knowledge systems further suggests that Indigenous cultures and peoples have deeply rooted systems of knowledge that are extricable and interconnected to vital aspects of culture, including peoples, land, and spirituality (Peters, 2017). Tharakan (2015) described Indigenous knowledge systems as place-based and rooted in the local set of experiences created by the people living in those places. Aboriginal peoples consider Indigenous

knowledge systems as sacred, as they are based on localisation and contextualisation and, as such, bound by specific cultural rules and protocols (Peters, 2017). The systems are distinguishable from Western systems based on the core elements of relationality, contextuality, and transfer (Fixico, 2003; Hewson, 2015; Semali & Kincheloe, 1999; Peters, 2017; Sheehan, 2011; Yunkaporta, 2010).

Traditionally, Indigenous knowledge has been based on practice and passed on orally, through demonstration, or imitation that is generally beneficial to the community (Tharakan, 2015). Pat Swan, an Australian Indigenous mental health leader, argued that the suppression and marginalisation of Aboriginal knowledge systems cause “*a huge gap between service provider and user. As a result, mental distress in the Aboriginal community goes unnoticed, undiagnosed and untreated.*” (Swan, cited in National Aboriginal Health Strategy Working Party, 1989, pp. 171–72).

3.3.3.3 Indigenous Knowledge Systems and Wellbeing

Self-determination (Section 5.2) has been identified within the Closing the Gap initiative (Section 5.3) as a critical component of improving the mental health of Aboriginal and Torres Strait Islander peoples (Dudgeon et al., 2020). The Closing the Gap initiative is explored in more depth throughout Chapter 5, however briefly, it is an initiative introduced by the Australian government aiming to reduce disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians in key areas such as health, education, and economic opportunities (NIAA, 2020). Dudgeon and colleagues (2017) reported that a critical component of increasing self-determination is building upon Indigenous knowledge systems that have long supported the thriving Aboriginal and Torres Strait Islander individuals, families, and communities. Dudgeon and colleagues (2020) demonstrated that Indigenous research methods

that value lived experiences are necessary to inform Indigenous knowledge systems. These lived experiences make essential contributions to knowledge production in psychology and the broader field of social sciences.

Lieketseng et al., (2021) recognise the applicability of Indigenous African knowledge systems in mental health practices. They suggest the importance of holistic and interconnected practices as a necessity (Lieketseng et al., 2021), aligning with Aboriginal worldviews and traditional healing practices (Section 9.3.1). Aboriginal healers in certain communities and places in Australia known as Nganhkari (Section 9.3.1.1) in many communities played an integral part in maintaining the wellbeing of Aboriginal peoples and communities. The traditional healing methods practised by Nganhkari are deeply rooted in spirit and culture, with our Indigenous knowledge systems to thank for the transmission and safekeeping of the Indigenous knowledge practised today.

Colonisation did impact our Indigenous knowledge systems here in Australia. However, many communities refuse to consider the knowledge ‘lost’. Instead, due to the unique ways in which we translate, develop, and construct knowledges in Aboriginal cultures, I hold the belief that some of our Indigenous knowledges are sleeping, primed to be woken when the time is right. There is more that the discipline of psychology can learn from traditional healing methods, so this is explored in more depth in Section 9.3.1.

3.3.4 Indigenous Perspectives

Understanding the key differences between Indigenous perspectives and Indigenous knowledges involves exploring the distinct yet interconnected roles they play in cultural, educational, and scientific contexts. Indigenous knowledges refers to the unique, localised knowledges and systems developed by Indigenous peoples, while Indigenous perspectives

encompass the broader worldview and ethical frameworks that guide how this knowledge is applied and understood (Bocking, 2023). Indigenous perspectives refer to worldviews and lived experiences that shape how a subject is understood, perceived, and managed within Indigenous communities.

In the context of mental health and wellbeing, the key differences between Indigenous perspectives and Indigenous knowledges lies in the conceptual frameworks, applications, and implications for mental health practices (O'Keefe et al., 2022). Indigenous perspectives often emphasise holistic and culturally rooted views of health, while Indigenous knowledge encompasses the specific cultural, spiritual, and historical understandings that inform these perspectives (Harding et al., 2022). These perspectives on wellbeing are often holistic, integrating physical, emotional, social, and spiritual wellbeing, emphasising the importance of community, relationships, and connection to Country.

There are also differences between the cultural protocols that govern the creation, storage, and translation of Indigenous knowledge and Indigenous perspectives. For example, for new Knowledge creation to occur, most Aboriginal communities would require an Elder to be present and participate in the collaborative creation process. This is only true for Indigenous knowledge creation. Indigenous knowledge and perspectives offer a comprehensive approach to challenge Western paradigms and highlight the importance of cultural context and community. These concepts are crucial for integrating Indigenous insights into various fields, including psychology higher education courses.

3.4 Psychology Higher Education

Previously, we examined the enduring adverse effects of colonisation on the wellbeing of Aboriginal and Torres Strait Islander peoples. Additionally, we highlighted how the colonial

education system and the discipline of psychology perpetuate the colonial agenda by systematically disregarding and marginalising Indigenous knowledge systems and perspectives. These are the continuing impacts of colonisation in which Aboriginal and Torres Strait Islander peoples speak, sing, write, or dance about. These practices contribute to maintaining power imbalances, championing the colonial narrative, and decreasing education and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

When taken together, two main benefits are achieved when incorporating Indigenous knowledges and perspectives into psychology higher education courses. Firstly, feelings of belonging and educational outcomes for Aboriginal and Torres Strait Islander peoples in higher education may be improved. Secondly, it will help capacity building within the future psychology workforce. These will now be discussed.

3.4.1 Indigenous Belonging within Higher Education Institutes

The educational outcomes of Aboriginal and Torres Strait Islander students are inequitable, with mainstream schooling often perpetuating disparities and exclusion (Daniels-Mayes et al., 2021). This has a ripple effect impacting many Aboriginal and Torres Strait Islander students enrolling in and completing higher education degrees (Parrington, 1998; Pechenkina & Anderson, 2011). An outer ripple is evident, with Aboriginal and Torres Strait Islander peoples making up only 0.7% of Australia's AHPRA registered psychology workforce (AHPRA, 2023).

A student's sense of belonging is suggested to be aligned with their participation levels and integration efforts into academic culture (Krause & Armitage, 2014; Tinto, 2005). Positive experiences and interaction with university staff and peers were suggested to be the building blocks for a resilient academic identity (Krause & Armitage, 2014). Study 3 in Chapter 13

explores this topic in greater depth as the publication focuses on this area. As the academic literature review is covered in the publication, I thought it an excellent space to have a yarn.

Personally, throughout my career as a psychology student, there have been several times in which I have felt uncomfortable in the classroom, targeted based on my Aboriginality, called upon to educate my peers and teachers, providing insights and perspectives into culturally related topics and placed in a position to advocate for myself to resist and disrupt the academy to influence change. A more recent example of this was my last subject in my clinical master's degree. I would like it noted there were several examples from this subject alone that I could provide to convey my point.

Three individual assignments scaffolded to, in the end, work through to create a case formulation and suggestion implementation method for motivational interviewing. The first assignment consisted of creating a case study that would be the foundation for the next two assignments. An easy task in which I introduced an Indigenous woman with a chronic health condition (lung cancer) and an associated mental health condition (low SEWB) to align with requirements. The second assignment asked me to undertake a critical literature review applying the biopsychosocial model to my client's case study. Given my client's presentation, history and identity, value systems, beliefs, and community connections, the bio-psycho-social framework was not nuanced enough to encompass the factors that underpin Aboriginal wellbeing, or best practice.

Naturally I requested to use the SEWB framework (Chapter 8) to frame the critical literature review. I was surprised as the straight 'no' I received, thinking that this was pretty straight forward. So, I checked in with myself to see if I had the bandwidth to engage meaningfully in this advocacy project on top of the other considerations filling my plate, then

decided to compose my email. I spent a long time carefully constructing that email and bringing in some other concerns that I had about the class also to really get my point across. Fortunately, the learnings were received kindly, and as a result, the assignment criteria were reviewed for the following year with my recommendations being implemented. Unfortunately, my experiences within higher education are not unique, illustrating the additional systemic barriers Aboriginal and Torres Strait Islander peoples experience.

3.4.2 Capacity Building the Psychology Workforce

The Western model of psychological training often proves inadequate in Indigenous contexts (McConnochie et al., 2012). With Aboriginal and Torres Strait Islander peoples being underrepresented in the psychology workforce (AHPRA, 2023) and overrepresented in the population experiencing mental health needs (Tindle, 2022). It is now more critical than ever that non-Indigenous psychologists are adequately trained and upskilled to work safely and effectively with Aboriginal and Torres Strait Islander clients. Empirical Studies 2 and 3 in Chapters 12 and 13 respectively delve deeper into the literature on this topic to make a compelling argument. That argument was used as a rationale in the publication and provides a key chapter in this thesis.

3.4.3 The Changing Psychology Higher Education Landscape

Thankfully, psychology as a discipline in Australia is experiencing a paradigm shift due to the resilient advocacy efforts made by the Aboriginal and Torres Strait Islander ancestors, aunties and uncles, brothers, sisters, and allies (Dudgeon et al., 2020; Dudgeon & Walker, 2015). These shifts can be seen in the Australian Psychological Society's (APS) apology (Section 2.3.1) to Aboriginal and Torres Strait Islander peoples, the most recent university accord project, the changes to the Australian Psychological Accreditation Committee (APAC) Standards (Section 3.4.3.2), and the deadly work of Indigenous researchers and allies in projects such as Australian

Indigenous Education Project (AIPEP; Section 3.4.3.3), and the increased uptake of engagement with Indigenous psychology by Indigenous and non-Indigenous educators.

3.4.3.1 The Universities Accord Report

The Australian Universities Accord (Department of Education, 2024) is a comprehensive review and reform initiative for the higher education system in Australia. Launched by the Australian Government, the Accord aims to drive significant and lasting improvements in the quality, accessibility, affordability, and sustainability of higher education (Department of Education, 2024). The review is led by a panel of eminent Australians, including experts in various fields and representatives of underrepresented groups, to ensure a diverse and inclusive perspective (Department of Education, 2024). The Universities Accord process involved extensive consultation with various stakeholders, including universities, educators, students, parents, unions, businesses, and underrepresented groups, ensuring that the voices of Aboriginal and Torres Strait Islanders and other marginalised communities were heard and tried to be reflected in the final recommendations (Department of Education, 2024).

Key aspects of the Universities accord include meeting Australia's knowledge and skills needs, improving access and opportunity to higher education for all peoples, reviewing affordability and investment portfolios, enhancing universities regulatory and workplace settings, strengthening connections between vocational higher educational institutes, ensuring quality and sustainability of the services offered, and finally, supporting the university research space to drive innovation (Department of Education, 2024). More specifically, the final Universities Accord report emphasises various aspects of improving the experiences and outcomes for Aboriginal and Torres Strait Islander students, educators, and researchers within Australia's higher education system.

The report underscores the necessity for better access and participation for Aboriginal and Torres Strait Islander students. It acknowledges financial barriers and recommends the introduction of payment for mandatory placements to alleviate the economic burden on students (Department of Education, 2024). Other financial suggestions included introducing a needs-based funding model that recognises the specific costs associated with providing additional academic and other support services to Indigenous students, aiming to promote equity and sustainability within regional and underrepresented areas (Department of Education, 2024).

The Accord further acknowledges regional universities' unique challenges and recommends tailored support to ensure their sustainability and capacity to serve local Indigenous communities effectively. This includes recommendations for uncapped medical places for Indigenous students who meet the entry requirements and enhancing opportunities in health education for remote areas (Department of Education, 2024). The report recommends the establishment of a First Nations Commissioner to lead a First Nations Council, which would oversee core elements of review and reform, policy, and funding, aiming to ensure better outcomes for Aboriginal and Torres Strait Islander communities (Department of Education, 2024). This committee would contribute to the other elements of the report's suggestions in addressing more systemic issues. For example, the report supports including and strengthening Aboriginal and Torres Strait Islander knowledge, research, and ways of knowing, being, and doing in the curriculum (Department of Education, 2024).

The benefits of integrating Indigenous knowledges and perspectives into the curriculum and higher education context would be felt by many Aboriginal and Torres Strait Islander students and provide beneficial learnings for non-Indigenous Australians. Fostering a greater understanding of the world's oldest continuous cultures. Furthermore, the report advocates for

including culturally responsive and safe educational pathways. This includes addressing and eliminating racism and discrimination within higher education to ensure safe learning environments for Indigenous students and staff (Department of Education, 2024). Overall, the Universities Accord final report aims to create a more inclusive, equitable, and culturally responsive higher education system that better supports Aboriginal and Torres Strait Islander students and integrates Indigenous perspectives and leadership into the core fabric of academic institutions (Department of Education, 2024). The elements suggested in this report regarding incorporating Indigenous knowledge and advocating for cultural responsiveness are two elements that are central to this dissertation.

3.4.3.2 Australian Psychology Accreditation Committee Standards

APAC is the national body responsible for accrediting psychology programs in Australia. Established in 2005, APAC ensures that the education and training provided by Australian psychology programs meet the high standards required for professional practice (APAC, 2023). The key functions of APAC include accrediting higher education psychology programs and developing and maintaining accreditation standards (APAC, 2023). The accreditation by APAC provides the universities with professional recognition from accredited courses, which is a requirement by AHPRA for registration as a psychologist. Additionally, the accreditation process ensures that the higher education psychology programs are of high quality and that Australian psychology programs are comparable to international psychology programs to facilitate graduate mobility across countries (APAC, 2023).

APAC has been involved in several key initiatives to enhance the quality and relevance of psychology education (APAC, 2023). APAC (2019) revised their standards and included a better contemporary professional practice to meet the evolving needs of the psychology

workforce. It adapted its accreditation processes to accommodate online or blended learning education experiences in response to COVID-19 and emphasised the importance of developing higher education students' cultural competence. Cultural competence in psychology is crucial for effective service delivery and ethical practice. Research indicates that culturally responsive education enhances therapeutic outcomes and client satisfaction by acknowledging and respecting cultural differences (Sue, 2001; Pedersen, 2003). For Aboriginal and Torres Strait Islander communities, culturally competent care is essential for addressing historical and ongoing systemic inequities in mental health services (Dudgeon et al., 2014).

To address the current gap in psychology higher education courses, APAC introduced Criterion 3.8, which mandates the incorporation of culturally responsive information in psychology higher education programs (APAC, 2019). This standard seeks to ensure that psychology graduates are equipped to provide culturally competent services, acknowledging the diversity of the Australian population, including Aboriginal and Torres Strait Islander peoples (APAC, 2023). Criterion 3.8 requires psychology courses to incorporate comprehensive training in cultural competence, including knowledge of cultural frameworks, awareness of personal biases, and skills in culturally appropriate interventions (APAC, 2019). Various higher education institutions have adopted different approaches to meet this standard, such as integrating cultural competence modules into existing courses, offering specialised workshops, and involving community representatives in curriculum development (Garvey et al., 2015). Despite the clear guidelines, several challenges impede the effective implementation of Criterion 3.8. These include limitations to resources, educators' knowledge and resistance (Matthews, 2016; Tribe, 2009; Wilson & Johnson, 2013).

Many higher education institutions face financial and logistical barriers in developing and delivering comprehensive cultural competence training (Tribe, 2009). Australian Institute for Research Centre for Future Work (AIRCFW; 2023) highlights the current and future resourcing concerns for higher education institutes in Australia while recognising the Universities Accord's role in improving the current standpoint. These resourcing difficulties are even more compounded at present due to the decrease in university enrolments from both domestic and international students, which further reduced the financial capacity of institutes. Additionally, educators may lack sufficient training in cultural competence, limiting their ability to effectively teach these concepts (Wilson & Johnson, 2013). White et al., (2022) reviewed Aboriginal Australian educational policies and initiatives, which in turn supported the sentiment that most higher education teaching staff lack the knowledge and experience to teach about diverse cultures and highlight how critical it is for educators to gain competence.

There can be resistance from staff and students who may not fully appreciate the importance of cultural competence or who may hold entrenched biases (Matthews, 2016). Sowbhagya et al., (2021) recently undertook a study that collected qualitative student feedback and triangulated that with tutor focus groups to explore higher education students and educators' willingness or resistance to cultural competency. They found that the participant's resistance was linked to feeling personally attacked or culturally confronted (Sowbhagya et al., 2021). Furthermore, they reported students were more resistant to educational topics on sexuality and white privilege. Sowbhagya and colleagues (2021) concluded that future research needs to develop an understanding of student willingness and resistance to cultural competency training as well as strategies to reduce resistance for better engagement for students and educators to

enhance the training in cultural competence to turn increasing the levels of preparedness of students to work with diverse populations.

Arthur and Collins (2010) reported that culturally competent students are more likely to be employed at culturally responsive practices, which improves client outcomes and reduces disparities in mental health care access and quality. However, without addressing the previously mentioned barriers to embedding cultural responsiveness into psychology education courses, all stakeholders, educators, graduates, and culturally diverse clients are losing (Hwang, 2006). The literature underscores the critical importance of APAC Criterion 3.8 in fostering culturally responsive psychology professionals. While significant challenges exist, the benefits of culturally responsive education in psychology are well-documented. Continued efforts to address these challenges through innovative and inclusive educational strategies are essential for the standard's successful implementation and the overall improvement of mental health services in Australia. AIPEP is one of the leading innovators trying to address these barriers.

3.4.3.3 Aboriginal Indigenous Psychology Education Project

Aunty Pat Dudgeon leads AIPEP alongside a deadly team out of the Indigenous Studies unit at the University of Western Australia. It focuses on increasing the representation and success of Aboriginal and Torres Strait Islander people in psychology. This project addresses significant gaps in the curriculum and practice of psychology in Australia by embedding Indigenous perspectives and knowledge systems into psychology education. AIPEP operates through a community of practice comprising educators, students, and industry leaders working collaboratively to transform psychology curricula and support Indigenous students. This community facilitates sharing resources, best practices, and strategies for embedding Indigenous perspectives in psychology education.

AIPEP aims to decolonise psychology through several strategic initiatives, including curriculum reform, culturally upskilling the cultural responsiveness of the psychology workforce, increasing community engagement, supporting Aboriginal and Torres Strait Islander students to complete their degrees and through research and advocacy work (Ciofalo et al., 2022). The core framework of AIPEP is based on developing documents that guide curriculum transformation, student support, and workforce development (Dudgeon et al., 2016). These frameworks ensure that psychology education incorporates culturally responsive teaching methods and content that acknowledges and respects Indigenous culture.

The underpinning framework of AIPEP includes a commitment to Indigenous self-determination (Section 5.2) and the recognition of Indigenous knowledge systems (Section 3.3.3.3; Dudgeon et al., 2016). It advocates for integrating Indigenous cultural competencies into the psychology curriculum, promoting a more inclusive and equitable educational environment (Dudgeon et al., 2016). This involves integrating Indigenous perspectives (Section 3.3.4), histories, and cultural practices into teaching materials and assessments, thus creating a more inclusive and relevant educational experience for all students (Dudgeon et al., 2016). The project also places a strong emphasis on training non-Indigenous psychologists to work effectively and respectfully with Indigenous clients. This includes professional development resources that focus on cultural safety and understanding the unique mental health needs of the Aboriginal and Torres Strait Islander populations (Dudgeon et al., 2016).

AIPEP further aims to foster relationships between academic institutions and Indigenous communities to ensure the voices and needs of Indigenous people are central to developing and implementing educational programs. This collaborative approach helps bridge the gap between theoretical knowledge and practical application in real-world settings (Dudgeon et al., 2016). To

help Aboriginal and Torres Strait Islander higher education psychology students, AIPEP provides various forms of support to enhance recruitment, retention, and graduation rates (Dudgeon et al., 2016). This includes mentorship programs, scholarships, and a supportive academic environment that respects and values Indigenous identities and cultures (Dudgeon et al., 2016).

The project also advocates for systemic changes within the psychological profession to better serve Aboriginal and Torres Strait Islander communities. This includes conducting research on best practices for culturally appropriate psychological interventions and promoting policies that support the mental health and wellbeing of Aboriginal and Torres Strait Islander peoples (Dudgeon et al., 2016). Overall, AIPEP's comprehensive approach not only aims to increase Indigenous participation in psychology but also strives to transform the discipline itself, making it more inclusive and responsive to the needs of Indigenous Australians. Several helpful resources will be used throughout this thesis, and psychology higher education educators are encouraged to explore the website for useful materials to address APAC Criterion 3.8 discussed in the previous section (3.4.3.2). This thesis has touched on the theories underpinning colonisation, particularly the colonised mind, and how the colonisation process is continued through education institutes.

3.5 Conclusion

This chapter has explored theories underpinning colonisation, particularly the colonised mind, and how the colonisation process is continued through education institutes. After taking a deep dive into psychology higher education, it ended by exploring the changing psychology higher education landscape to understand the initiatives that are being implemented to improve psychology higher education curriculum and experiences. Now it is essential to explore the

impact that colonisation had on the self and identity of Aboriginal and Torres Strait Islander peoples, and how these contributes to our unique mental health needs and overall SEWB.

Chapter 4: Aboriginal Identity

"Aboriginal people are a steady beating heart at the centre of our Australian spiritual identity." -

Caroline Jones

4.1 Chapter Guide

Australia shares a colonial legacy with countries such as New Zealand, Canada, and the United States through our histories of British colonisation (Cassidy, 2003). Despite differences in the colonial processes used in different places, there have been some common characteristics of identity that the colonised and oppressed populations have developed. These similarities are what I am referring to when collectively speaking about the colonised identity which is the first exploration of this chapter. Types of violence and racism are also explored as they are strong contributors in our identity and mental health struggles. This is then followed by an investigation into the factors that impact Aboriginal youth identity formation to inform early intervention and prevention practices.

4.2 The Colonised Identity

The concept of a colonised identity is multifaceted, involving the complex relationship between the coloniser and the colonised and the resulting 'hybrid' identities that emerge from this interaction (Bhabha, 1994). It is important to briefly explore the various dimensions of colonised identity, its formation, and common characteristics discussed in the literature, as these commonalities will be a critical consideration for psychologists when working with Aboriginal and Torres Strait Islander clients.

Homi Bhabha's (1994) concept of 'hybridity' is central to understanding colonised identity. It describes a 'third space' or 'in-between' state where colonised individuals, like me, exist, embodying both Indigenous and colonial traits (Bhabha, 1994). This hybridity can lead to Aboriginal peoples experiencing a fragmented identity, never Blak enough, and not white. The

disruption of cultural identity can lead to an individual feeling a sense of loss and disconnection from cultural roots, impacting mental health and social cohesion (Kirkland, 2018; Murrup-stewart et al., 2021; Schultz et al., 2016). Putri and Clayton (2020) suggest that colonised individuals would benefit from reconciling their dual influences.

Colonised identities are shaped by the imposition of foreign power and culture, leading to a blend of Indigenous and colonial influences (Stratton & Devadas, 2010). This synthesis often results in a fragmented sense of self, where the colonised individuals navigate between their Indigenous and imposed colonial identities (Stratton & Devadas, 2010). Identity formation processors in colonial contexts can involve displacement, marginalisation, and power dynamics (Bammer, 1994; Stratton & Devadas, 2010). This can lead to characteristics such as struggles with self-esteem and self-concept as individuals navigating between Indigenous identity and the dominant colonial culture (Allen, 2001; Sipsas, 1994).

Cleiton and colleagues (2012) posited that colonised identity is often constructed through mimicry, where the colonised are forced to imitate the coloniser, yet they remain distinct. This ambivalence is suggested to reinforce power dynamics by legitimising the coloniser's superiority while subjugating the colonised (Moane & Moane, 1999). When the colonised population internalises the negative stereotypes and beliefs propagated by colonisers, this may lead to feelings of inferiority and self-doubt (Moane & Moane, 1999). Additionally, the internalisation may result in a more complex experience of self-discrepancy theory (Higgins, 1987), which involves external factors out of our individual control to fall into place for us to move from our '*ought self*' towards our '*ideal self*'. This can affect personal and collective identity, creating a sense of powerlessness (Moane & Moane, 1999).

Powerlessness and oppression are common experiences for colonised populations. Prolonged exposure to these experiences can often lead to trauma-related symptoms and diagnoses such as anxiety, depression, post-traumatic stress disorder (PTSD) and Complex PTSD (CPTSD; Williams et al., 2023). Furthermore, historical trauma, as experienced by many colonised and oppressed groups, can manifest in symptoms like survivor guilt, anger, and hypervigilance (Gouni & Verny, 2023). These experiences are part of the broader concept of historical trauma, which affects individuals across generations, often referred to as intergenerational or transgenerational trauma.

Colonialism pathologises the colonised by restricting access to self-identity (Doherty, 2001). Frantz Fanon's (2008) analysis demonstrates this concept. The colonised are deprived of the ability to fully identify with the coloniser's idealised figures, leading to a sense of dislocation and unfulfilled desire (Fanon, 2008). In the context of settler colonialism, the coloniser's identity is also shaped by violence and territorialisation (Veracini, 2022). The settler's identity can be formed through homemaking in a foreign land, which involves physical and psychological identity formation processes. This has been the story of many Aboriginal children who were removed from their families and sent abroad to a new one; I have heard personal stories about the impact this had on some mob, but none have been good.

While the colonised identity is often seen as a product of oppression and fragmentation, it is also a site of resilience, resistance and transformation (Liebel, 2023). The colonised can subvert colonial narratives and reclaim our identity through cultural and political means (Jefferess, 2008). This dynamic chemistry between oppression and resistance highlights the complexity of colonised identities and the potential for change (Cleiton et al., 2012). Evidence of this is reflected in our ability to maintain cultural practices and community cohesion in the face

of adversity. Over time, many colonised populations have developed strong resistance identities, characterised by empowerment and activism to reclaim cultural heritage and rights (Alfred & Corntassel, 2005; Maddison, 2013; Pile, 2013). Moreover, many colonised populations are collectivist cultures, emphasising collective wellbeing and prioritising community and family, which can serve as protective factors. While these characteristics are common among colonised populations worldwide (Smith-Morris, 2019), it is essential to recognise the diversity and complexity between and within the groups.

Each Indigenous population has unique experiences and histories that shape their responses and healing. Additionally, individuals within these groups may simultaneously experience both oppression and privilege, depending on the context and their intersecting identities (Ramsay, 2014). Understanding these nuances is crucial for developing effective strategies to address and dismantle systemic oppression and facilitate healing. Since colonisation began, the Australian government has attempted to define Aboriginal and Torres Strait Islander peoples. The definition has evolved overtime, it started in the nineteenth and twentieth centuries state statute law by referring to one dimensional models of Aboriginality determined by our blood quantum (Gardiner-Garden, 2003). Presently, a three-part definition is used (Harris, 2024) which has introduced more implications which have further benefitted the government as they continue the colonial project. This will now be explored in more depth in the following section.

4.3 Australian Government and Authenticity of Aboriginality

“It’s not easy being Aboriginal, out there. It is not easy” (Kickett, 1999, p. 74)

The identification of Aboriginal Australian people was historically constructed through a European lens, portraying Indigenous Australians as primitive natives situated at the bottom of a perceived racial and cultural hierarchy (Anderson, 2008). This hierarchical view was predicated

on European cultural progress as an indicator of superior intelligence, rooted in the intellectual thought of the Enlightenment period (Vartija, 2020). Racial theories emerged, hypothesising a hierarchy of human cultures based on biological and racial determinants, with ‘*full-blood*’ (p. 1) Indigenous people being “*seen as archaic survivors from the dawn of man’s existence*” (Attwood & Markus, 1997, p. 1).

The very definition of Aboriginal identity came from the racial ideal to distinguish between Indigenous and non-Indigenous Australians (Berry, 1994). Aboriginal identity was coined by white settlers in Australia after they adopted the term ‘Australian’ to refer to themselves, and naturally, they needed a way to reinforce the hierarchy. Therefore, Aboriginal identity became defined as the perception of oneself as Aboriginal Australian or recognition by others of that identity (Tonkinson, 1990). This definition has since been revised several times, many of these revisions were intended to facilitate assimilation efforts, and therefore, was shaped by the colonisers to meet their purpose of cultural eradication (Section 2.2).

The currently utilised definition was proposed in the Constitutional Section of the Department of Aboriginal Affairs’ Report after undertaking a review of the working definition of Aboriginal and Torres Strait Islanders (Department of Aboriginal Affairs, 1981) Aboriginal identity is established through a three-part test, including biological descent, self-recognition, and recognition by elders within the community you live or have previously lived in (Department of Australian Affairs, 1981). Introducing this three-part identity confirmation test is so problematic that it could constitute an entire thesis, in fact I recently spoke to another Palawa sis close to submitting her thesis that does indeed explore the impacts of defining Aboriginal identity in our ancestral lands, that is now known as Tasmania. For the purpose of this thesis, let me try to summarise.

Firstly, while it is acknowledged the definition was proposed by the since dissolved, Department of Aboriginal Affairs, the very act of defining Aboriginality through a government institute can be seen as a continuation of colonial control. By implementing a nationwide definition of Aboriginal identity, not only is our unique cultural differences and community desires not considered, however the government perpetuates a history of oppression where we, as Aboriginal people, are denied the right to define ourselves. This echoes the legacy of policies like the Stolen Generations, where Aboriginal children were taken from their families based on arbitrary definitions of race and identity. Furthermore, Maddison (2013) argued that the contest over Indigenous identity in Australia perpetuates a form of symbolic political violence against Indigenous people, concluding with the suggestion for settler colonies to make a decolonising gesture by legislating for the protection of Indigenous identity.

The government definition can also exclude individuals who, despite strong cultural ties and self-identification, do not meet all the criteria. This exclusion can be profoundly harmful and divisive, as it forces Aboriginal people to seek '*proof*' of their identity, often through bureaucratic means. The imposition of racial labels and the colonial construction of Aboriginality has reinforced the stereotypes first created through the coloniser's viewpoint and too often we internalise this racism (Section 4.4.1) which can accumulate manifesting in adverse effects. Professor Chelsea Watego (2021) has spoken about the psychological distress that comes with the constant need to prove one's Aboriginality in a system that was never designed to understand or respect Indigenous identities. This ongoing trauma is a direct result of a legal framework that fails to recognise the lived realities of Aboriginal people.

Aboriginal scholars and activists like Aileen Moreton-Robinson (2006) argued that the government's definition of Aboriginality undermines our Indigenous sovereignty. It assumes that

the state has the authority to determine who is and who is not Aboriginal, thereby diminishing the power of Aboriginal communities to define ourselves according to our own lores, customs, and traditions (Aileen Moreton-Robinson, 2006). Moreover, Foley and Anderson (2006) echoed this sentiment, noting that the approach undermines the fluid and complex nature of Aboriginal identity, which cannot be easily quantified or legislated.

Another problem is how white Australians have perceived and stigmatised Aboriginal peoples, projecting harmful views onto Aboriginal peoples and perpetuating the conversation around fraudulent claims of Aboriginality. The issue of fraudulent claims for Aboriginality has been a prominent discussion within communities, reflecting the ongoing impact of colonial constructions and the policing of our identities Walke et al., (2024). Prof Yin Paradies (2006), an Aboriginal-Anglo-Asian Darwinian man, noted that the strategic essentialism of pan-Aboriginality, while advantageous politically, has also left "*an increasing number of Indigenous people vulnerable to accusations of inauthenticity*" (pp, 355) due to a lack of cultural markers or perceived shade of your skin, as if you are only as credible as the shade of your skin (Dodson, 2017).

Moreover, questions about the right and desire of people of mixed race to identify as Aboriginal, often raised by settler colonial society, reflect the ongoing impacts of these colonial legacies. The notorious example of Andrew Bolt, an Australian conservative social and political commentator (Herald Sun, 2009) questioning the claims to Aboriginality of light-skinned Aboriginal people, highlights the superficial and often discriminatory measures of identity based on appearance. His column in the Herald Sun (2009) titled '*It's so Hip to be Black*' (Bolt in the Herald Sun, 2009, online) questioned the legitimacy of fair-skinned Aboriginal people's

identities, suggesting that we identified as Aboriginal for personal gain, thereby perpetuating harmful stereotypes and erasing the diversity of Aboriginal identity. He wrote

"White is the new black... Yet here's a puzzle: why then are there so many self-described 'Aboriginals' in census counts who, in fact, have fair skin? Why are these fair Aborigines so keen to identify with a group that is so often described – by them – as oppressed?"

(Andrew Bolt in the Herald Sun, 2009, online).

Bolt (2009) displays some clear biases imposing the colonial imposition of visual stereotyping in his statements. But please, Mr Bolt, tell me about the apparent gains that I have made through my identification as a fair-skinned Aboriginal woman. I must acknowledge my white-passing privilege, which many Aboriginal and Torres Strait Islander people do not have. However, my fair skin can also place me at risk of uneducated, non-Indigenous people reading my body and making assumptions. These assumptions have led me on a confronting identity discovery journey, put me in the path of people unticking the 'Aboriginal box' on forms I completed, assuming I have ticked it by mistake, and, of course, have subjected me to the common questions of *'what percentage'* and *'yeah but you're not a real Aboriginal'* which many of Aboriginal and Torres Strait Islander aunties, and uncles, brothers and sisters can relate to. Andrew Bolt has made many headlines for his racist comments and ideals, and, quite frankly, as a non-Indigenous Australian, he has no right to be commenting on a topic he clearly does not understand.

The debates around the authenticity of Aboriginal identity and the emphasis on community acceptance as part of the three-point definition of Aboriginality highlight the importance of social validation by the community in shaping Aboriginal people's identity. This is underpinned by the principles of relationality that are explored in Section 7.3.1. Some form of

cultural approval or acceptance is necessary to ensure individuals in identified positions accurately represent the communities they serve to create meaningful change with their roles. However, the current process subjects us to the experience of lateral violence at the hands of community gatekeepers. Some people may feel pressured to conform to narrow definitions of identity or may be compelled to question the authenticity of others' Aboriginality. This can create tensions and divisions within communities as Aboriginal people are forced to navigate the complexities of identity in a landscape shaped by colonialism.

This is why the Australian government was very smart in implementing the three-part definition. By requiring Aboriginal people to gain community acceptance in a contemporary colonial landscape, flavoured with disruption and disconnection, the government has created tensions among community members, negating the fight between ourselves while keeping their hands seemingly clean. This tactic also limits the collective resistance of communities toward structures and systems as we are busy dealing with in-house politics.

Marcia Langton, (2012), a leading Aboriginal activist, contributed to these discussions, advocating for recognising Indigenous Australians as a diverse but unified cultural, racial, and political group, regardless of their racial mix. This may be the way forward to reduce some of the adverse experiences that result of identity issues, but someone will have to get the whitefellas on board since racism significantly contributes to our identity challenges and over SEWB (Macedo et al., 2019).

4.4 Racism

For those with white privilege, the constant nature of racism within Australian society may go unnoticed. However, for Aboriginal and Torres Strait Islander peoples, it can seem inescapable. Often all we have to do is flick on the telly to see overt and inadvertent

demonstration of racism by the Australian media. For example, in 2007 The Australian newspaper wrote an article about the Northern Territory Intervention. The headline read *'Aboriginal violence and child abuse: Let's see the evidence'* (The Australian, 2007, In Australian Human Rights Commission, 2007), and the article went on to suggest, *"We are told by Canberra politicians, supported by the Northern Territory Government, that Aboriginal men are vicious rapists and paedophiles"*. This article problematically framed Aboriginal men as inherently violent and abusive without providing context or acknowledging broader systemic issues perpetuating a view of Aboriginal communities as dysfunctional.

The Sydney Morning Herald called out Bill Leak, the Australian editorial cartoonist, caricaturist and portraitist for its racism (Noyes, 2016). The cartoon depicted an Aboriginal man who did not remember his son's name, suggesting irresponsibility and neglect. It showed a police officer holding a child and telling the man, "You'll have to sit down and talk to your son about personal responsibility". While the cartoon was widely condemned for perpetuating racist stereotypes about Aboriginal men as neglectful fathers and criminals, the harm was already done by confronting Aboriginal families with more racist stereotypes. The perpetuation of deficit discourses (Section 4.4.2.1) and racist media content reinforces the negative stereotypes some Australians hold while also normalising the racism towards Aboriginal and Torres Strait Islander peoples, which has negative ongoing impacts on our identity and mental health.

The effects of racism have been found to manifest in various ways, including psychological distress, anxiety, depression, and increased suicide rates (Das et al., 2018; Dury & Thompson, 2012; Ferdinand et al., 2013; Paradies et al., 2008). Furthermore, experiences of racism have been found to increase feelings of social exclusion, which is a known risk factor for suicide. Tatz (2001) discusses the alarming rates of suicide among young Aboriginal people,

linking them directly to the social alienation caused by racism and discrimination. The lack of belonging and the pervasive sense of exclusion can lead to feelings of despair, making suicide seem like the only escape for some individuals.

Experiences of racism, both overt and systemic have been found to have devastating effects on mental health for Aboriginal and Torres Strait Islander peoples and communities. The way in which racism operates and impact it has from an Aboriginal and Torres Strait Islander perspective has been explored. Professor Paradies identifies as Anglo-Asian-Aboriginal and is a descendent of the Wakaya peoples of the Gulf Country, and along with his colleagues (2008), undertook a comprehensive analysis illustrating how racism can undermine the mental health of Aboriginal and Torres Strait Islander peoples. They highlighted how racism operates at the individual, interpersonal, and institutional levels, often contributing to the creation of hostile environments (Paradies et al., 2008). The following section will now further elaborate on internalised racism. Followed by an exploration of racism perpetuated by the system and structures that uphold our society (Section 4.5)

4.4.1 Internalised Racism

Internalised racism is a complex and pervasive phenomenon that significantly impacts the wellbeing of many ethnic minority communities. Internalised racism occurs when individuals from marginalised racial groups adopt the negative beliefs and stereotypes about their own group, perpetuated by the dominant culture bombarding us each day (Seet, 2020). Dudgeon, (2000) describes the effects of internalising oppression and racism as rage or aggression turned inwards. It results in the internalisation of dominant discriminatory views and can have profound impacts on identity, mental health, and social and emotional wellbeing (David, 2013).

Colonial Mentality Theory is particularly relevant to Indigenous populations as it describes the psychological impact of colonisation, including the internalisation of the coloniser's values and beliefs (David & Okazaki, 2006). Aboriginal and Torres Strait Islander cultures with their shared colonial legacy experience this phenomenon. When we accept colonisers' beliefs and practices as 'normal', it can lead to us internalising racism (Pyke, 2010). Despite this internalised racism being projected onto us by the colonisers, it can lead to the rejection of our Indigenous ways of knowing, being and doing, and assimilating ourselves so that it is believed our Indigenous ways are incorrect and inferior (Moreton-Robinson, 2000, 2004).

Research indicates that internalised racism has profound effects on various aspects of Aboriginal and Torres Strait Islander wellbeing. Studies have shown strong associations between internalised racism and poor mental health outcomes among Aboriginal and Torres Strait Islander peoples. Paradies and Cunningham (2012) found that internalised racism was significantly related to increased psychological distress. Additionally, Ferdinand and colleagues (2013) explored internalised racism, where individuals begin to accept negative stereotypes about their own racial or ethnic group. In their study, Ferdinand et al., (2013) found internalised racism among Aboriginal people was associated with lower self-esteem, increased psychological distress, and identity struggles. This internal conflict can lead to feelings of worthlessness and hopelessness, which are significant risk factors for depression and suicidal ideation (Ferdinand et al., 2013). Dudgeon et al., (2017) supported Ferdinand et al., (2013) findings and further discussed how the negative self-perception and low-self, esteem that results from internalised racism impacts identity formation and cultural pride among Aboriginal youth. The impacts specific to Aboriginal youth will be further explored in Section 4.6.

Additional negative outcomes from the research exploring the impact of internalised racism within Aboriginal and Torres Strait Islander populations have been explored. Larson et al., (2007) explored the link between internalised racism and poorer physical health outcomes demonstrating associations between internalised racism and increased cardiovascular risk factors among Aboriginal and Torres Strait Islander peoples. Moreover, Gee et al., (2014) highlighted how internalised racism can disrupt connections to culture, community, and country, which are crucial elements of our wellbeing. The effects of internalised racism can be transmitted across generations which Atkinson et al., (2013) suggests contributes to the maintenance of the cycle of intergenerational trauma in Aboriginal and Torres Strait Islander communities. Finally, Durey et al., (2012) illustrated that internalised racism can affect health-seeking behaviours finding that it can lead to delayed or avoided healthcare engagement due to expectations of discriminatory treatment.

I have had personal experiences of racial bias at the hands of healthcare workers. I visited a new general practitioner (GP) for the first time, to request a blood test to check my iron levels. They printed the pathology request, then informed me that they had amended my intake form because I “*accidentally ticked the Aboriginal box*”. If that was not bad enough, after informing the GP that it was intentional and not a mistake, he insisted I no longer needed the blood test, informed me that I was depressed, and tried to send me packing with two months' worth of anti-depressant pills. After a few deep breaths I informed the GP of my higher education training and background, illustrated my mental health literacy by discussing how the criteria of depression did not align with my experiences, and that I know my body well enough to recognise when I am experiencing symptoms of low iron, as it was a common factor of my medical history. YET

STILL, the GP insisted he knew best, that I was depressed, and that at times, “*you sometimes need an outside source to recognise it for you*”.

Their original assumptions were based purely on their read of my appearance. The additional actions that took place after I provided more information may be reflective of common power dynamics that take shape when naive individuals encounter historically oppressed populations, not understanding how their mansplaining (Dular, 2021) and inherent privilege is influencing their practice to be highly unethical and very racist. I do at this point need to acknowledge my white passing privilege that I hold as a fair-skinned Aboriginal person, however, my Blak spirit wears that scar.

4.4.2 Systems Level Racism

Systemic and structural racism refer to the deeply embedded patterns of inequality that shape societies, disadvantaging certain racial groups through interconnected policies, practices, and cultural norms (Banaji et al., 2021). Systemic and structural racism operate at a societal level, often unnoticed and unchallenged by members of the dominant race that these systems privilege (Pease, 2021), as they are entwined into foundational aspects of society, including education, healthcare, housing, and the justice system.

Systemic racism refers to the entrenched policies, practices, and institutional structures that perpetuate racial inequality and discrimination across various societal domains, such as education, healthcare, criminal justice, and employment (Banaji et al., 2021). Unlike overt acts of individual racism, systemic racism operates subtly and often invisibly within the foundation of institutions, maintaining the dominance of one racial group while marginalising others (Banaji et al., 2021). Although systemic and individualised racism operate in diverse ways, through a CRT (Chapter 2) lens, due to the deeply embedded racism in the societal structures and systems, it

contributes to the individual, internalising the racism and contributes to deeper feelings of oppression (Delgado & Stefancic, 2017). Gee and Ford (2011) also posited that systemic racism is a macro-level mechanism that operates independent of individuals intentions and actions, therefore, even if individual racism is not experienced, the adverse conditions and inequalities for racial minorities may continue to exist.

Systemic racism manifests in unequal access to resources, disparities in outcomes, and the ongoing disadvantage of racialised groups (Banaji et al., 2021). As emphasised in Section 2.2, for Aboriginal and Torres Strait Islander peoples, systemic racism is deeply rooted in the legacy of colonisation, often resulting in persistent social and economic inequalities, as well as poor health and educational outcomes (Macedo et al., 2019). This form of racism continues to shape the lived experiences of Indigenous peoples, contributing to cycles of intergenerational disadvantage and reinforcing structural barriers to equality and self-determination (Atkinson, 2013).

In contrast, structural racism refers to the way in which society's foundational systems (e.g., economy, legal, healthcare, and education systems) are structured to disadvantage certain racial groups (Churchwell et al., 2020). This form of racism is entrenched in the very foundation of society, creating and perpetuating racial inequality even without overtly racist actions (Churchwell et al., 2020). Structural racism operates on a broad scale, often through historical legacies (e.g., colonialism, slavery) and deeply ingrained disparities in wealth, power, and access to resources (Churchwell et al., 2020).

The devastating effects of systemic and structural racism on Aboriginal and Torres Strait Islander people has also been empirically explored. Dury and Thompson (2012) investigated experiences of racism within healthcare settings. They discuss how Aboriginal patients often

face race-based discrimination from healthcare providers, which not only compromises the quality of care they receive but also contributes to feelings of mistrust, alienation and anxiety (Dury & Thompson, 2012). This distrust can delay or prevent access to necessary mental health services, exacerbating existing conditions.

The biggest perpetrator of systemic racism from my experiences is the educational system through a combination of exclusionary policies, practices, and cultural disregard that maintain inequalities and continue the legacy of colonisation in Australia. For example, The Australian educational curriculum remains largely Eurocentric, focusing predominantly on Western history, values, and knowledge systems, while marginalising or removing Indigenous knowledges, languages, and histories. Additionally, standardised testing, Western pedagogical methods, and strict behavioural codes often clash with Indigenous ways of knowing, learning, and communicating (Castagno & Brayboy, 2008). Furthermore, there is a significant underrepresentation of Aboriginal and Torres Strait Islander teachers and administrators in Australian schools (DiGregorio et al., 2000; Lampert & Bruce, 2012; Nakata, 2004; Price, 2016; Trudgett, 2011). This lack of Indigenous role models and leadership in educational spaces reinforces systemic inequalities as Aboriginal and Torres Strait Islander students are less likely to see cultures and experiences reflected in those in positions of authority (Buckskin, 2012; DiGregorio et al., 2000; Price, 2012).

Institutional racism is embedded in, and reinforced by educational policies and practices as Aboriginal and Torres Strait Islander communities are often excluded from decision-making processes that affect the education of our children (Riley, 2019). Education policies and school curricula are frequently developed without meaningful consultation or involvement of Indigenous voices, resulting in policies that do not meet the specific needs of Aboriginal and

Torres Strait Islander students (Maxwell et al., 2018; Moodie et al., 2021). This exclusion contributes to systemic violence by denying Indigenous communities the agency to shape the educational system that reflects our values, histories, and future aspirations.

The educational system in Australia is historically linked to the Stolen Generations (Section 2.2), and the trauma from these policies continues to impact Indigenous communities, and for many, schools remain a symbol of colonial oppression (Brown, 2019).

This intergenerational trauma contributes to the maintenance of cycles of disadvantage experienced by Aboriginal and Torres Strait Islander people (Atkinson, 2002; Menzies, 2019). With many Aboriginal and Torres Strait Islander students and families continue to experience mistrust and disengagement from formal education due to its historical role in cultural genocide (Brown, 2019).

Aboriginal and Torres Strait Islander students in Australia are also disproportionately impacted by the ‘*school-to-prison pipeline*’, a phenomenon where marginalised students are funnelled out of schools and into the criminal justice system (Heitzeg, 2023). The over-disciplining of Aboriginal and Torres Strait Islander students, coupled with their higher rates of suspension and expulsion, contributes to higher dropout rates, and increases the likelihood of involvement with the criminal justice system (Graham et al., 2023; Lazaro, 2022; O’Brien, 2019; Schiff, 2018). This systemic racism reflects how educational institutions, rather than fostering success and growth, can perpetuate cycles of disadvantage and criminalisation for Aboriginal and Torres Strait Islander students, limiting opportunities, and reinforcing cultural disconnection.

4.4.2.1 Deficit Model Thinking

Applying a deficit model of thinking to Aboriginal and Torres Strait Islander populations is unfortunately having devastating impacts on our identity and to our overall SEWB. Deficit

discourses are commonly placed within Australian society often labelling Aboriginal and Torres Strait Islander peoples as inherently lacking, and wanting, which reinforces negative stereotypes and reduces individuals to problems that need to be fixed (Paradies, 2016). These stereotypes contribute to ongoing discrimination and racism, both at an individual level and within institutions, leading to further marginalisation of Aboriginal and Torres Strait Islander peoples (Moreton-Robinson, 2004). Deficit discourses also disempower mob by portraying us as passive recipients of aid rather than active agents of change (Rigney, 2001). This undermines efforts toward self-determination and community-led initiatives which are central to our community values and Indigenous governance framework (Rigney, 2001; Smith, 1999). When communities are viewed through a deficit lens, the ability to define our futures and address issues on our terms is compromised, leading to top-down and ineffective interventions and the maintenance of mental health problems (Smith, 1999).

Constant exposure to deficit discourses can lead Aboriginal and Torres Strait Islander peoples to internalise the negative perceptions, often resulting in lower self-esteem, decreased motivation, and additional mental health challenges (Dudgeon et al., 2014). This internalised racism (Section 4.4.1) contributes to the cycle of disadvantage, where Indigenous individuals feel less capable of achieving success or breaking free from systemic barriers (Swan & Raphael, 1995). By focusing only on deficits, these discourses ignore the strengths, knowledge, and contributions of Aboriginal and Torres Strait Islander culture and people to Australian society. This can lead to a skewed understanding of our role and potential within Australia (Fredericks & Anderson, 2013). This intentional omission attempts to erase Aboriginal and Torres Strait Islander culture, knowledge, and achievements from public consciousness and policy

discussions, further contributing to the narrative that our culture is problematic, while dismissing the colonial contributions (Sherwood, 2013).

Deficit discourses tend to blame Indigenous individuals for the circumstances rather than acknowledging the historical and ongoing systemic factors that contribute to inequality, such as colonisation, dispossession, and institutional racism (Walter & Anderson, 2013). This approach shifts the focus away from necessary systemic changes. Instead, it places undue responsibility on Aboriginal people to overcome challenges created by external forces such as racism and bias (Zubrick et al., 2010). While there is a strong body of evidence that supports the causal relationship between negative mental health outcomes, and colonisation (Das et al., 2018; Dury & Thompson, 2012; Ferdinand et al., 2013; Moodley & Lee, 2020; Paradies et al., 2008). The Australia media contributes to the deficit discourse constantly sharing biased representations of Aboriginal and Torres Strait Islander peoples trying hard to attribute our adverse experiences to our membership within the marginalised community, while ignoring external factors. Examples of this have been provided in Section 4.4 (p. 79).

4.4.2.2 Biases

Bias against Aboriginal and Torres Strait Islander people is a current issue that are present across many areas of life, including healthcare, education, and broader societal interactions. Empirical study 3 in Chapter 13 identified many forms of biases within the participants responses which is and disappointing. Study 3 (Chapter 13) attributed these findings to the long-standing colonial construction of Aboriginal people, defined and constrained by non-Indigenous perspectives and institutions.

Watego (2021) emphasises that such constructions can lead to a limited, stereotyped, or pathologised view of Aboriginal identity, which ultimately serves the interests of settler colonial

power structures rather than Indigenous communities. She contends that these imposed identities often frame Aboriginal people as in need of saving, which in turn reinforces systemic inequalities and obscures the diverse, dynamic nature of Indigenous identities (Watego, 2021). Unfortunately, this is another shared experience by minority groups and further reinforced for colonially oppressed groups. Among other things this bias demonstrates one role in which violence is enacted upon marginalised groups (Dodson, 2017), therefore, violence needs to be explored in greater depth.

4.5 The Diverse Roles of Violence within Aboriginal and Torres Strait Islander Communities

The term ‘violence’ can be understood and used diversely depending on the context. The violence experienced by Aboriginal and Torres Strait Islander peoples must be understood within the context of colonisation (Section 2.2) and its ongoing impacts (Chapter 3). For many Aboriginal and Torres Strait Islander peoples the violence perpetuated through the processors of colonisation has normalised the internalisation of negative experiences including pain, shame, dysfunction and chaos which is commonly categorised under the umbrella term of trauma (Section 9.4.1; Bullen et al., 2023). These experiences and behaviours have been passed on through generations, which has resulted in many people experiencing intergenerational trauma (Section 9.4.1.1). This historical context is crucial for understanding the various forms of violence at the systemic, organisational, and individual levels that continue to impact Aboriginal and Torres Strait Islander peoples and communities today.

4.5.1 Systems Level Violence Toward Aboriginal and Torres Strait Islander Peoples and Communities

As discussed, in Chapters 2 and 3, systems level violence in settler colonial societies is not incidental, rather, it is upheld by self-perpetuating systems of oppression that contributes to pronounced health disparities among marginalised populations including Aboriginal and Torres Strait Islander communities (Ruiz, 2024). Structural violence and systemic violence are related concepts, and are closely linked Structural and systemic racism (Section 4.4.2), however with the main difference being the element of race. Systemic and structural racism are rooted in race-based discrimination, whereas, systemic and structural violence is more broad in their scope, as they perpetuate harm toward all marginalised groups (e.g., gender, race, class). Structural violence considers how the systems are structured to perpetuate harm onto a marginalised group, whereas systemic violence operates most proficiently at the intersection of factors to create further disadvantage (Ruiz, 2023).

4.5.1.1 Intersectionality of Systemic Violence

Intersectionality in Aboriginal and Torres Strait Islander communities is a critical framework for understanding the complex layers of overlapping forms of discrimination and marginalisation that Aboriginal and Torres Strait Islander peoples and communities disproportionately face (Victorian Government, 2023). Intersectionality describes “*the ways in which different aspects of a person’s identity can expose them to overlapping forms of discrimination or marginalisation*” (Victorian Government, 2021). The intersection of colonisation (Section 2.2), racism (Section 4.4), and gender-based violence (Section 4.5.1.2) creates unique experiences of oppression for Indigenous peoples, particularly women. The impacts of these intersecting forms of discrimination cannot be fully understood by examining

each factor in isolation or examination alone. I hold the opinion that it is the lived experience of individuals and communities in these spaces that creates a knowing.

There are several intersections that occur within the Aboriginal and Torres Strait Islander context. For example, in sovereignty and land rights, an intersectional approach must acknowledge Australia's colonial history and the ongoing resistance toward Aboriginal land sovereignty (Osborne et al., 2019). When considering accessibility, intersectionality affects access to vital services, including health care, education, and legal support (Collings et al., 2017). Additionally, within the workplace, Aboriginal and Torres Strait Islander employees, especially women, experience high rates of sexual harassment and discrimination in the workplace (Victorian Government, 2023). Indigenous women, particularly mothers and carers, also face additional marginalisation due to their high levels of caring responsibilities (Victorian Government, 2023). Intersectional discrimination is also suggested to be a major driver of violence against Indigenous women and girls (Victorian Government, 2023). Given the increased risk of experiencing violence that Aboriginal female have, it is important to now look at gender-based violence and sexism against Aboriginal and Torres Strait Islander women more closely.

4.5.1.2 Gender-Based Violence and Sexism

Aboriginal and Torres Strait Islander women face unique challenges due to the intersection of gender discrimination and racial oppression (Osborne et al., 2019). Gender-based violence against Aboriginal and Torres Strait Islander women is a severe issue, characterised by disproportionately high rates of violence compared to non-Indigenous women (Keddie et al., 2021). In fact, we are suggested to be up to 35 times more likely to experience domestic and family violence, 32 times more likely to be hospitalised for injury associated with violence, and

8 times more likely to be victims of homicide than non-Indigenous women in Australia (Victorian Government, 2023).

Boxall and Morgan (2021) further explored trends and issues of violence against Aboriginal and Torres Strait Islander women through a crime and criminal justice lens during the COVID-19 pandemic. Logistic regression modelling revealed that Aboriginal and Torres Strait Islander women were more likely to experience physical and sexual violence and coercive control (Boxall & Morgan, 2021). Fear of further exclusion or isolation, retaliation, or being misunderstood have been suggested as possible prevention mechanisms for women stopping them from reaching out for support within their community or from external services (Fiolet et al., 2021; Woods, 2018). These forms of violence contribute to a cycle of control and trauma that is difficult to break, particularly in the context of systemic oppression, like that experienced by Aboriginal and Torres Strait Islander populations (Boxall & Morgan, 2021).

Coercive control was identified by Boxall and Morgan (2021) as something the Aboriginal and Torres Strait Islander women are at increased risk of experiencing. Coercive control refers to a pattern of behaviours used to dominate and manipulate someone, limiting their autonomy and freedom (Otter et al., 2022). In the context of Aboriginal women, coercive control occurs at the intersection of many factors such as genders and race, often compounding the effects of broader systemic oppression (Hocking, 2022). The psychological toll of being targeted by violence can be particularly devastating for women who are already dealing with the effects of systemic racism, sexism, and intergenerational trauma, which ironically often increases the likelihood that we will experience coercive control (Boxall & Morgan, 2021).

Otter and colleagues (2022) published a parliamentary research paper exploring coercive control. In a discussion about criminalising coercive control, the research paper had a specific

section that discussed the disproportional impact of coercive control on Aboriginal and Torres Strait Islander peoples (Otter et al., 2022, p, 16). They highlighted the Victorian Aboriginal Legal Services (VALS; 2022) stance that criminalising coercive control, as bringing a “*new source of harm to the Aboriginal community*” (Otter et al., 2022). However, they failed to acknowledge how colonisation has impacted the disproportionate rates in which Aboriginal and Torres Strait Islander women experience coercive control. This inference as a standalone has multiple implications and therefore, the ambiguity and missing context can be problematic.

The following paragraph in Otter and colleagues (2022) moved on to quote Annmarie Lumsden, a non-Indigenous woman who was the director of Legal Aid New South Wales at the time. She said; ‘*It’s almost certain that if a stand-alone offence is implemented, there will be a further significant impact on the rate of incarceration of Aboriginal and Torres Strait Islander people*’ (Dudley, 2021, cited in Otter et al., 2022). This sentiment positions Lumsden to be making an assumption that the Aboriginal and Torres Strait Islander women are experiencing coercive control at the hands of Aboriginal and Torres Strait Islander men. While this may be in part accurate for some peoples, recent census data reveals 18.4% of Aboriginal and Torres Strait Islander peoples were in relationships where both partners identified as Aboriginal and Torres Strait Islander (ABS, 2021). However, the research paper does not report these statistics. Rather it seems to try and add weight to their position through the strategic placement of the VALS statements out of the original context.

This strategic representation of information is commonplace in controversial discussion. By Otter et al., (2022) formatting their research paper in this way, they draw the reader into thinking that “*Indigenous advocacy organisations*” (p. 16), such as VALS support the racist notions later described by Lumsden. It is true, Aboriginal coercive control impacts First Nations

peoples at a disproportionate rate. However, according to the Australian Bureau of Statistics (ABS; 2018), approximately 78% of Indigenous Australians reported to be in a relationship with a non-Indigenous partner in 2016. This should not be surprising given that the abusers often exploit vulnerabilities to exert further dominance (Woodlock et al., 2020) and Aboriginal men can be equally vulnerable. The white supremacy hierarchy enforced by colonisation contributes to Aboriginal women's increased vulnerability to experiencing coercive control. Might be time to look in someone else's backyard for a change.

Unsurprisingly, Davis & Buxton-Namisnyk (2021), reported that Aboriginal women's experiences and voices in the coercive control discourse are almost entirely absent. The truth-telling that is occurring across the country, has reinforced the important contributions towards healing and solutions for Aboriginal and Torres Strait Islander peoples that can come from sharing our stories (see, Andersen et al., 2017; Black et al., 2019; 2024; Marchetti & Nicholson, 2020; Tujague & Ryan, 2023). However, the racism and violence in Australia toward Aboriginal and Torres Strait Islander peoples maintains the dominance of colony, regulating us again to the margins.

4.5.1.3 Violence by Aboriginal and Torres Strait Island Peoples

Violence has been reported more frequently to be used upon marginalised communities. Therefore, it is unsurprising that violence commonly shows up in marginalised communities. This is true for some Aboriginal and Torres Strait Islander communities also. However, the misrepresentation of Aboriginal and Torres Strait Islander peoples and communities by the Australian media (a type of violence in its own right), positions Aboriginal and Torres Strait Islander people within the context of settler colonial narratives that frame Indigenous violence in reductive or stereotypical terms (Watego, 2021).

Chapter 2 highlights the historical weaponsising, of European colonisers accounts of Aboriginal violence which has been used in an attempt justify the land dispossession, forced assimilation, and ongoing state control. These narratives ignore the impact of colonisation itself, which introduced structural violence, displacement, and intergenerational trauma (Section 9.4.1.1) into Aboriginal communities (Menzies, 2019).

Indigenous scholars, activists, and community members have pointed out that viewing violence solely within Indigenous communities overlooks the broader context in which this violence occurs (Cunneen, 2020; Dudgeon et al., 2010; Rees et al., 2004). Violence within Aboriginal and Torres Strait Islander communities can be partially understood as a response to intergenerational trauma (Section 9.4.1.1; Menzies, 2019) and the compounded effects of structural inequities, such as economic marginalisation, inadequate housing, and lack of access to culturally safe and responsive healthcare and education (Menzies & McNamara, 2019; Smallwood et al., 2021). These systemic factors can create environments of stress and deprivation that can exacerbate interpersonal conflicts and contribute to cycles of violence (Foster & Brooks-Gunn, 2009). Further, colonial policies, such as the forced removal of children and the criminalisation of cultural practices, have disrupted traditional family structures, kinship networks, and community governance systems that serve as protective factors against violence (Gee, 2016; Raphael et al., 1998; Taylor et al., 2003; Tulich et al., 2020). Consequently, violence within Indigenous communities cannot, and should not be separated from the historical and ongoing impacts of colonisation.

Recognising the agency, strength, and resistance that Aboriginal and Torres Strait Islander peoples demonstrate in confronting and transforming these legacies of violence is necessary. Violence is not an inherent feature of Aboriginal and Torres Strait Islander

communities but rather a symptom of structural injustices and historical trauma, despite the Australian media's efforts to convince their audience (see, Cannon, 2018; McQuire, 2024; Moses, 2024). Acknowledging this complexity enables a more nuanced understanding of the barriers that Aboriginal and Torres Strait Islander experience that start in our early years and contribute to the development of our identity. Aboriginal and Torres Strait Islander peoples start to interact with systems, at a young age and these have impacts on our conceptualisation of ourselves and will now be explored in more depth.

4.6 Aboriginal and Torres Strait Islander Youth Identity

The formation of Aboriginal identity has been the focus of this chapter as it is crucial to understand the standpoint and differences experienced by Aboriginal clients when working together. Identity formation for Aboriginal youth is complex, involving negotiation between traditional cultural identity and mainstream Australian society (Bolt, 2009; Brough et al., 2006; Clark, 2000). Positive cultural connection and ethnic-racial identity can be protective factors (Bolt, 2009). The following sections weave discussions of Aboriginal youth identity into developmental milestones, attachment, and the impact of schooling years, incorporating theories such as Erikson's (1950) Stages of Psychosocial Development, Bowlby's (1969) Attachment theory, and Ainsworth's (1969) Attachment styles. The final element ties all of these discussion topics together to inform an exploration of child protection and removal to further illustrate a systemic challenge impact the Aboriginal youth's identity formation.

4.6.1 Developmental Milestones

Erikson's (1950) Stages of Psychosocial Development is one of the dominant developmental theories that built upon Freud's (1943) psychosexual development theory drawing similarities between the childhood comparisons, however extending upon it to include social

influences and how they develop into adulthood. Erikson (1950) posited eight stages (trust vs. mistrust; autonomy vs. shame and doubt; initiative vs. guilt, industry vs. inferiority, identity vs. role confusion; intimacy vs. isolation; generativity vs. stagnation; integrity vs. despair) across the lifespan represented by an approximate age range.

Erikson's (1950) stages of psychosocial development provide a useful framework for understanding identity formation but require careful consideration when applied to Aboriginal children due to our cultural differences. For example, the first stage of 'Trust vs. Mistrust' suggested to develop between birth and 18 months old posits during this time the child is learning to develop trust, usually with their main caregiver/s (Erikson, 1950). However, for Aboriginal infants, developing trust extends beyond just parents to the wider kinship network and community (Dudgeon & Bray, 2019). The collective caregiving approach in many Aboriginal cultures means trust is built through multiple relationships (Cunha, 2015; Kruske et al., 2012; Westerman, 2006). Additionally, the next stage 'Autonomy vs. Shame/Doubt' supposedly developing between the ages of 18 months to 3 years old, suggested that during this stage the child focuses in developing a better sense of self-control (Erikson, 1950). In comparison to western parentings norms, 'traditional' Aboriginal parenting practices often encouraged early independence, however, due to the experiences of systemic racism (Section 4.4.2) and intergenerational trauma (Section 9.4.1.1) some parents and caregivers' ability to provide consistent support for autonomy development has been impacted (Kruske et al., 2012; Westerman, 2006).

Erickson's (1950) proposed third stage 'Initiative vs. Guilt' reported to occur during the preschool years between the ages of 3 to 5 years old suggests children begin to develop power and control over their world through guiding play and directing social interactions. Cave et al.,

(2019) access data from The Longitudinal Study of Indigenous Children to explore periods of greater vulnerability to racism in 1750 Aboriginal children. Cave et al., (2019) reported first exposure to racism between ages of 4 and 5 increased the likelihood of Indigenous children experiencing negative mental health effects. Therefore, Aboriginal children may face challenges in developing initiative if exposed to racism or discrimination at an early age.

Research on Aboriginal children in Canada found they often achieve developmental milestones at different times compared to non-Aboriginal children (Findlay et al., 2014). Findlay and colleagues (2014) posed that development milestone may be influenced by social or cultural factors. To examine this, they analysed the development domains, sociodemographic, and health predictors for developmental delay data collected during the Aboriginal Children's Survey in 2006 (Findlay et al., 2014). The findings revealed Aboriginal children typically achieved gross motor and self-help milestones earlier, while language skills developed slightly later (Findlay et al., 2014). These results are unsurprising given the common differences in parenting styles that occur within some Aboriginal communities.

Moreover, the analysis illustrated health indicators (e.g., low birth weight, chronic health conditions) were associated with delayed achievement of developmental milestones even after sociodemographic characteristics were considered (Findlay et al., 2014). This highlights the importance of establishing culturally specific norms and standards rather than relying on those derived from general populations. The concept of Ethnic and Racial Identity (ERI) suggests the construction of an ethnic or racial identity is important as it influences normative development and promote positive youth identities (e.g., Neblett et al., 2012; Rivas-Drake et al., 2014; Williams et al., 2012). A meta-analysis conducted by Smith and Silva (2011) revealed an achieved, positive ethnic identity is positively associated with self-esteem, as well as negatively

associated with experiencing depressive symptoms among ethnic minority individuals. Furthermore, some components of an ERI have been found to buffer the consequences of experiencing adverse life events, such as racial and ethnic discrimination on internalising symptoms (Galliher et al., 2011; Rivas-Drake et al., 2008, 2014; Sellers et al., 2006). Links between ERI and psychosocial, academic, and health risk outcomes among ethnic minority have been found, however, the benefit of individuals establishing an ERI is mixed dependent on cultural background (Rivas-Drake et al., 2014), and this concept has not been explored in an Aboriginal Australian context.

The relationship between developmental milestones and attachment styles is particularly significant for Aboriginal children, as these early life experiences are deeply influenced by cultural practices, family dynamics, and community involvement (Kruske et al., 2012; Westerman, 2006). Understanding how attachment styles shape a child's emotional, social, and cognitive development can provide valuable insight into how the children meet developmental milestones, while also recognising the importance of culturally safe and supportive environments that honor Indigenous parenting practices.

4.6.2 Indigenous Attachment

Attachment theory (Bowlby 1969) has been a cornerstone in understanding parent-child relationships, it posits the importances of forming bonds between children and their primary caregivers. Ainsworth expanded upon this theory and found four common attachments styles (secure, anxious, avoidant, and disorganised) that typically developed based on early interactions with caregivers, individuals develop different attachment styles (Ainsworth, 1969; Ainsworth & Bell, 1970). Bowlby (1969) guided by evolutionary theories proposed that attachment behaviours develop to enhance the survival of infants. The quality of early attachment relationships is

suggested to influence social, emotional, and cognitive development. A secure attachment style being associated with positive outcomes (see, Homan, 2018; Karreman & Vingerhoets, 2012; Kim et al., 2021; Schiffrin, 2014), and insecure attachments styles (anxious, avoidant, and disorganised) suggested to correlate with development challenges (see Davies et al., 2009; Davila et al., 1997; Kim et al., 2021; Levy et al., 2011).

Traditional attachment theory, rooted in Eurocentric perspectives, has been criticised for failing to capture the unique dynamics of cultures (Choate et al., 2020). Aboriginal culture is often rooted in community and kinship ties compared to the Western culture of individualism. therefore, it may be possible that Aboriginal children should be categorised differently based on Ainsworth's attachment classification (Choate & Tortorelli, 2022; Mesman et al., 2018). In Aboriginal cultures relationships with our kin and community often provides a sense of belonging and strong foundation for our identity formation (Davis, 2019). However, Western systems omit the protective factors that culture provides for Aboriginal peoples, often appraising our cultural parenting differences as deficits, which has significant implications for child removals (Choate & Tortorelli, 2022; Murrup-stewart et al., 2021).

A deadly researcher and my Tidda, Nikia Bailey (a Ngarrindjeri woman) and psychology her master thesis supervisor Yvonne Clark (a Kokatha and Wirangu woman) interviewed eight Aboriginal and non-Aboriginal mental health professionals with extensive experience working with Aboriginal families on bonding and attachment (Bailey & Clark, 2024). Utilising a yarning method and inductive thematic analysis Bailey and Clark (2024) identified six response patterns that highlighted several key cultural factors influencing attachment in Aboriginal families (Bailey & Clark, 2024). For starters, the legacy of colonisation and forced removals has profoundly impacted Aboriginal family structures and attachment patterns (Bailey & Clark,

2024). Aboriginal communities often emphasise collective caregiving, where multiple family members and community members play significant roles in a child's upbringing (Bailey & Clark, 2024). Moreover, the bond with the land is integral to Aboriginal identity and attachment with the connection reinforcing a sense of belonging and security (Bailey & Clark, 2024), however, this does not seem to be considered in the attachment theory literature. Bailey and Clark (2024) conclude by advocating for self-determination to be provided to Aboriginal families by empowering us to define our own attachment practices and parenting styles, suggesting this to be crucial for us to continue to heal for the impacts of colonisation and fostering healthy attachment relationships.

4.6.3 Impacts of Early Interactions with the Education Systems

To explore Aboriginal youth's identity, this section will build upon the example of education provided in the previous section to demonstrate systemic barriers, as well as drawing upon other experiences such as racism, and types of violence to explore the impact it has on Aboriginal and Torres Strait Islander wellbeing, and identity formation in earlier years. It is mandated for young people in Australia to attend school and get an education, generally until the completion of year 10 (Australian Institute of Health and Welfare, 2023). However, there may be slight differences between states and territories. As discussed previously (Section 3.3.1) the education system perpetuates systemic violence through their exclusionary policies, practices, and cultural disregard. Aboriginal and Torres Strait Islander youth may also experience several forms of peer violence during their schooling career (Young et al., 2024).

Racism remains a significant issue for Aboriginal and Torres Strait Islander youth. Macedo and colleagues (2019) noted that experiences of racism for Aboriginal people begin in childhood, especially during their schooling. The frequent encounters with racism, negatively

impacts the school experience and overall wellbeing for young mob (Moodie et al., 2019). Furthermore, these negative experiences may be reinforced by the Western school systems, creating a disconnect for Aboriginal and Torres Strait Islander students, as we can struggle to see ourselves or our cultures reflected in the content being taught. Indigenous students who do not conform to these Western standards may be labelled as disruptive or disengaged, leading to higher suspension and expulsion rates (Graham et al., 2023).

This erasure can lead to a lack of engagement with education, which can have a ripple effect contributing to lower retention and achievement rates (Fry, 2020). As well as contribute towards feelings of alienation and oppression (Bradfield, 2024; et al., 2023). A study by Riley and Ungerleider (2012) showed that Aboriginal students in Canada often faced lower expectations from teachers and administrators, who may unconsciously (or consciously) perpetuate stereotypes of academic inferiority applying deficit discourses (Section 4.4.2.1). This led to a ‘self-fulfilling prophecy’ where Aboriginal students internalised these low expectations, further contributing to academic underachievement (Riley and Ungerleider (2012). Negative experiences and feelings for our young people during their schooling careers, can have many negative impacts as they continue to develop (Quinn, 2019).

Referring back to Erikson's (1950) Stages of Psychosocial Development theory, during the school years youth development stages fall typically within the ‘Industry vs. Inferiority’ (ages 5-12) and ‘Identity vs. Role Confusion’ (ages 12-18) stages (Erikson, 1950). During ‘Industry vs. Inferiority’ that should occur between 5 and 12 years of age children develop a sense of competence through mastering skills (Erikson, 1950). Children as young as 8-12 years are aware of racist acts and their impacts (Waxman, 2021), therefore, this is a critical period where experiences of racism can significantly impact Aboriginal children's sense of competence

and self-worth. Similarly, stage five, 'Identity vs. Role Confusion' is a critical period as it is when children form their identity by exploring various roles and beliefs. Adolescents typically occupy this stage between the ages of 12 to 18 years old (Erikson, 1950) and can be very challenging for Aboriginal people to navigate, with competing ideals attempting to be integrated into their identity (Brown & Shay, 2021).

The importance of Erikson's fifth stage 'Identity vs. Role Confusion' feels particularly for Aboriginal young people, as identity has been a constant consideration during my research, my professional practice, my lived experiences, and my yarns with mob. Therefore, it feels necessary to facilitate a deeper conversation that highlights how protective Aboriginal culture can be for us during this phase as well as all the others. Aboriginal youth often face racism and discrimination during their schooling journey, which can negatively impact their identity formation. Priest et al. (2016) found that experiences of racism were associated with increased emotional and behavioural difficulties in Aboriginal children. Aboriginal youth in urban areas may face additional challenges in forming their identity as urban-based Aboriginal people are often subjected to more instances of racism, marginalisation, and disadvantage (Bolt, 2009).

The historical trauma from racist policies like forced child removal were introduced in Section 2.2, and will be discussed further in Section 4.5.4 and 9.4.1. However, the effects on identity formation across generations, needs to be highlighted as it significantly contributes to our wellbeing (Smallwood et al., 2021). Smallwood (2023) reported "*young peoples' experiences of identity are varied, fluid, ever-changing, and highly dependent on their experiences within various spaces. These experiences potentially strengthened or unsettled young peoples' identities, creating both strength and disruption socially*" (p. 3). When considering the previous

definition and applying the events that continue alongside colonisation in Australia, the strength of the Aboriginal communities to be continuing cultural practices is spot-lighted.

The ERI that was previously introduced and discussed in Section 4.5.1 is particularly relevant during the adolescence stages of identity formation. Theories posit the particular importance of adolescence in the construction of ERIs, as the life stage is associated with increased experiences of discrimination (Greene et al., 2006) and improvements in social perspective-taking abilities (Quintana, 1994, 1998) during this period of life. Schools that are culturally safe and inclusive educational environments can support positive identity development for Aboriginal youth (Bennie et al., 2021; Cerna et al., 2021; Miller & Berger. 2020; Towl & Hemphill, 2020).

A strong sense of Aboriginal identity can act as a protective factor and is suggested to be crucial for positive identity development (Kickett-Tucker 2009; Manzini-Macedo, 2020). A study by Kickett-Tucker (2009) found that Aboriginal children who had a strong sense of their cultural identity reported higher self-esteem and resilience. Manzini-Macedo (2020) highlighted the importance of connection to community, kinship, and family respect for elders in promoting cultural identification emphasising the critical role extended family and community play in Aboriginal youth's identity development. Furthermore, an Australian Institute of Health and Welfare (2017) national survey showed that 53% of Indigenous youth (10-24 years) identified with an Aboriginal clan, tribal, or language group, and 69% reported involvement in cultural events highlighting engagement with Aboriginal languages and cultural practices is an important aspect for us as that we prioritise as it guides our identity formation.

The discussion in Section 3.4.1 toward increasing belonging in psychology higher education, has similar implication for Aboriginal youth in primary and high school. Without

adequate representation and meaningful engagement with Aboriginal peoples and culture within the educational institutes, the systemic cycle of disconnection from education will be perpetuated. Shay and Wickes (2017) and advocate for the need to build strong, supportive relationships between educators and peers is crucial, as when students feel understood and supported, they are more likely to thrive. However, many teachers feel they lack adequate training to effectively incorporate Indigenous perspectives into their classrooms (Moodie et al., 2019). So, the question remains, how are educators going to create a supportive environment holding space for Aboriginal cultures with teachers feeling inadequately trained to incorporate that support in the classroom. When taken together, these findings suggest that the discrimination during formative schooling years disrupts Erikson's developmental stages. This disruption underscore the critical need for interventions that promote cultural safety and positive identity development for Aboriginal Australian children in educational settings.

4.6.4 Aboriginal and Torres Strait Islander Child Removal

With the limited data on the universal applicability of attachment theory, and observational differences in our cultural attachment, and child-rearing styles it is unclear as to why standardised Western metrics and frameworks are being utilised to determine what 'good' parenting looks like (Westerman, 2022). Child protection services continue the systemic destruction of parenting and kinship bonds by rejecting the evidence of inherent bias in Western assessments which in turn wrongly appraises culturally different parenting skills as insufficient (Jenkins et al., 2019; Westerman, 2020). This is significantly contributing to Aboriginal Australian's experience child removals at a rate ten times that of non-Indigenous Australians (O'Donnell et al., 2019).

This over-representation originates in the forced removal of Aboriginal children from their families, which, history continues to illustrate is a significant determinant of intergenerational trauma (Atkinson, 2002; Bowlby, 1969; Westerman, 2003; Zubrick et al., 2005). The Stolen Generations discussed in Section 2.2 occurred to reinforce cultural superiority, appraising cultural parenting differences as deficits of forced cultural destruction resulting in the deterioration of cultural practices, core identity, language, and lore (Westerman, 2003). This is yet another example of the systemic violence that is perpetuated in Australia maintaining the status quo of Aboriginal disadvantage.

4. 7 Conclusion

The formation of Aboriginal identity has been the focus of this chapter as it is crucial to understand the standpoint of Aboriginal and Torres Strait Islander clients when working with us towards enhancing SEWB. The impact of colonialism extends beyond the colonial period, continuing to influence identities and cultural expressions in the postcolonial era (Stratton & Devadas, 2010). There are a range of influences that shape the development of Aboriginal identity (e.g., experiences of racism, oppression, intergenerational trauma) that start accumulating during childhood. Several systems (e.g., education, healthcare, child protection) and theories of development (e.g., attachment, stages of psychosocial development, ERI) emphasise the daily systemic violence Aboriginal people experience which accumulate to have detrimental impacts on our wellbeing. Addressing these challenges requires a culturally responsive community-led approach that builds the capacity of the systems workforces to recognise and respects 'traditional' Aboriginal ways and incorporate them into the respective fields that we engage with across our lifespan. This will create a safer learning environment for our Aboriginal youth. This in turn will likely improve educational and, mental health and

wellbeing outcomes, ultimately enhancing future opportunities and contributing to closing the gap.

Chapter 5: Australian Governments Initiatives Toward Equity for Aboriginal and Torres Strait Islander people

5.1 Chapter Guide

This section builds upon the previous discussions that explored how the processors of colonisation continue to disadvantage Aboriginal and Torres Strait Islander peoples to explore the Australian government's Closing the Gap initiative. Starting with an explanation of decolonisation, resistance, sovereignty and self-determination, and framing them as the necessary tools in Indigenous literature to progress towards equity. This is followed by an explanation of the Closing the Gap initiative, and a critical review of the development process, evaluations, and implementation strategies. Finally, the chapter wraps up with a discussion highlighting the limitations of the initiative including the considerations of social and cultural determinants of health, concluding with suggestions toward progress and meaningful change.

5.2 Aboriginal and Torres Strait Islander Responses and Resistance Toward Sovereignty

“Fuck hope. Be sovereign.” – Chelsea Watego (2021).

Decolonisation is an ongoing struggle characterised by an interactive and dynamic process aimed at disrupting the well-established social colonial structures and hierarchies that maintain marginalisation for the non-dominant ethnic groups and communities (Brockman & Dudgeon, 2020; Dudgeon & Walker, 2015; Smith, 2013). There is no one definition for decolonisation, therefore, for the purpose of this thesis it is defined as the release of a colony from the colonisers (dominating power), and is less commonly understood to be defined as the colonies gaining independence from the colonisers. The theoretical origin of decolonisation (decolonial theory) was introduced and discussed in Section 2.2.1, and the misappropriation within educational reform discourse was discussed in Study 3 (Chapter 13).

Decolonisation is often suggested to be the bridge between resistance, and Sovereignty (Sharma & Wright, 2008). Resistance to colonial rule and structures can be viewed as the first step in the process of decolonisation, with Sovereignty as the end goal (Clavé-Mercier, 2022). Resistance can take many forms, including political, cultural, and academic among others against colonial superiority so long as the resistance activities challenges the legitimacy and authority of colonial rule, aiming to disrupt and dismantle colonial structures and increase our agency (Dudgeon & Walker, 2015; Smith, 2013). Whereas Sovereignty along with self-determination is the ideal end-goal seeking to interrupt systems to reclaim self-determination, transform the contextual environment, and promote healing (Smith, 2013).

Self-determination for Aboriginal and Torres Strait Islander peoples has been suggested to be critical to any concept of Indigenous wellbeing and achievable through decolonisation of the current Western systems, institutions, structures, and policy that centre whiteness (Dudgeon, 2020). However, limiting our self-determination has been suggested to be a tool undermined by imperialism which is ongoingly reinforced by colonial processes, policies, and institutions (Brockman & Dudgeon, 2020). An example of this can be seen in the policies that ban or limit alcohol consumption in certain Aboriginal communities in an effort to address certain socio-economic gaps that are suggested to cause or correlate to adverse outcomes for Aboriginal peoples (Stearne et al., 2022). This enforced policy illustrates one way in which our human rights and self-determination are being dismissed.

Aboriginal self-determination may be enhanced if non-Indigenous Australians had a deeper understanding of the consequences of colonisation (Nelson, 2019). This may provide the Australian population with insights into an Indigenous standpoint. Indigenous scholars often advocate for the need for science, medicine, and healthcare systems and services to be viewed

from an Indigenous standpoint to address the consequences of colonisation which is yet to be done in any significant way (Brockman & Dudgeon, 2020). One way forward that may inform the non-Indigenous decisions makers of our systems and services is through the recognition of our Blak Intellectual Sovereignty.

5.2.1 Intellectual Sovereignty

For Indigenous peoples, sovereignty challenges the authority of settler colonial states and asserts our inherent control over traditional lands and resources, the right to self-govern and maintain distinct political and cultural identities (Ellasante, 2021). For Aboriginal peoples in Australia, sovereignty remains a more complex issue as political sovereignty is not possible, land sovereignty appears unconvincing, which leaves intellectually sovereignty as our best way forward (Moreton-Robinson, 2020; Peters, 2017). Intellectual sovereignty refers to the right and capacity of Indigenous peoples to control and protect our knowledges, cultural expressions, and intellectual property (Marrie, 2020). It encompasses the ownership of Indigenous knowledge (Section 3.3.3) and knowledge systems (Section 3.3.3.2), ensuring that these are not misappropriated, misinterpreted, or commodified by external colonial forces (Marrie, 2020).

Rigney's (2001) work on Indigenist research methodologies (Section 1.4) is foundational in framing the concept of intellectual sovereignty. He emphasises the importance of self-determination in research and the protection of Indigenous knowledge (Rigney, 2001). Rigney (2001) argues that Indigenous peoples must lead and control the research process to maintain intellectual sovereignty over our knowledges and experiences. Watego's work challenges the colonial structures within academia and research that continue to exploit Indigenous knowledge systems, advocating for Indigenist Health Humanities as it "*insists upon a foregrounding of Indigenous intellectual sovereignty to resist and remedy the prevailing racist research paradigms found across both health and humanities.*" (Watego et al., 2021, pp, 1). Watego

(2021) advocates for intellectual Sovereignty, urging Indigenous scholars to resist assimilation into Western frameworks and to assert their own ways of knowing and being. Common themes emerged from the Indigenous scholars emphasising the importance of self-determination and control over Indigenous knowledge production and dissemination, which are core principles of intellectual sovereignty.

This thesis aligns with the advocacy work within the field of intellectual sovereignty. Building upon the work of those who have come before, to take a deeper exploration into influence change within the higher education system which respectfully incorporates and translates the Indigenous knowledges that are determined by local the communities to be important in the teachings.

5.3 The Closing the Gap Government Initiative

“Australia's failure to close the gap is due to its inability to come to terms with its past.” - Megan Davis

In an effort to address the disadvantage that Aboriginal and Torres Strait Islander people's experiences at the hands of the colonisers, in 2007, the Council of Australian Governments committed to closing key gaps in outcomes between Indigenous and non-Indigenous Australians, then at the National Indigenous Health Equality Summit in 2008 saw the signing of the Close the Gap Statement of Intent by the government and opposition committing *‘to overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians’* (Human Rights Commission, 2008, Clause 15).

In 2020, a new National Agreement on Closing the Gap was established, developed in partnership between Australian governments and Aboriginal and Torres Strait Islander peak organisations. The new agreement focuses on four priority reforms, strengthening formal

partnerships and shared decision-making, building the Aboriginal and Torres Strait Islander community-controlled sector, transforming government organisations and improving data access and sharing (Productivity Commission, 2024, p. 4)

These priority reforms include 19 socio-economic targets across 17 outcome areas, covering aspects such as education, employment, health, and justice aim to change how governments work with Aboriginal and Torres Strait Islander people (NIAA, 2020). There is implementation, and monitoring plans that inform the Prime Ministers annual report to parliament (NIAA, 2020). The initiative involves significant government expenditure. Progress toward the Closing the Gap targets has been mixed. While some improvements have been observed in certain areas, significant challenges remain in achieving the desired outcomes (Productivity Commission, 2023; 2024). The two most recent progress reports released in July 2023 and 2024 provided a brief overview of the current tracking towards the 17 targeted outcomes (Productivity Commission, 2023; 2024). These are summarised in Table 5.1 below.

Table 5.1 Summary and Comparison of the Closing the Gap Initiative Progress Towards Targets From the Last Two Years According to the Productivity Commission (2023 & 2024).

Target Area	Target Subgroups and Outcome	Baseline Data (year of data)	Target Outcome 2023 (year of data)	Target Outcome 2024 (year of data)
Life Expectancy	Males	68.8 (2005)	71.6 years (born 2015-17)	71.9 (born 2020-22)
	Females	73.8 (2005)	75.6 years (born 2015-17)	75.6 (born 2020-22)
	Babies at healthy birth weight	88.8 (2017)	89.0% (2020)	89.6 (born 2021)
Education	Children enrolled in preschool	76.7% (2016)	99.2% (2022)	101.8% (2023)
	Children developmentally ready to commence school	35.2% (2018)	34.3% (2021)	34.3% (2021)
	Year 12 or equivalent aged 20-24	63.2 (2016)	68.1% (2021)	68.1% (2021)
	Tertiary qualification aged 25-35	52.2% (2016)	47% (2021)	47% (2021)
	Full engagement in employment, education, or training aged 15-24	57.2% (2016)	58% (2021)	58% (2021)
Employment	Employed people 25-64	51% (2016)	55.7% (2021)	55.7% (2021)
Housing	People living in appropriately sized housing	78.9% (2016)	81.4% (2020)	81.4% (2020)
	Household receiving essential services	N/A*	N/A*	N/A*
Incarceration	Adults in prison	2142.9 (2019)	2151.1 per 100k (2022)	2265.8 per 100k (2023)
	Young people in detention	32 (2018-19)	28.3 per 10k (2021-22)	29.8 per 10k (2022-23)
Family	Children in out-of-home care	54.2 (2019)	56.8 per 1k (2022)	57.2 per 1k (2023)

	Females who experienced physical or threatened violence	8.4% (2018-19)	8.4% (2018-19)	8.4% (2018-19)
	People committed suicide	25.1 (2018)	27.1 per 100k (2021)	29.9 per 100k (2022)
Country	Land area subject to people's rights or interests	3908387 km ² (2020)	4138356 km ² (2022)	4213978 km ² (2023)
	Sea Country subject to people's rights or interests	90252 km ² (2020)	91111 km ² (2022)	113461 km ² (2023)
Culture	Aboriginal languages spoken	123 (2018-19)	123 (2018-19)	123 (2018-19)
Access	People who accessed the internet in their home	73.5% (2014-15)	73.5% (2014-15)	73.5% (2014-15)

Note – years = average age in years, % = percentage of Indigenous population, km² = square kilometres

**Note – No baseline of assessment data available to track target progress*

***Note – Only baseline data available, no assessment data available to track target progress*

5.3.1 Monitoring Progress – Comparing the 2023 and 2024 reports

Overall, the 2023 report focused on compiling annual data to monitor progress towards the targets with priority reform emphasising the need for the Australian government to prioritise self-determination, accountability, and sharing the decision-making with Aboriginal and Torres Strait Islander peoples. The 2023 and 2024 reports provided data, however, there were still significant gaps in data collection and reporting, making it difficult to measure true progress (Productivity Commission, 2023; 2024). Further limitations included the lack of detailed strategies in place to achieve the acknowledged need for better implementation of priority reforms. Four key recommendations were given in 2023 due to the lack of progress and community feedback. The Recommendations were,

1. Share Power: Governments need to share decision-making power with Aboriginal and Torres Strait Islander communities.
2. Indigenous Data Sovereignty: Recognise and support the sovereignty of Indigenous data.
3. Rethink Government Systems: Fundamental rethinking of mainstream government systems and culture.

4. Stronger Accountability: Implement stronger accountability measures (Productivity Commission, 2024, pp. 7-10).

The 2024 report underscores the importance of aligning the initiative with the aforementioned recommendations, however, the government continues to face criticism for failing to fully comprehend the magnitude of the required changes and for misrepresenting routine actions as meaningful reforms (Productivity Commission, 2024). The report critiqued the persistent resistance within government systems to relinquish power and genuinely share decision-making with Indigenous communities. Moreover, it highlighted the necessity for a fundamental reimagining of government systems, this will be a complex and long-term undertaking that is not adequately supported by the current timeline (Productivity Commission, 2024).

5.3.2 Monitoring Progress – Socio-economic Outcomes

The 2023 and 2024 Productivity Commission Closing the Gap reports insights are summarised in the above table. Of the 17 socio-economic outcomes for Aboriginal and Torres Strait Islander peoples targeted in the initiative, only 10 had been updated with new data between reports, which is insufficient for a 12-month period. Notably the 11th outcome target, households receiving essential services has never had data collected to form the baseline monitor progress, and draw comparisons (Productivity Commission, 2023; 2024). Moreover, three of the targets in the access, culture, and family areas have never been compared to additional data over the years to monitor progress, and rather the baseline has been consistently reported. This is concerning as the annual report is now in the fourth iteration (Productivity Commission, 2023; 2024).

The inadequacies of the government’s processors continue to be seen when comparing the ten targets outcomes that have new data to track the progress. With only five (life

expectancies, education, and Country) of the ten outcomes tracking towards decreasing the inequities and one of the ten (female life expectancies) reporting no change after the new data was added to the calculations. What is of considerable concern are the four target outcomes that are worsening. Incarceration rates of both Aboriginal and Torres Strait Islander adults and children have increased since the previous year's report. Highlighting and increase of 114.7 per 10, 000 adults and 1.5 per 10, 000 children incarcerated in the previous year. Children in out of home care and suicide rates have also increased in the previous year by 0.4 per 1,000 and 2.8 per 100,000 respectively.

At the forefront of this thesis is Aboriginal and Torres Strait Islander SEWB. According to the SEWB model discussed in depth in Chapter 8, our wellbeing is considered holistic encompassing many factors that often lie outside of the Western medical model (Section 8.6). Therefore, arguably, many if not all these targets would be considered within the seven domains of the SEWB framework. However, according to the categorization of the 17 target areas into sub domains, the only indicator in the SEWB sub domain is the number of Aboriginal and Torres Strait Islander peoples that committed suicide (Productivity Commission, 2023; 2024). This is a clear example of the problematic nature of the closing the gap initiative, as well as most of the government initiatives that have come before, they are not underpinned by Indigenous frameworks, or worldviews. There will be no real change until the recommendations are actioned, and until Aboriginal and Torres Strait Islander peoples have self-determination and leadership over the initiatives that so strongly impact us. More limitations exist that are limiting the progress of this initiative and will now be discussed

5.3.3 Limitations of the Closing the Gap Initiative

While the initiative represented a crucial step towards acknowledging and addressing systemic inequities, several issues have arisen throughout the project, hindering its effectiveness and impact. One of the primary issues with the Closing the Gap initiative is the lack of meaningful Indigenous participation and engagement in the development and implementation of policies and programs (Australian Human Rights Commission, 2020). Despite the initiative's focus on Indigenous advancement, many Indigenous communities have felt marginalised in decision-making processes, resulting in initiatives that may not fully reflect the needs, aspirations, and cultural contexts (Productivity Commission, 2021). This exclusion of Aboriginal and Torres Strait Islander peoples likely also contributes to the ineffectiveness of the initiative thus far,

The top-down approach of the Closing the Gap initiative has been criticised for overlooking underlying structural factors contributing to Indigenous disadvantage (Fisher et al., 2022). The legacy of colonisation, ongoing discrimination, and historical trauma are often sidelined in policies and programs. This observation is supported by Dudgeon et al., (2014), who emphasised the importance of addressing systemic barriers to Indigenous advancement. Without tackling these root causes, efforts to close the gap may only scratch the surface of deeper inequalities. Furthermore, the inadequate funding and resources allocated to Indigenous programs and services highlighted in National Aboriginal Community Controlled Health Organisation (NACCHO; 2020) closing The Gap report suggested there is an inconsistent allocation of funds, leading to gaps in service delivery and scalability issues. Insufficient funding has hindered the sustainability and replication of successful programs, limiting their reach and impact.

The gap in data collection limiting the initiative's progress has been previously touched on in the last section, however, it is so wide that it warrants further exploration. Some targets are unable to be appropriately monitored due to the inability to collect the data to support the trends. Meanwhile, we are also being warned by the Productivity Commission (2023) that other target areas should be interpreted with caution (e.g., life expectancy and suicide rates) as the data that is being used to assess the progress is of very low quality due to methodological problems. For example, there is inadequate demographic and ethnic data being collected, geographical implications, and a lack of Indigenous governance on the project (Productivity Commission, 2023). This results in a decrease in Aboriginal and Torres Strait Islander peoples' willingness to participate in the studies (Productivity Commission, 2023).

Multiple targets have been identified as not having data available due to the required disaggregation of the data to align with national target indicators (Productivity Commission, 2023). Disaggregation in national data refers to the process of breaking down aggregate data into smaller, more specific categories or subsets (World Health Organisation, 2024). This allows for a more detailed analysis of trends, patterns, and disparities within a population or dataset. For example, the national targets addressing disability include subgroups such as disability in adult imprisonment, youth detention, children in out-of-home care, and preschool enrolment (Productivity Commission, 2023). The extent to which the gaps in data and inadequate data collection methodologies affect the accuracy of the target tracking is challenging to quantify and would be specific to each target reducing the scientific rigor and confidence in the closing the gap initiative. This data needs to be improved to overcome the current challenges

More limitations are evidenced in the lack of coordination and accountability mechanisms within the Closing the Gap framework resulting in fragmented efforts and

duplicated initiatives across different government agencies and jurisdictions (Dillion, 2021). The absence of clear targets, responsibilities, and monitoring mechanisms makes it difficult to track progress and hold stakeholders accountable for outcomes. This lack of transparency further undermines public confidence in the initiative's ability to deliver tangible benefits with Aboriginal and Torres Strait Islander communities, likely impacting upon data collection methods as people are disengaging (Cowley & Tremblay, 2023).

These limitations stated here are mostly about the way in which the initiative is developed, structured, and monitored. These limitations seem to consistently appear in government related issues, and systems, despite Aboriginal people requesting the same things for a long time. While the Closing the Gap initiative acknowledged and signifies an effort to address the disadvantage experienced by Aboriginal and Torres Strait Islander peoples, numerous challenges must be overcome to fully realise its objectives. One of those challenges includes the inequitable access we experience to SDoH

5.3.3.1 Social Determinants of Health

The concept of SDoH refers to the non-medical factors influencing health outcomes (Borovečki, 2023). These determinants include the conditions in which people are born, grow, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life (Keshavarz Moahmmadi, 2017). According to the World Health Organisation (WHO, 2024) there are several SDoH which impact an individual's wellbeing, these include,

- income and social protection,
- education,
- unemployment and job insecurity,
- working life conditions,

- food insecurity,
- housing, basic amenities and the environment,
- early childhood development,
- social inclusion and non-discrimination,
- structural conflict,
- access to affordable health services of decent quality.

Study 1 in Chapter 6 contributes to the body of literature exploring the SDoH's by conducting a systematic scoping review of published literature pertaining to the associations between SDoH and experiences of psychological distress by Aboriginal and Torres Strait Islander peoples. Not all SDoH's were explored in the review as this would have been far too big. In Chapter 6, you will be able to read about income, education, food security, employments, housing, social support, and neighbourhood or community safety. These elements were specifically chosen due to their reoccurring exploration in literature.

To undertake a review of this calibre was challenging for many reasons. Firstly, although the SDoH under exploration may be income, the literature has defined and collected data to support their explorations in many different ways. For example, income is a primary determinant of health, influencing access to resources that can promote health, such as nutritious food, safe housing, and healthcare services. Higher income levels are consistently associated with better health outcomes (Dahlgren & Whitehead, 2007). However, researchers have attempted to quantify levels of incomes to explore this finding further (see, Cooper & Stewart, 2021; Howell & Howell, 2008). This deeper exploration in turn has at times resulted in diverse results being reported due to the diversity in data collection. This is consistent with the findings in the scoping

review in Chapter 6. These alternations increase the challenge for the person conducting the review attempting to summarise or synthesise the literature.

Unfortunately, Aboriginal peoples are more likely to be negatively impacted by the presence or absence of SDoH (Awojobi, 2022). This is due to social, political, and historical, factors (Gee et al., 2016), and they create health inequalities. Health inequalities refer to the unfair and avoidable differences in health status observed within and between populations (Whitehead & Dahlgren, 2021). The theoretical basis for understanding SDoH stems from various disciplines, including sociology, public health, and economics and are important to understand in order to create positive change towards increasing health and wellbeing (Wind, 2021). The key theories including social gradient in health, materialist and neo-materialist approaches, and psychosocial models.

The social gradient in health theory (Kosteniuk & Dickinson, 2003) posits that health outcomes improve progressively with increasing socio-economic status (SES). This concept is well-documented in the literature, demonstrating a clear link between SES and health, where lower SES is associated with poorer health outcomes (Marmot, 2006). Materialist and neo-materialist approaches focus on the material conditions affecting health, such as income, housing, and access to healthcare (Fiorati, 2016). Neo-materialist perspectives extend this to consider how the distribution of resources and social policies affect health outcomes (McDowell, 2023). Whereas psychosocial models emphasise the role of stress and social support in health (Holt-Lundstad, 2022). According to this perspective, social inequalities can lead to psychological stress, which in turn affects physical health (Wilkinson, 1996). Whilst the psychosocial model is accurate in the relationship between health and stressors, it does not align

with the way in which Aboriginal communities refer to our own health and wellbeing, nor do we want non-Indigenous peoples to continue to perpetuate the deficit discourse.

The literature calls for policy reform to address the inequalities by tackling the root causes embedded in the SDoH (Solar & Irwin, 2010). Suggested strategies include equitable health policies that ensure equal access to healthcare services and promote fair distribution of resources (Pu, 2021). Daniels (2008) further posited that universal healthcare coverage was a critical component of equitable health policies. A Commission into the SDoH Social (2008) reinforced the need for multi-sector collaboration, including health, education, housing, and employment. Integrated approaches are essential for creating environments that support health. Wallerstein (2006) like many before and after them (see, Badder et al., 2023; Nickel & von dem Knesebeck, 2020; Simmons et al., 2023; Stormacq et al., 2020), demonstrated the effectiveness of community-based interventions to improve health outcomes. Therefore, the need to involve communities in the decision-making processes ensures that policies are culturally appropriate and address the specific needs of different populations (Oh et al., 2024).

The literature on the SDoH provides a comprehensive understanding of how various SES factors impact health outcomes. However, it is important to explore the SDoH within a more specific mental health scope. Mental health is currently conceptualised within a population health framework that recognises many determinants of health broadly inclusive of mental health and illness and are influenced by factors that lie beyond psychological health and require interventions that span a spectrum from prevention to recovery and relapse prevention (Australian Health Ministers, 2003). Furthermore, the SDoH of health that have been explored in this section were originally conceptualised through a Western lens to explain Western ideologies of health. However, there are also cultural determinants of health that need to be explored.

5.3.3.2 Cultural Determinants of Health

The concept of cultural determinants of health focuses on how cultural beliefs, practices, values, and traditions influence health outcomes (Patel, 2024). In the Aboriginal context, cultural determinants are crucial for understanding and addressing health and wellbeing by developing effective health interventions (Verbunt et al., 2021). The literature consistently acknowledges the detrimental impact of colonisation on the cultural determinants of health for Aboriginal peoples (see, Awofeso, 2011; Axelsson et al., 2016; Czyzewski, 2011; Griffiths et al., 2016; Paradies, 2016; Sherwood, 2013). Colonisation led to land dispossession, cultural suppression, and the breakdown of social and kinship structures, all of which have had long-term negative effects on health (Czyzewski, 2011). An extensive literature review that has taken place thus far during this thesis has led us to this point. I have presented history, theory, media examples, song lyrics, poetry that have all applied a lens to the impacts of colonisation, which have led us to explore the cultural determinants of health. It is no coincidence that the colonisers implemented strategies that targeted the very fabric of our health and culture in order to gain control over our land, mind, body and for many, spirit.

Aboriginal communities continue to display our resilience as we disrupt the systems and create change within communities focusing on taking a strengths-based approach to enhance our cultural determinants of health and improve our wellbeing. The cultural determinants of health have been suggested by Verbunt et al., (2021) to include connection to land and country (Section 8.4.6), cultural identity (Chapter 4) and continuity, community (Section 8.4.4) and social cohesion, traditional knowledges (Section 3.3.3) and practices (9.3.1). Similarities can be seen between the SEWB framework explored in Chapter 8 which will touch on the overlapping elements in greater depth.

Connection to land (or Country) is fundamental to Aboriginal health and wellbeing. This relationship extends beyond the physical environment to encompass spiritual, cultural, and social dimensions (Fatima et al., 2022). Bird Rose (1996) emphasised that land is a source of identity, spirituality, and health for Aboriginal people, and disruptions to this connection, such as through dispossession or environmental degradation, can have profound negative impacts on health. Maintaining cultural identity and continuity through traditional practices, languages, and kinship systems is essential for health. Research by Aunty Pat Dudgeon and colleagues (2014) highlights that cultural identity provides a sense of belonging and purpose, which is crucial for mental health and SEWB (See Sections 3.4.1; 4.2; 4.5; 9.3).

Strong community ties and social cohesion are also cultural determinants of health (Miller et al., 2020). The collective nature of Aboriginal communities provides support networks that are vital for coping with health challenges (Kirmayer et al., 2009). As Aboriginal culture is underpinned by relationality, belonging, and collectivism (Dudgeon et al., 2022; Miller, 2006; Murrup-stewart et al., 2021a), this cultural determinant is often present, reinforcing these foundational aspects for the individual, which links back out into the community creating a continual loop. The literature strongly supports the importance of community and social support (see, Murrup-stewart et al., 2021b). Dr Naomi Mayers OAM a Yorta Yorta and Wiradjuri woman argues that this is how community-controlled health services are more effective in delivering culturally appropriate care and improving health outcomes for Aboriginal and Torres Strait Islander peoples (NAIDOC, 2023).

The use of traditional knowledge and healing practices is an integral aspect of Aboriginal health (Atkinson, 2002; Dudgeon et al., 2018; Gee et al., 2014; Robbins & Dewar, 2011). The need to move outside of the Western diagnostic lens of psychology to view health and wellbeing

as more holistic is often advocated for within the literature (see, Atkinson, 2002; Dudgeon et al., 2018; Gee et al., 2014; Robbins & Dewar, 2011). Furthermore, Judy Atkinson (2002) a Jiman and Bundjalung woman, illustrates how integrating traditional healing practices with Western medical approaches can enhance the effectiveness of health interventions and promote holistic wellbeing with Aboriginal and Torres Strait Islander peoples. Yet still, the healing that can be promoted through culture for Aboriginal and Torres Strait Islander peoples is largely missing from the Closing the gap initiative. The framework position culture as individual behaviours, or one that occurs within semi-private spaces of community-based events, which does not account for culture as a dynamic value system, whereby reducing it to an individual problem (Pholi et al., 2009).

Verbunt et al., (2021) undertook an overview of reviews endeavouring to identify the common cultural determinants that were discussed. After synthesising the narrative results of 9 articles the research team found family and community, Country and place, and cultural identity and self-determination to be strongly identified in the included reviews as having a positive impact on the health and wellbeing outcomes of Aboriginal peoples (Verbunt et al., 2021). Furthermore, they suggested that family and community as well as Country and place were found to be aspects of culture that shaped cultural identity, whereas self-determination was outlined as a requirement for Aboriginal peoples to pursue their cultural, social, and economic rights (Verbunt et al., 2021).

Verbunt and colleagues (2021) findings reinforce the importance of family, community, cultural identity, and Country and place can be likened to the previously mentioned cultural determinants of connection to land, maintaining cultural identity. However, the elements reported by Verbunt et al., (2021) of cultural continuity and traditional knowledges and practices

are more so depicted as elements to increase our resilience and resistance. Although categorised differently the overlap of these elements is clear which speak to their significant contribution to Aboriginal and Torres Strait Islander health and wellbeing.

A body of literature exists that supports the effectiveness of using the cultural determinants of health as a building block for Aboriginal and Torres Strait Islander specific programs and health services (see, Dudgeon et al., 2014; Lovett, 2017; Vallesi et al., 2018; Webster et al., 2022). For example, Webster and colleagues (2022) introduced ‘8 ways of Aboriginal learning’ into mainstream health organisations to build cultural responsiveness. The eight ways curriculum included contents such as sharing stories, understanding community links and cultural protocols, symbols and images, learning maps and reflective practice as well as others (Webster et al., 2022). Through implementing a participatory action design utilising four in-person workshops and 10 optional virtual sessions in-between integrating didactic teaching, and application of the learnings (Webster et al., 2022). Overall, Webster and colleagues (2022) reported all eight of the ‘8 ways’ were reported as being useful to the 18 participants who completed the program, illustrating the programs adaptability and potential to improve access for Aboriginal people to mainstream healthcare systems. These findings emphasise the importance of culturally appropriate programs and knowledge within services that apply facilitate access for Aboriginal people.

Suggestions toward strengthening the cultural determinants of health have been offered through the revitalisation of culture (Dudgeon et al., 2014), creating culturally appropriate health services (Webster et al., 2022), and through further policy reform (Calma, 2006). Overall, the literature on the cultural determinants of health with Aboriginal and Torres Strait Islander peoples underscores the critical role of culture in shaping health outcomes. Therefore, efforts to

improve health outcomes with Aboriginal and Torres Strait Islander peoples must be grounded in the protective factors expressed through the cultural determinants of health.

5.3.4 Improving the Closing the Gap Initiative

Several adaptations are needed to the current Closing the Gap initiative to make it more effective and culturally appropriate. The lack of Indigenous governance was cited (Productivity Commission, 2023) as a limitation, and therefore needs to be addressed to increase Aboriginal and Torres Strait Islander participation. Increase participation from mob will have a ripple effect on the data collection limitations, and overall effectiveness. For this to occur the Australian government needs to strengthen Indigenous-led decision making and partnerships. The initiative needs to further empower Aboriginal and Torres Strait Islander people to have greater control over policies and programs affecting us (Commonwealth of Australia, 2018). Which can only be achieved through genuine partnerships between governments and Indigenous organisations. These should be prioritised, moving away from the colonial top-down approaches (Commonwealth of Australia, 2018).

The Closing the Gap initiative tends to disproportionately focus on individuals' behaviours, suggesting that the health inequities are due to a moral and intellectual deficit of Indigenous peoples, as opposed to socially determined (Bond & Singh, 2020). Therefore, the strategies and ideological underpinnings need to be addressed (Bond & Singh, 2020). Government institutions need to be reformed to work better for Aboriginal and Torres Strait Islander people (National Agreement, 2020). This should include addressing systemic barriers and improving cultural responsiveness within government agencies. Some suggestions to address the underlying systemic issues include a bigger focus on addressing power imbalances and acknowledging the limited control Indigenous Australians have over social circumstances and

tackling systemic racism and colonial structures that perpetuate disadvantage (Commonwealth of Australia, 2018).

Culturally appropriate approaches need to be prioritised. This could be actioned through culturally designed programs and services and incorporating Indigenous knowledges, systems, and practices into solutions (Commonwealth of Australia, 2018). Furthermore, a focus on local action and regional strategies should be a priority recognising the diversity of Aboriginal and Torres Strait Islander communities and enabling tailored approaches considering local contexts (National Agreement, 2020). This is empowering local decision-making and community-driven initiatives.

To address further limitations the government should consider including additional targets in areas such as social emotional wellbeing which are designed by community consultations (Gardiner-Garden, 2024). This refinement of the current data capturing methodologies is likely to better capture progress. Further improvements to data collection, access, and sharing mechanisms are needed to increase transparency and enable informed decision-making by Indigenous communities (Closing the Gap Report, 2020).

The limitations created by the current funding dilemmas need to be addressed to move toward closing the gap. By providing consistent, long-term funding for culturally grounded and community-led programs rather than short-term, piecemeal approaches will improve outcomes. It will likely enhance community trust and engagement through providing a source of stability. Furthermore, there should be a focus on community-controlled sectors, acknowledging that community-led solutions are often more effective. There should be an increase in support and investment in building Aboriginal and Torres Strait Islander community-controlled service sectors (Gardiner-Garden, 2024).

Finally, the ineffectiveness of the government in executing this initiative is not only widening some of the gaps, but also deepening mistrust with communities. The Government needs to address the issues of poor coordination between programs and/or agencies and reduce red tape that hinders effective implementation. Furthermore, without stronger accountability measures the blame game will continue. The Government should implement accountability measures after community consultation to ensure all levels of government are meeting their commitments (PM&C & McCarthy, 2023). This could also include independent oversight and more frequent progress reviews. By implementing these adaptations, the Closing the Gap initiative can become more aligned with the needs and aspirations of Aboriginal and Torres Strait Islander people and communities, potentially leading to more significant and sustainable improvements in outcomes.

5.4 Conclusion

This chapter started by discussing Aboriginal responses and resistance toward the Australian government and their policies and initiatives, as we strive for sovereignty. This was followed by an overview of the Australian Government's Closing the Gap initiative. It illustrated that little progress is being made towards the target outcomes and highlighted the limitations to progress as well as emphasising the impacts of social and cultural determinants of health that seem to be missing from this initiative. The SDoH have been used by Government agencies and researchers as a tool to attempt to quantify the gap in experiences of psychological distress. Often the literature has reported diverse associations between these determinants and psychological distress. Therefore, the first publication of this thesis undertook a scoping review exploring the association between the SDoH and Aboriginal and Torres Strait Islander people's experiences of psychological distress. This publication is encompassed in the next Chapter (6).

Chapter 6: Empirical Study 1 – The Associations Between the Social Determinants of Health and Psychological Distress Experienced by Aboriginal and Torres Strait Islander Peoples: A Scoping Review

6.1 Preamble to Empirical Study 1

Chapter 6 builds upon the body of literature that has been presented in previous chapters to emphasis the complex interplay between the historical, social and political determinants for Aboriginal and Torres Strait islander peoples and how that impacts our mental health and wellbeing. This chapter in particular systematically searches and summarises the literature that explored associations between SDoH and psychological distress, particularly among Aboriginal and Torres Strait Islander populations.

SDoH such as socioeconomic status, education, housing, employment, and access to healthcare have long been recognised as critical factors that influence overall health and wellbeing. Studies has identified that inequalities in these SDoH contribute significantly to the higher rates of psychological distress and mental health disorders experienced by Aboriginal and Torres Strait Islander populations, however, these studies are frequently reporting contrasting findings making it challenging to understand the associations between the SDoH and psychological distress, as well as how they are progressing overtime.

Several articles highlight the importance of culturally appropriate mental health care and support systems that address both social and cultural determinants of health. However, there is a noticeable gap in comprehensive reviews that summarise this knowledge to provide a clearer understanding of how particular SDoH, directly relate to experiences of psychological distress among Aboriginal and Torres Strait Islander populations. This gap underscores the need for targeted research that can inform more effective mental health interventions and policies aimed at reducing psychological distress within Aboriginal and Torres Strait Islander communities.

The formed the rationale for undertaking this scoping review that informs Chapter 6 of this thesis. By conducting a scoping review of the available literature, this chapter aimed to map out existing research, identify key themes and trends, and provide insights into how addressing social inequalities can improve mental health outcomes for Aboriginal and Torres Strait Islander peoples. This chapter will ultimately contribute to a more holistic understanding of the ways in which social, economic, and cultural factors intersect to influence psychological distress, offering valuable implications for both research and practice. This empirical paper has been submitted to the *International Journal of Equity in Health*. This journal aims to improve the understanding of issues that influence the distribution of health and healthcare within populations. The *International Journal of Equity in Health* is a Q1 journal, with a h-index of 82. The journal's citation impact in 2023 included a Journal Impact Factor of 4.5 and a 5-year Journal Impact Factor of 4.7. The 'Author Indication Form', which details the nature and extent of the candidate and co-authors' contributions to this empirical paper is included in Appendix i. The complete citation is as follows,

Darnett, E., Harrison, M., Trounson, J. S., Peters, A., & Thielking, M. (2024). The associations between social determinants of health and Aboriginal and Torres Strait Islander peoples experiencing psychological distress: A scoping review. *International Journal of Equity in Health* (Submitted).

6.2 Abstract

Background: The current literature exploring the association between the social determinants of health and Aboriginal and Torres Strait Islander¹ psychological distress reports diverse findings.

¹Aboriginal and Torres Strait Islander will be used to respectfully refer to the diverse range of Aboriginal and Torres Strait Islander peoples and communities across Australia and the Torres

This scoping review aimed to systematically review, quality appraise and summarise the existing literature pertaining to the associations between the social determinants of health and Aboriginal and Torres Strait Islander peoples' experiences of psychological distress.

Method: A PRISMA-ScR compliant search of the literature was undertaken. The search strategy comprised two steps: a search of five scientific electronic databases (PsycINFO, Australian Indigenous HealthInfoNet, CINAHL, JSTOR, and Medline) and a reference list search of articles identified for inclusion from the database search. The search dates ranged from August 2020 to July 2023. We examined relevant Australian studies to identify any that reported an association between the social determinants of health being explored and how; they impacted Aboriginal and Torres Strait Islander peoples' experiences of psychological distress. The included studies were assessed against two quality appraisal tools; one investigating Aboriginal and Torres Strait Islander cultural rigour, and the other one assessing Westernised scientific rigour. The findings were summarised to understand trends in the literature.

Findings: Twenty-five relevant Australian published articles were identified through the systematic search and met the inclusion criteria. Of these, 20 papers were quantitative, four were qualitative, and one employed a mixed method research design. Overall, the association between the social determinants of health explored in the research and psychological distress varied between studies. The most commonly observed finding was the association between social support and psychological distress, which suggested that higher levels of social support being associated with lower levels of Aboriginal and Torres Strait Islander experiences of psychological distress. When the papers were grouped by outcome higher levels of income,

Strait Islands. This is in no way meant to minimise the vast differences in culture, language, ceremony, beliefs, and rituals that exist between the communities.

education, employment, social support, and community safety were most commonly associated with positive wellbeing. When grouped by sample characteristics, increased social support promoted wellbeing for individuals over 45 years, adolescents, and pregnant people or new mums. The over 45-year group had the most diverse findings. Associations were compared between participants' locations of included studies. Finally, an increase in cultural rigour was observed in the articles over time.

Interpretation: The absence or presence of social determinants of health impact social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples and communities more broadly. Further investigation taking a strengths-based approach to explore how social and emotional wellbeing is improved through social and cultural determinants for Aboriginal and Torres Strait Islander peoples is needed.

Key words: *Aboriginal and Torres Strait Islander, Social Determinants of Health, Psychological Distress*

6.3 Introduction

The social determinants of health have been explained as the economic and social conditions that impact individual and group differences in health status (Marmot & Allen, 2014). Kelly and colleagues (2009) posited that mental health outcomes for Aboriginal and Torres Strait Islander peoples may improve if the social determinants of health that lead to psychological distress are modified. Therefore, it is important to summarise the literature pertaining to social determinants to gain insight into the impacts they have on Aboriginal and Torres Strait Islander peoples' psychological distress.

The concept that there are social determinants of health originated from Westernised perspectives of what determines health in a Western population (e.g., World Health

Organisation, 2023). The presence of absence of the determinants in an individual, family, or community can impact wellbeing diversely depending on the experience (Cappa & Giulivi., 2019). These determinants included income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, certain factors that may occur during early childhood development such as adverse childhood experiences, social inclusion and non-discrimination, structural conflict (defined as structural determinants of health in conflict settings affecting power relationships (e.g., economic, cultural, historical, environmental and political determinants), and access to affordable health services of decent quality. Western frameworks of health, traditionally excluded culture as a determinant of health (Carson et al., 2020). Historically, these social indicators are one way in which non-Indigenous researchers have attempted to quantify Aboriginal and Torres Strait Islander health. They have also excluded the involvement and consultation of Aboriginal and Torres Strait Islander peoples and communities during the research process (Kennedy et al., 2022; Milroy et al., 2022). This research has largely applied a deficit discourse to attempt to explain poor health outcomes (Fogarty et al., 2018).

Recently, the determinants of health have been adapted to also encompass cultural determinants of health. Cultural determinants of health for Indigenous people may include cultural identity, kinship, caring for country, knowledge and beliefs, language, and community involvement (AIHW, 2022). An absence of known social and cultural determinants of health can negatively impact Aboriginal and Torres Strait Islander peoples' wellbeing, hence playing a crucial role in shaping the lives of the peoples and communities (Dudgeon et al., 2017).

Due to the previously mentioned historical events and the exclusion of Aboriginal and Torres Strait Islander peoples from research, past research has measured and defined Aboriginal

and Torres Strait Islander health and wellbeing diversely (e.g., using several scales to measure psychological distress or wellbeing). Historically, in research, Western ideas about health and wellbeing have been applied to the Aboriginal and Torres Strait Islander populations imposing their Western research methodologies and language which has often marginalised Aboriginal and Torres Strait Islanders' unique mental health experiences. However, there is significant literature exploring and comparing social and emotional wellbeing (SEWB) from Aboriginal and Torres Strait Islander worldviews and how it differs from Westernised ideologies of mental health (Black et al., 2023; Dudgeon et al., 2014).

Culture in this context is defined as a group of people who learn similar beliefs, values, behaviours, language, religion, ancestry, or any other characteristics handed down from the previous generations (Al-Yaman et al., 2023). Cultures, similar to social groups, have the ability to shape individuals' or a group of individuals' perspectives and views of the world (Gaitho, 2022). These differences were not, and some may argue, are still not taken into consideration enough when exploring wellbeing within any Indigenous population's wellbeing worldwide.

SEWB emphasises holistic health, integrating spiritual, emotional, and physical wellbeing, Western constructs like psychological distress may not completely capture these nuances. SEWB is multifaceted, it aligns with Aboriginal and Torres Strait Islander perceptions of holistic health, and it recognises that the wellbeing of a person is determined by a number of interrelated domains including body, mind and emotions, family and kinship, community, culture, country, and spirituality (Dudgeon et al., 2017). The framework also acknowledges that a person's SEWB can be influenced by historical, social, cultural, and political determinants (Dudgeon et al., 2017). SEWB is inherently linked to Aboriginal and Torres Strait Islander

culture through cultural connections, as well as the strong connections between individual and community wellbeing (Black et al., 2023).

The lack of cultural responsiveness in psychology is suggested to negatively impact SEWB and contribute to the mental health gap experienced by Aboriginal and Torres Strait Islander peoples (Page et al., 2022). Further contributions to the mental health gap have been attributed to the impacts of colonisation, racist policies, forced assimilation, and removal of the Aboriginal and Torres Strait Islander peoples and communities (Gatwiri et al., 2021). These impacts have created further layers of complexity to understanding Aboriginal and Torres Strait Islander health and wellbeing as it resulted in a large amount of diversity within the Indigenous Australian population (Dudgeon et al., 2017; Gupta et al., 2020). This diversity is reflected in the way that Aboriginal and Torres Strait Islander peoples look, identify, connect to community, hold, and pass on knowledge, belief systems, the wellbeing model that people we prescribe to and many other aspects.

Mental health is term that has been encompassed within the SEWB model (Milroy et al., 2023). The terms mental health or mental disorder are common Western medical terms that have been critiqued by Aboriginal and Torres Strait Islander peoples as it focuses too thoroughly on the problem and does incorporate all factors that influence wellbeing (Milroy et al., 2023). From a Western perspective mental health is often interconnected with psychological distress (Iasiello et al., 2022). The label of ‘psychological distress’ originated from the Westernised world and has been previously defined by The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association 2013) as *“a range of symptoms and experiences of a person’s internal life that are commonly held to be troubling, confusing, or out of the ordinary”* (p. 826).

The reported levels of psychological distress are often substantially higher in Aboriginal and Torres Strait Islander peoples compared to their non-Indigenous counterparts (Australian Institute of Health and Wellbeing, 2015). Past research has explored the variables have contributed to the increases in psychological distress for Aboriginal and Torres Strait Islander people (Cunningham & Paradies, 2012; Davison et al., 2017; Hansen & Sørli, 2012; McNamara et al 2018; Walker et al 2019). One suggestion for the increased level of psychological distress in Aboriginal and Torres Strait Islander people is systematic disenfranchisement (McNamara et al., 2018). Systematic disenfranchisement can include poorer access to physical and mental health services, education, disability services, and employment opportunities (Vasilevska et al, 2012). Rao Pulla and Bharath Bhushan (2015) suggested that colonisation and the discriminatory government policies that were implemented in Australia in the past have directly impacted Aboriginal and Torres Strait Islander systematic disenfranchisement, which has contributed to the mental health gap experienced in Australia.

Despite psychological stress generally being considered Western term, this scoping review adopted it as the outcome variable. For the purpose of this review, psychological distress will include a range of different experiences and symptoms including social and emotional wellbeing, suicidality, depression, anxiety, and stress. This was done to be reflexive and more inclusive of the broad range of experiences of psychological distress within non-Westernised cultures. Previous research has suggested that the heightened rates of psychological distress experienced within the Aboriginal and Torres Strait Islander communities may be attributable to the presence or absence of a range of social determinants of health (ABS 2019; Cunningham & Paradies 2012; Davison et al., 2017; Hansen & Sørli 2012; McNamara., et al 2018; Purdie et al., 2010). However, conflicting findings when investigating the impacts of social determinants of

health within Aboriginal and Torres Strait Islander populations experiencing psychological distress have made it challenging to understand the strengths and direction of the associations.

The conflicting findings that have been produced by past research when exploring the associations between the social determinants for health and psychological distress can create confusion which limits adequate resources towards solutions (Markwick, 2021). For example, there is general consensus that determinants like income, education, and employment play a significant role in shaping the health outcomes of Indigenous Australians (Johnston et al., 2013; MacPhail & McKay, 2018; Markwick, 2021). However, conflicting evidence exists regarding the relative importance of these determinants. For instance, some studies have found that educational attainment is the strongest predictor of health status (Heris et al., 2024), while others suggest that income and employment have a more substantial impact (Markwick et al., 2021). Furthermore, findings from Garvey et al., (2017) produced further contrasting evidence reporting that higher levels of education increased experiences of distress within the Aboriginal and Torres Strait Islander populations.

Whilst culture is integral to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, this review only examined the social determinants of health. Through examining the social determinants of health this review will summarise the associations in the literature based on the indicators of success that the Westernised systems use in order to advocate for appropriate resourcing using the same language and metrics. This scoping review systematically explored the existing literature with the aim to address the following research questions; what does the existing literature tell us about the associations between psychological distress and social determinants of health for Aboriginal and Torres Strait Islander peoples?

Also, which social determinants of health are associated with lower psychological distress (or increased wellbeing) among Aboriginal and Torres Strait Islander communities?

6.4 Method

This scoping review was designed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018).

6.4.1 Protocol

A protocol titled '*A Protocol for a Systematic Literature Review: The Association between Social Determinants of Health and Psychological Distress for Aboriginal and Torres Strait Islander Peoples*' was published in the Journal of Australia Indigenous Issues (Darnett et al., 2020). This protocol outlines the procedure that was planned to be implemented when conceptualising this systematic review. The major changes that have occurred in this review after the protocol was published are clearly outlined throughout this review for transparency.

There were two main modifications made. One was the paper design changing from a systematic review to a scoping review. The other main alteration is reflected in the changed research questions explored in this review. The changes to the research questions were needed as the methodological design was reimaged. In the published protocol for this review (Darnett et al., 2020), four research questions were posed. They included:

1. What does the existing literature tell us about the relationship between psychological distress and social determinants of health for Aboriginal and Torres Strait Islander peoples?
2. Which social determinants of health predict psychological distress among Aboriginal and Torres Strait Islander communities?

3. Which social determinants of health are the strongest predictors of psychological distress among the Aboriginal and Torres Strait Islander communities?
4. Which social determinants of health reduce psychological distress (or promote wellbeing) among Aboriginal and Torres Strait Islander communities?

The revised research questions explored in this review include:

1. What does the existing literature tell us about the associations between psychological distress and social determinants of health for Aboriginal and Torres Strait Islander peoples?
2. Which social determinants of health are associated with lower psychological distress (or promote wellbeing) among Aboriginal and Torres Strait Islander communities?

Due to the diversity of methodologies and assessment tools used to measure psychological distress, the quantitative results were not able to be synthesised in a meta-analysis as originally planned. This had consequences on the original intent of the study, as the original research questions, that related to a systematic review, were not able to be answered (due to a change in methodology to scoping review), and the results were summarised for the scoping review, rather than synthesised as per a systematic review. However, the change to a scoping review still has significant merit in understanding evidence around the associations between psychological distress and social determinants of health for Aboriginal and Torres Strait Islander peoples.

6.4.2 Eligibility Criteria

This scoping review investigated the findings in the literature surrounding the association between some of social determinants of health impacting Aboriginal and Torres Strait Islander peoples experiencing psychological distress. No specific interventions or comparison groups

were part of the search criteria. The initial search conducted in August 2020 included all articles published in English, any publication status, without any time period constraints. There had been no search similar to the authors knowledge therefore, there was no rationale for limiting the years of the search.

There were three searches overall conducted over a 21-month time period. The second in April 2022, and the third search in July 2023 occurred to update the search for any recently published eligible articles. All searches used the same databases and search terms. The only difference was the publication date parameters used on searches two and three. The second and third search dates overlapped with the previous search date by three months to detect any articles that may have been missed in the previous search due to being in press. After each of the screening processes was completed and the articles for inclusion had been identified, a citation search by hand took place to ensure no articles had been missed. Relevant articles were downloaded into EndNote x8 for review and management.

Social Determinants of Health. The social determinants of health investigated in this review were income, education, food security, housing, social support network, and neighbourhood or community safety. The specific definition within the review of each of the social determinants under investigation is below. Table 6.1 contains the social determinants of health and the indicators of these determinants which were explored in the scoping review.

Table 6.1. The Social Determinants of Health and the Associated Indicators

Determinants	Indicators
Income	Financial strain, stress, or problems, household annual income, individual annual or fortnightly income
Education	Level of education or qualifications achieved if any at all
Food Security	Problems getting enough food, ran out of food or could not afford to buy more.
Employment	Employment in either full or part-time roles, source of income (Centrelink vs employment)

Housing	Household size (amount of people living in the same space), owning home or renting the property
Social support	Relationship status, loneliness, people to talk to, amount of support in and out of prison, number of close contacts, community support, an expectation of social and partner support, low social support, family reported as a protective factor,
Neighbourhood Safety	Feeling safe or free from fear within their own neighbourhood, and within the broader community.

6.4.3 Search Strategy

The search strategy included a database and citation search. The electronic databases searched were PsycINFO, Australian Indigenous HealthInfoNet, CINAHL, JSTOR, and Medline. The search terms were minimally adjusted to accommodate specific databases without altering the meaning of words. A search containing keywords and MeSH headings using Boolean AND/OR operators on ‘Indigen*’, ‘Abori*’, ‘Torres Strait Island*’, ‘First ADJ Nation*’, ‘First ADJ People*’, ‘social ADJ determinant*’, ‘psychological ADJ distress’, ‘Anxi*’, ‘Depress*’ and ‘stress*’. Truncations were used to ensure a comprehensive search of the literature. Articles were excluded if they were not written in English, and if they were not peer-reviewed to maintain the quality of the articles included.

6.4.4 Selection of Studies

Screening was conducted over 3 stages: title screening, abstract screening, and full-text screening. After deduplication, the main author commenced title screening, assessing the titles of the articles against the inclusion and exclusion criteria. Once complete, the first and second authors (Aboriginal and non-Indigenous respectively) evaluated the remaining abstracts to determine relevance to the review. Full texts for the remaining abstracts were retrieved and reviewed against the inclusion and exclusion criteria by the same two researchers who conducted the review at the abstract level. Discrepancies at all stages were evaluated by a third independent

Aboriginal, unbiased researcher with no previous involvement in the relevant review stages. This method was undertaken to maintain scientific rigor and reduce bias.

6.4.5 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were applied to the search results. The previously published protocol details the inclusion and exclusion criteria has been slightly modified and is depicted in Table 6.2 to aid transparency and replication for future research (Darnett et al., 2020).

Table 6.2. Inclusion and Exclusion Criteria for the Screening and Assessment of Articles Retrieved for the Scoping Review

Category	Inclusion	Exclusion
Relevancy to Review Purpose	1. Have a primary focus or, 2. be inclusive of a focus on: a. psychological distress among Aboriginal and Torres Strait Islander populations or, b. the social determinants of interest relating to Indigenous Australians	1. No clearly outlined primary focus or, 2. not be inclusive of a focus on: a. the listed inclusion criteria or, 3. to primarily focus on an issue that is outside the scope of this review
Publication Date and Location	All Publications regardless of location and date will be included within this review.	No Publications will be excluded from this review based on their date and location.
Publication Type	1. Journal articles 2. Industry or Government Report	1. Editorials 2. Letters 3. Abstracts 4. Reviews 5. Opinion Papers 6. Commentaries 7. Protocols 8. Books 9. Book Chapters
Scholarly Publications/Peer Review	1. Journal articles must be a. peer reviewed and, 2. Reports, Books or Book Chapters must be identified by the reviewer as meeting all of the following a. is written for researchers, scholars or professionals in the articles respective field b. is inclusive of technical, academic, or detailed information on the topic c. is written in a style that is common to or similar to other technical or scholarly publications on the topic d. Presents detailed information in a way that is considered to be sufficiently accurate or sufficiently identifies potential bias e. Always cites their sources in a scholarly and accurate manner.	Journal articles that are not a. peer reviewed and, 2. Reports, Books and Book chapters are not identified by the reviewers as meeting the inclusion criteria for scholarly publications.
Date or Content Type	1. Qualitative data 2. Quantitative data 3. Theoretical or Literary analyses, when the data meets all of the following: a. is used for original research b. to formulate original conclusions and,	1. Studies that use their data for the purpose of unoriginal research including summarisations or review 2. Studies that use data this is not original or, 3. is used in multiple publications, unless that data is:

	c. are not used for the purpose of summarisation or review	a. used for novel or unique conclusions from the other publications and therefore meet the inclusions criteria a and b
Study Design/Methodology	1. All study designs and/or methodologies are eligible for inclusion	1. No Study design and/or methodologies will be excluded
Study Population (PICO)	1. Publications on Aboriginal and Torres Strait Islander populations	1. Publications focused on Non-Indigenous Australian populations
Study Intervention/Exposures (PICO)	1. Studies that explore the exposure to one or more of the following social determinants will be included a. household income b. education c. food security d. housing circumstances e. social support networks f. neighbourhood or community safety	1. Studies will be excluded if they do not explore any of the inclusion criteria and/or 2. The factor or exposure does not occur within an Aboriginal or Torres Strait Islander population
Comparison	No comparative populations exposures/interventions, or controls will be assessed. Studies may be included if it includes comparators or controls as long as it meets all of the other PICO criteria and other inclusion criteria.	No comparative populations, exposures/interventions, or controls will be assessed. The target study is to be excluded if it does not meet one or more of the other outlined PICO criteria.
Outcomes	1. Studies will be included if their outcome variable includes: a. psychological distress b. anxiety c. depression d. suicidality including ideation	1. Studies will be excluded if their focused outcome does not meet the inclusion criteria

6.4.6 Data Extraction Process

Eligible studies were sorted by design and relevant information was extracted under the headings: article identifiers, participants, social determinants of health and outcome measures, data collection location, and year.

6.4.7 Quality Assessment

The quality assessment process was outlined in full detail in the published protocol (Darnett et al., 2020). Briefly, a two-step risk of bias and quality assessment was undertaken to critically appraise each article. The Aboriginal and Torres Strait Islander Quality Assessment Tool (QAT; Harfield et al., 2020) was used to evaluate the quality of the research from a cultural perspective. Either the cohort or qualitative version of the Critical Appraisal Skills Programme (CASP) checklists were used to assess scientific rigour depending on the study designs of the

articles (CASP, 2018; CASPa, 2018). Papers that were included in the review that had a mixed method design had all three quality assessment tools applied to the paper.

Each paper was assessed by two independent authors to reduce bias and maintain scientific rigour. There are no set numerical scoring methods for the quality assessment tools used in this study, therefore, the scoring method used by Trounson and colleagues (2022) was adopted for the CASP checklists. Each question was given a numerical score depending on the answer (e.g., no = 0, and yes = 1). The scores from the two authors' appraisals were averaged and cut score parameters of a low (1-3), medium (4-6), or high-quality (7-10) articles were applied to produce a descriptive outcome for the quality of each article. The articles that were considered low quality on the CASP checklists would have been removed from the synthesis due to the unreliability of the results, however, there were none. The mixed method study had both qualitative and quantitative assessments applied. It is important to note that more than one of the included articles employed a mixed-methods design, however, only one article that had mixed methods had relevant findings in both types of results and therefore was labelled as mixed methods. The other studies were categorised into groups with other studies that employed a similar design based on the relevance of results to this review.

A similar scoring procedure was undertaken for the QAT tool. Each answer was given a numerical score depending on the answer to each question (e.g., no = 0, partially or unclear = 1, and yes = 2). The scores from the two authors' independent appraisals were averaged and cut score parameters of low (1-9), medium (10-18), or high-quality (19-28) articles were applied to produce a descriptive outcome for the quality of the study. The articles that were of low quality according to the QAT remained in the review as a low score does not necessarily translate to unreliable findings.

The outcomes from the quality appraisal are presented in Table 4. In line with Aboriginal and Torres Strait Islander ethics and data governance principles additional aspects of the paper were explored. Authors named on an included article were googled to report upon Indigenous authorship. If there was an Indigenous author on the paper, it was marked as 'yes'. If no Indigenous authors were found during the search, the paper was marked as 'unclear' to ensure a conservative approach was taken to labelling authors' identities.

6.4.8 Data Summary Procedure

The exposures and outcomes of interest in this review were all captured using a diverse range of measures and variables which does not meet the assumptions of a meta-analysis; therefore, it was discontinued. The findings from each paper were recorded and summarised to meet the requirements for a scoping review. The associations were simplified through a colour coding procedure to enhance the comparison and explore. If the included article suggested the social determinant under investigation was positively associated with the participants wellbeing, it was coded green. Conversely, if the included articles found the social determinant of health being explored were negatively associated with participants wellbeing, it was coded red. If there was no clear association that emerged from the articles at the highest or lowest levels of the social determinants of health, then it was coded yellow.

The results of this process were individually summarised and are presented in Table 6 – 8. For clarity during the interpretation of the tables, the determinants and how they can be understood is defined in Table 3 i.e. if increased amounts or higher levels of the determinants increase the wellbeing of the Aboriginal and Torres Strait Islander participants, they will be shaded green to indicate they have a positive effect on wellbeing.

Table 6.3 Interpretating of the Social Determinants of Health when Exploring the Trends.

Determinants	Interpretation
Income	Increased income
Education	Higher levels of education or qualifications achieved if any at all
Food Security	No problems acquiring food
Employment	Employed
Housing	House Crowding – More people living in the same house House Owner – Owning the home as opposed to renting
Social support	Increased levels of social support
Neighbourhood Safety	Increased feelings of safety

6.5 Results

6.5.1 Study Selection

The specific search terms yielded 2259 results. The search strategy was intentionally large ensuring to encompass all papers that may be relevant and avoid missing any articles. After removing 613 duplicates, 1646 articles remained to progress to the title screening process. After the title screening process, 1252 more articles were excluded and 394 progressed to the abstract screening stage. Once the abstract screening was completed 271 more articles were excluded and 123 articles progressed to the full-text screening phase. A further 100 articles were excluded, and 23 articles remained that met the inclusion criteria to be included in this review. The bibliographies of the included articles were title, abstract, and full text screened for studies that may have been missed in the initial search. The manual search of the bibliographies returned a further two studies that met the inclusion criteria and were included in the review totalling 25 studies that progressed to the data extraction phase. Figure 6.1 presents the PRISMA flow diagram detailing the total number of articles that were included and excluded during the screening process (Moher et al., 2015).

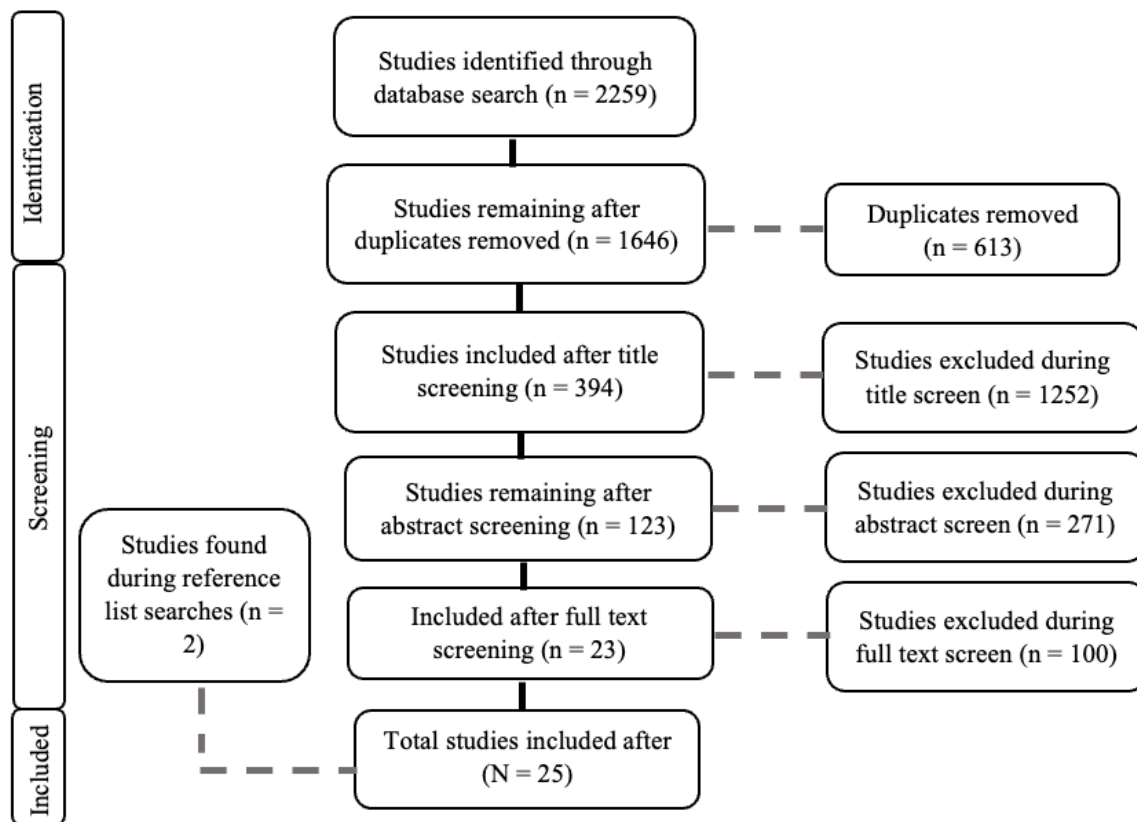


Figure 6.1. PRISMA Flow Diagram – flow chart of literature search, screening, and process of inclusion and exclusion of articles.

6.5.2 Data Extraction

Data were extracted from the 25 articles that met the inclusion criteria. The extracted data are displayed in Table 4. The papers were categorised by the measured outcome and then listed alphabetically to allow for easier comparison and identification. The combined data extracted highlights a diverse range of social determinants of health impacting psychological distress, collected from several locations within different Aboriginal and/or Torres Strait Islander communities across a span of several years.

Table 6.4 Extracted Data from Included Articles Grouped by Outcome

Article identifiers	Year data extracted	Participants*	Social Determinants of Health	Outcome Measure	Location of data collection

Social and emotional wellbeing					
Dudgeon et al., 2022. Understanding Aboriginal Models of Selfhood: The National Empowerment Project's Cultural, Social, and Emotional Wellbeing Program in Western Australia	2019 - 2021	49 Aboriginal adults over the age of 18 (14% male, 70% female) that have completed the Cultural Social, and Emotional Wellbeing program in Perth.	Social support	Self-reported SEWB	Participants were recruited from 3 community centres in Kwinana, Girrawheen and Langford, Western Australia
Jamieson et al., 2011. Oral health and social and emotional well-being in a birth cohort of Aboriginal Australian young adults	1987 - 2008	Participants were born at the Royal Darwin Hospital between 1987 and 1990 to an Aboriginal mother.	Employment , Housing	Strong's Souls Assessment Tool	Participants were located across 40 communities in the Northern region of the Northern Territory
Depression					
Almeida et al., 2014. The Kimberly Assessment of Depression of Older Indigenous Australians: Prevalence of Depressive Disorders, Risk Factors and Validation of KICA-dep Scale.	Not reported	250 Indigenous Australia (143 female, 107 male) over the age of 45 years old (M=60.9) located within the Kimberly region.	Education	Kimberly Indigenous Cognitive Assessment for depression scale	Participants were recruited from Mowanjum, Warmun, Ardyaloon, Junjuwa, Looma, Wirrimanu and Derby.
Berger et al., 2019. Hair cortisol, allostatic load, and depressive symptoms in Australian Aboriginal and Torres Strait Islander people.	March/April 2016	329 Aboriginal and Torres Strait Islander adolescents over the age of 15 years old in North Queensland.	Education and Housing	Adjusted Personal Health Questionnaire-9	Participants were recruited from Yarrabah, Waiben and Mer.
Brown et al., 2014. Men, hearts, and minds: developing and piloting culturally specific psychometric tools assessing psychosocial stress and depression in Central Australian Aboriginal Men.	Not reported	186 Aboriginal men from Central Australia participated in all elements of the study. The age range is from 16 – 72 (M=34.8).	Income, Employment ,	Adjusted Personal Health Questionnaire-9	Central Australia – Alice Springs and 3 other discrete remote communities
Hayes et al., 2010. The interface of mental and emotional health and pregnancy in urban Indigenous women: Research in progress	September 2003 – February 2005	92 Indigenous women who gave birth over an 18-month period in Townsville	Social support	Modified Edinburgh Postnatal Depression Scale	Townsville, Queensland, Australia
Priest et al., 2011. Racism and health among urban Aboriginal young people	1997 - 2001	172 young people aged 12-26 years that identified as Aboriginal	Food security, Income	Personal Health Questionnaire - 9	Melbourne, Australia
Shen et al., 2018. Depression, suicidal behaviour, and mental disorders in older Aboriginal Australians	Not reported	336 Aboriginal Australians over the age of 60	Education, Employment , Social support	Modified Personal Health Questionnaire-9	5 major urban and regional areas in New South Wales, Australia

Taylor et al., 2016. Depression and diabetes in the remote Strait Islands	2012	188 Torres Strait Islanders with diabetes remotely residing in the Torres Strait Islands	Employment , Education, Income	Modified Personal Health Questionnaire-9	5 remote Islands located within the Torres Strait
Depression and Anxiety					
Carlin et al., 2020. Risk and Resilience: a mixed methods investigation of Aboriginal Australian women's perinatal mental health screening assessment	2013-2014	91 Aboriginal women from the Kimberly region in during the perinatal period.	Social support	Kimberly Mums Mood Scale	Kimberly region of Western Australia.
Carlin et al., 2019. 'Having a quiet word': Yarning with Aboriginal Women in the Pilbara Region of Western Australia about mental health screening during the Perinatal Period.	Not reported	15 Aboriginal women ages between 18 – 42 years old that had within the last 3 years received perinatal care and grew up within the Pilbara region.	Social support	Kimberly Mums Mood Scale	Pilbara Region of Western Australia.
Marley et al., 2017. Validity and acceptability of Kimberley mum's mood scale to screen for perinatal anxiety and depression in remote Aboriginal health care settings.	9 th May 2013 – 11 th June 2014	97 Aboriginal perinatal women, 16 years or above participated in the study.	Employment , Education, Housing	Kimberly Mums Mood Scale	15 sites across the Kimberly region
Post Traumatic Stress Disorder					
Heffernan et al., 2015. PTSD among Aboriginal and Torres Strait Islander people in custody in Australia: Prevalence and Correlates	May – June 2008	396 Aboriginal and/or Torres Strait Islander inmates participated (331 males, 63 females)	Education, Social support	Composite International Diagnostic Interview	6 of the 9 high-security prisons in Queensland
Depression and Stress					
Macdonald et al., 2016. Listening to Australian Indigenous men: stories of incarceration and hope.	Not reported	Eight Indigenous Australian Men who had been previously incarcerated were interviewed	Social support	Semi-Structured Interview	Australia.
Stress					
Booth et al., 2023. Conceptualisation, experiences, and suggestions for improvement of food security amongst Aboriginal and Torres Strait Islander parents and carers in remote Australian communities	June – July 2021	Seventeen Aboriginal and/or Torres Strait Islander breastfeeding children (up to five years), and parents or carers of children who planned to reside in the community for the next eight months.	Food security	Semi-Structured Interview	Eight women from Cape York and nine women from Central Australia.

Cave et al., 2020. Racial Discrimination and allostatic load among First Nations Australians: a nationally representative cross-sectional study	2012-2013	2056 First Nations Australian Adults over the age of 18 from across Australia. Used data from national health surveys.	Social support, Education, Employment, Income	10 Biomarkers	Australia wide
Macedo et al., 2020. Racism, Stress, and sense of personal control among Aboriginal Australian pregnant women.	February 2011 – May 2012	446 Pregnant Aboriginal Australian women	Education, Employment	Perceived Stress Scale	South Australia
Psychological Distress and Risk of Self Harm					
Davison et al., 2017. Life, lifestyle, and location: examining the complexities of psychological distress in young adult Indigenous and non-Indigenous Australians	August 2013 – June 2015	360 Aboriginal people (166 male, 194 female) aged between 21 – 27 years old, living in the Northern Territory, Australia.	Income	Kessler-10, Short Perceived Stress Scale, Short Warwick-Edinburgh Mental Well-being Scale, Strong Souls suicide ideation. Adapted Negative Life Events Scale	Northern Territory
Suicide Ideation and Attempt					
Luke et al., 2013. Suicide ideation and attempt in a community cohort of urban Aboriginal youth: a cross-sectional study	1997 - 2001	172 Koori youth ages 12 – 16 years old living in Melbourne	Social support, Employment	Semi-Structured Interview	Melbourne, Australia
Distress					
Cunningham and Paradies 2012. Socio-demographic factors and psychological distress in Indigenous and non-Indigenous Australian adults aged 18 – 64 years: analysis of national survey data.	2004 - 2006	5417 Indigenous people aged 18 – 64 years old.	Education, Employment, Housing, Food security, Income	Kessler 5 Psychological Distress Scale	Australia wide
Garvey et al., 2017. Psychological distress among Indigenous Australian cancer survivors	November 2010 – December 2012	155 Indigenous cancer survivors were recruited from 4 major public hospitals in Queensland approximately 6 months. post cancer diagnosis.	Education, Employment	Distress Thermometer	Queensland, Australia.
Markwick et al., 2015. Social determinants and psychological distress among Aboriginal and Torres Strait Islander adults in the Australian state of Victoria: A	2008	34168 participants of which 339 were Aboriginal were recruited via digital dialling across Victoria	Income, Employment, Education, Food security, Social support,	Kessler 10 Psychological Distress Scale	Victoria, Australia

cross-sectional population-based study			Neighbourhood safety		
McNamara et al., 2018. Factors relating to high psychological distress in Indigenous Australians and their contributions to Indigenous-non-Indigenous disparities.	January 2006 – December 2008	Of the 233405 participants 1631 identified as being Indigenous Australian and over the age of 45.	Education, Income, Employment, Social support	Kessler 10 Psychological Distress Scale	New South Wales, Australia
Shepherd et al., 2018. Inter-relationships among cultural identity, discrimination, distress, agency, and safety among Indigenous people in custody.	January – October 2012	78 Indigenous prisoners (67 males, 11 females) in custody in regional or metropolitan prisons within Victoria.	Neighbourhood safety	Kessler 5 Psychological Distress Scale	Victoria, Australia
Sullivan et al., 2019. Aboriginal mothers in prison in Australia: a study of social, emotional, and physical wellbeing.	February – September 2013	161 Aboriginal mothers in prison participate within the study. The findings were based on the 77 NSW participants. The other 84 participants were based in WA.	Education	Kessler 5 Psychological Distress Scale	New South Wales and Western Australia.

6.5.3 Quality Appraisal

Table 6.5 summarises the quality assessment rating, and whether the research team contained an Aboriginal and/or Torres Strait Islander author from each article that was included in the review.

Table 6.5 Quality Appraisal Scores and Indigenous Authorship of Included Articles

Article Identifiers	QAT Quality Assessment	CASP Quality Assessments (rating: checklist)	At least one Aboriginal and/or Torres Strait Islander Author on Article
Dudgeon et al., 2022.	High	High: Qualitative Checklist	Yes
Berger et al., 2019.	Low	High: Cohort Checklist	Yes
Shen et al., 2018.	Medium	High: Cohort Checklist	Yes
Taylor et al., 2016.	Medium	High: Cohort Checklist	Yes
Almeida et al., 2014.	Medium	High: Cohort Checklist	Yes
Brown et al., 2014.	Medium	High: Cohort Checklist	Yes
Hayes et al., 2010.	Medium	High: Cohort Checklist	Yes
Priest et al., 2011.	Medium	High: Cohort Checklist	Yes
Carlin et al., 2020.	Medium	High: Cohort Checklist	Yes
Carlin et al., 2019.	Medium	High: Qualitative Checklist High: Qualitative Checklist	Unclear
Marley et al., 2017	High	High: Cohort Checklist	Yes
Jamieson et al., 2011.	Medium	High: Cohort Checklist	Yes
Heffernan et al., 2015.	Medium	High: Cohort Checklist	Yes
Macdonald et al., 2016.	High	High: Qualitative Checklist	Yes
Booth et al., 2023.	High	High: Qualitative Checklist	Yes
Cave et al., 2020.	Medium	High: Cohort Checklist	Unclear
Macedo et al., 2020.	Medium	High: Cohort Checklist	Yes
Davison et al., 2017.	Low	Medium: Cohort Checklist	Unclear
Luke et al., 2013.	Medium	High: Cohort Checklist	Yes
Sullivan et al., 2019.	Medium	High: Cohort Checklist	Yes
McNamara et al., 2018.	Medium	High: Cohort Checklist	Yes
Shepherd et al., 2018.	Medium	High: Cohort Checklist	Yes
Garvey et al., 2017.	Medium	Medium: Cohort Checklist	Yes
Markwick et al., 2015.	Low	High: Cohort Checklist	Yes
Cunningham and Paradies 2012.	Low	High: Cohort Checklist	Yes
Totals	4 High 17 Medium 4 Low	4 High Qualitative 18 High, 2 Medium Cohort 1 High Mixed Methods	22 Yes 3 Unclear*

**Note. Unclear was used as the descriptor for authorship when the research team could not explicitly find any author who had Identified as Aboriginal and Torres Strait Islander.*

On CASP quality appraisals, the majority (n= 18, 72%) of included papers undertook a quantitative approach to the methods. Of those 18 articles, 17 were of *high quality* and the CASP Cohort checklist, and 2 were *medium quality*. Of the remaining 5 articles 4 employed a qualitative methodology and 1 used a mixed methods design to collect and analyse the data. All

6 articles scored *high* on the CASP qualitative checklist, with the mixed method paper scoring *high* on both checklists.

Overall, on the QAT, 4 papers (16%) were considered *high* quality, with the majority of papers (68%) in the *medium* quality range. The QAT results also indicated that 4 papers (16%) were of *low* quality. In comparison, the results suggest that the authors of included articles prioritised meeting the scientific rigour criteria outlined in the CASP checklist, as opposed to the culturally appropriate criteria outlined in the QAT.

Additionally, the results from both quality appraisal tools were mapped on a timeline. Figure 2 displays an increase in the cultural quality of the published articles as time progressed. Whereas the quality appraisal scores resulting from the CASP checklists depict no change overtime. Interestingly, Figure 2 showcases the only 2 included articles that received a medium score on the CASP checklist were published in 2017.



Figure 6.2. Mapping Quality Appraisal Outcomes Across Time.

Note. The descriptive words represent the QAT scores. The CASP scores are colour coded. The CASP checklist ratings that were of high quality are green. The CASP checklist ratings that were of medium quality are orange.

Table 6.6 shows the trends reported by each article between the social determinants of health grouped by outcome. For example, the association extracted from Dudgeon et al., (2022) study found that Aboriginal participants reported social support was positively associated with their levels of SEWB (as indicated by green). Whereas Jamieson et al's., (2011) study found that Aboriginal participants who reported being employed were associated with lower levels of SEWB (indicated by red). In the same study participants who reported crowding (e.g., more people living in the home) was associated with higher levels of SEWB. Where a cell is shaded yellow indicates no relationship was observed. The traffic lights system works the same way for each outcome that is presented in the tables below.

Table 6.6 Impact of Social Determinants of Health Grouped by Outcome

Article Identifiers	Increased Levels of the Social Determinants of Health							
	Income	Education	Food Security	Employment	House Crowding	House Ownership	Social Support	Community Safety
SEWB								
Dudgeon et al., 2022								
Jamieson et al., 2011								
Depression								
Berger et al., 2019								
Almeida et al., 2014								
Brown et al., 2016	*							
Hayes et al., 2010								
Priest et al., 2011								
Shen et al., 2019							*	
Taylor et al., 2017								
Depression and Anxiety								
Carlin et al., 2020								
Carlin et al., 2019								
Marley et al., 2017								
Post Traumatic Stress Disorder								
Heffernan et al., 2015								

Depression and Stress								
Macdonald et al., 2016								
Stress								
Cave et al., 2020	**	**		**				
Booth et al., 2023								
Macedo et al., 2020								
Psychological Distress, and Risk of Self-Harm								
Davison et al., 2017	*							
Suicide Ideation and Attempt								
Luke et al., 2013							**	
Distress								
Cunningham and Paradies 2012 (males)	**	*	*	*				
Cunningham and Paradies 2012 (females)	**	*	*	*				
Garvey et al., 2018							*	
Markwick et al., 2015	**	**	**	**			**	**
McNamara et al., 2018								
Shepherd et al., 2018								**
Sullivan et al., 2019								

*Note - Green = higher levels of the SDOH increases our wellbeing, Red = Higher levels of the SDOH decrease our wellbeing, Yellow = no association observed to interpret, *= significant at the 0.05 level, ** = significant at the <0.001 level.*

Overall, higher income, education, employment, social support, and community safety tend to be positively associated with increased wellbeing. Conversely, factors such as house crowding, and lack of social support are linked with poorer mental health outcomes. The most explored outcome was depression (n=7) and the two most commonly reported social determinants of health were education and social support, both were explored in 13 articles. Community safety was the least explored social determinant of health. Similarly, Post-Traumatic Stress Disorder, Depression and Stress, Psychological Distress, Risk of Self-Harm, and Suicide Ideation and Attempt-were each separately explored in only one article, so this did not allow for exploration of trends for these variables.

Table 6.7 Impact of Social Determinants of Health Grouped by Participant Characteristics

Article Identifiers	Increased Levels of the Social Determinants of Health							
	Income	Education	Food Security	Employment	House Crowding	House Ownership	Social Support	Community Safety
Over 45 years old								
Almeida et al., 2014								
Shen et al., 2019								
McNamara et al., 2018								
Adolescents under 26 years old								
Berger et al., 2019								
Priest et al., 2011								
Luke et al., 2013								
Pregnant or new mums								
Hayes et al., 2010								
Carlin et al., 2020								
Carlin et al., 2019								
Marley et al., 2017								
Macedo et al., 2020								
Currently or previously incarcerated								
Heffernan et al., 2015								
Macdonald et al., 2016								
Shepherd et al., 2018								
Sullivan et al., 2019								
Chronic Disease								

Garvey et al., 2017								
Taylor et al., 2017								

*Note - Green = higher levels of the SDOH increases our wellbeing, Red = Higher levels of the SDOH decrease our wellbeing, Yellow = no association observed to interpret, * = significant at the 0.05 level, ** = significant at the <0.001 level.*

Overall, the included studies displayed a preference for exploring specific populations of pregnant women or new mums (n=5), and current or previous incarcerated populations (n=4). A strong trend over time was evident between increased social support positively-associated with wellbeing. For the over-45 group, there is no clear trend for how education levels impact wellbeing. In the adolescent group, increased levels of income, education, food security, house crowding, and social support were all found to positively impact wellbeing, whereas employment was found to be negatively associated wellbeing.

For pregnant women or new mums, social support appeared as the most positively associated social determinant of health for improved wellbeing, with 2 papers also reporting employment to increase wellbeing. For the incarcerated population, social support was the most commonly reported determinant (n=3). However, Heffernan et al., (2015) found social support negatively impacted the participants wellbeing which is an uncommon finding. Two papers explored wellbeing within a population of Indigenous people who were experiencing a chronic disease. Interestingly, the findings within this cohort directly contrast with each other with Garvey et al., (2017) reporting negative association between employment and education. Whereas Taylor et al., (2017) found employment and education to have a positive association with wellbeing.

The findings in the data were categorised by state, and by the geographical location of data collection (e.g., capital city or outside of capital cities). No trends emerged from the data when grouped by states. The exploration identified the majority of included articles focused on a

population within Western Australia (n=5), followed by Victoria and Queensland (n= 4), next was Northern Territory and New South Wales (n= 3). Finally, was South Australia, (n= 1), while no papers explored Australian Capital Territory and Tasmanian populations individually

There are regional variations in the associated with wellbeing. Studies undertaken on populations outside of capital cities of Australia generally exhibit positive associations with higher levels of income, education, social support, and community safety. Whereas capital cities demonstrate similar findings but with only three studies included in that group trends are harder to observe.

6.6 Discussion

The included papers underwent rigorous quality appraisals and data summaries that resulted in some contrasting findings. To the best of the research team's knowledge, this is the first scoping review that summarised the associations between social determinants of health and Aboriginal and Torres Strait Islander peoples' experiences of psychological distress.

The existing literature was summarised to explore the associations between income, education, employment, housing, social support, and neighbourhood safety with Aboriginal and Torres Strait Islander peoples experiencing psychological distress. Overall, the included articles displayed diverse relationships between the social determinants of health and the experiences of psychological distress. With limited similarities between study samples, geographical locations, and assessment measures further and more targeted explorations of the literature may be beneficial for returning a more specific understanding of the association.

Overall, higher income, education, employment, food security, social support, and community safety tend to be positively associated with the promotion of wellbeing. Each of these social determinants was reinforced by approximately 55 – 73 percent of the reported

positive associations with wellbeing. However, food security and neighbourhood safety were not as explored as frequently as the other determinants. In contrast, both housing ownership and crowding returned diverse findings that were explored further through analysis that grouped the studies by population characteristics and geographical location.

The findings when categorised by participants' characteristics reveal more insights into the trends between social determinants of health and mental wellbeing among Aboriginal and Torres Strait Islander peoples. Income, and social support maintained reasonably consistent across all groups and time periods. The over-45 group highlighted some differences in education and employment (Almeida et al., 2014; Shen et al., 2019). Individuals' needs change as they age (Ayoubi-Mahani et al., 2023), therefore, it is not surprising that employment might become a determinant that decreases wellbeing as age increases. Furthermore, lower levels of education may not have caused older Aboriginal and Torres Strait Islander peoples as much distress as it does for younger generations due to historical and cultural contexts (Dudgeon et al., 2014). Older generations may have developed resilience through community and traditional knowledge, buffering the negative effects of lower education levels on mental wellbeing compared to younger generations facing increased exposure to mainstream education and its associated stressors (Dudgeon et al., 2014).

In the adolescents group the findings for income, education, food security, and social support align with previous research in that higher levels of the determinant promotes wellbeing (Berger et al., 2019; Luke et al., 2013; Priest et al., 2011). Interestingly, Luke et al (2013) reported employment decreased wellbeing, this negative associations of wellbeing with employment may persist within this cohort due to systemic barriers, such as limited job prospects, or a value misalignment (Dudgeon et al., 2014).

In the studies that explore pregnant women or new mums, a strong theme of social support being positively associated with wellbeing was present which aligns with past literature (Carlin et al., 2020; Carlin et al., 2019; Hayes et al., 2010; Macedo et al., 2020; Marley et al., 2017). The studies that explored wellbeing within incarcerated populations mainly focused on the determinant of social support. Three papers suggested social support to be good for wellbeing, whereas Heffernan et al., (2015) found that the participants reported the participants with social support (measured in a dichotomous outcome of “current relationship” p. 525) inside and outside of prison were more likely to have PTSD in comparison to the control no PTSD cohort. Heffernan et al’s., (2015) findings, while unique, may have resulted from contextual factors, such as communication difficulties in prisons, separation from a partner which may increase stress, or perhaps from extraneous_within-relationship factors. Furthermore, it may have been due to being the only paper that explored the outcome of PTSD (Heffernan et al., 2015).

Two articles explored the associations between education and employment within the Aboriginal and Torres Strait Islander population while navigating a chronic disease. The findings from these two studies directly contrasted one another. Taylor et al’s., (2017) findings aligned with the wider trend that increased education and employment promoted wellbeing. However, Garvey et al’s., (2017) study reported that both education and employment contributed to decreased wellbeing. Some potential reasons to support this finding include the burden of maintaining employment while navigating appointments and the Westernised healthcare system (Schwarz et al., 2022). Furthermore, a higher education level might suggest a more in-depth understanding of what a chronic disease diagnosis means and the path to treatment including increased amounts of engagement with the healthcare systems (Dudgeon et al., 2014).

Alternatively, a higher education level may also result in increased awareness of health disparities and mortality rates among Indigenous populations (Sheikh and Islam, 2010).

The results were also categorised by geographical locations, first at the state level, and then it was grouped by studies that were conducted in populations that resided in capital cities, and studies that were undertaken outside capital cities. No common trends were observed when the data were explored by states. This is likely reflective of the diversity within the Aboriginal and Torres Strait Islander communities. Two main points highlighted from this summary was the lack of representation of research focused on Aboriginal and Torres Strait Islander communities in Tasmania and the Australian Capital Territory. Whilst community safety had only been explored in a Victorian population, the majority of studies focused on sample populations outside of capital cities and the trends observed included higher levels of income, education, social support, and community safety and mostly aligned with previous research (Berger et al., 2019; Booth et al., 2023; Brown et al., 2016., Hayes et al., 2010; Taylor et al., 2017; Carlin et al., 2019, 2020).

These findings underscore the complex interplay between social determinants and mental wellbeing within Indigenous communities. Two articles included in the review accessed data from the same cohort study to report findings and make meaningful inferences. This was identified during the data extraction phase of the review. The two articles that accessed the same data pool explored the association between different social determinants on the same outcome of psychological distress. Given this difference, both articles were able to be included and summarised without concerns of creating bias within the results.

6.6.1 Limitations

The protocol for this scoping review reported that a meta-analysis would be undertaken to compare and synthesise the quantitative data within the included articles. However, given the constantly changing research landscape especially within the Indigenous research arena in the contemporary era, there has been a lack of consistency in past literature in the collection and reporting of the data. This inhibited the research team's ability to synthesise the findings through a meta-analysis. Therefore, the research team adapted the research design to a scoping review and summarised the findings as opposed to synthesising them.

One way to reduce the diversity in data collection (e.g., psychological assessments used) and reporting (e.g., statistical analysis used), while also using maintaining scientific rigour and cultural safety is to utilise Indigenous frameworks and Indigenous normed and validated psychometric tools. The majority of the included articles did not do this. Therefore, to address this diversity, it would be useful for future research to review the current literature being published by Aboriginal and Torres Strait Islander authors and align with our data collection and reporting mechanisms. This would create a meaningful contribution the literature, while also utilising culturally appropriate methodologies that can be synthesised to understand larger trends in the populations over time.

The broad definitions used to explain the social determinants of health as well as psychological distress were needed to reflect the historical challenges of research within the Aboriginal and Torres Strait Islander populations that have occurred over time. This hindered our ability to produce stronger quantitative data analysis. Additionally, the search strategy only included 'social determinants of health' and did not include each individual social determinant as a search term, therefore, there may have been articles that met criteria and were not included.

Future reviews should be conducted to explore the cultural determinants as protective factors for Aboriginal and Torres Strait Islander wellbeing with a more comprehensive search strategy. It would also be prudent to recognising the complex layers that impact Aboriginal and Torres Strait Islander SEWB, such as forced assimilation and child removal, colonisation, and systematic disenfranchisement may help promote wellbeing and improve mental health.

The differences between and among the populations that participated within these studies, provided a very small, skewed snapshot into the associations explored. It is unsurprising that limited trends were able to be identified given the diversity of people within Aboriginal and Torres Strait Islander communities. Generalising findings of the research is not best practice within the cohort. Furthermore, an argument could be for papers that received low QAT scores to be excluded from the summary as they may lead to unreliable findings. This could be an area for future exploration to ensure Aboriginal and Torres Strait Islander knowledge is centred in the research outcomes. A sway toward undertaking place-based research is being encouraged to respect and promote our diversity within the Aboriginal and Torres Strait Islander peoples and cultures.

Some of the studies may have not have accurately reported the specific locations of data collection for ethical reasons, other studies were large-scale cohort studies and the participants' location data were not published to assess group differences. Research dictates there is often increased psychological distress experienced by a person during a current and previous period of incarceration, during the perinatal period, and whilst experiencing a chronic disease (Carlin et al., 2019, 2020; Garvey et al., 2017; Hayes et al., 2010; Heffernan et al., 2015; Macdonald et al., 2016; Macedo et al., 2020; Marley et al., 2020; Shepherd et al., 2018; Sullivan et al., 2019; Taylor et al., 2016). Therefore, the exploration of psychological distress within these specific

populations could have skewed the overall associations summarised in this review and prompted the deeper exploration through different groups.

6.6.2 Future Implications

This review highlights the inconsistencies that can occur when collecting and reporting data. The psychometric tools and frameworks being used should be chosen as they have been normed, validated, or created within an Aboriginal and Torres Strait Islander population. Furthermore, this review highlighted the historical preference for research articles aligning with Westernised perspectives of a quality article having scientific rigour. However, it also demonstrated a shift towards papers undertaking a more culturally appropriate approach to data collection and reporting as time has progressed. This shift should be recognised and encouraged across all journal articles when submitted for review. Lastly, researchers need to consider the diversity within the Aboriginal and Torres Strait Islander peoples and cultures when designing the method to take a place-based, and strengths-based approach to research and outcome generalisability.

This review further reiterates what is already so well known in Australia, that Aboriginal and Torres Strait Islander peoples experience increased negative impacts due to the absence of social determinants of health resulting in increased experiences of psychological distress or decreased wellbeing. Further, past research, systemic barriers and Westernised approaches are contributing to these increased experiences of psychological distress and more broadly the mental health gap. Health policies could investigate funding 20 free mental health sessions for the Aboriginal and Torres Strait Islander peoples who feel safe using the current system. As well as exploring increasing funding and resources for Aboriginal Community Controlled Health

Organisations (ACCHOs) for the people who choose to engage in mental health services through this platform.

Lastly, this review highlights the diverse ways in which Aboriginal and Torres Strait Islander people's wellbeing are associated with the social determinants of health. Often impacting the experiences of wellbeing. The determinant of social support was reported most commonly to promote wellbeing across the variety of included articles when they were categorised by participants characteristics, and geographical locations. To improve the amount of social support that Aboriginal and Torres Strait Islander peoples experience more adequate resourcing is needed. Resourcing for Aboriginal and Torres Strait Islander communities and organisations to implement community programs, increase engagement with cultural determinants of health and create opportunities for connections and social support.

To more appropriately address the psychological distress experienced by Aboriginal and Torres Strait Islander peoples, increased resourcing for the mental health work force to decolonise their practice and contribute to closing the mental gap may be beneficial. Additionally, more resources could be contributed to upskilling the workforce in Indigenous-specific trauma-informed training to improve the practice and outcomes for future generations that will need to engage in the systems.

6.6.3 Recommendations for Future Work

It is recommended that future research focuses on investigating the within-group differences that may be experienced by Aboriginal and Torres Strait Islander populations applying a strengths-based approach through the use of cultural determinants of health. Further, it is recommended to align future research outcomes and undertake a strengths-based approach to

research within Aboriginal and Torres Strait Islander communities that SEWB is used as the main outcome measure when exploring general physical and mental wellbeing.

This review provides a clear summary of the existing knowledge in the area by identifying the associations in the existing literature. By doing so, this review will inform Aboriginal and Torres Strait Islander communities, policymakers, and the broader scientific community. Furthermore, it is hoped that the findings from this review will inform the development of appropriate interventions within Aboriginal and Torres Strait Islander communities and identify priority areas and topics for future research and reviews.

6.7 References

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Chapter 7: Toward Indigenous Conceptualisations of Wellbeing

7.1 Chapter Guide

This chapter seeks to explore how culture shapes mental health and wellbeing perspectives within the literature. To do this, a brief historical overview of wellbeing as a construct is undertaken before further exploring Western wellbeing paradigms. The literature will then be investigated to move towards discussing holistic perspectives of wellbeing and how culture shapes these perspectives. This will be done through a human rights paradigm before exploring research on Aboriginal cultural values, such as relationality, and the need for belonging and how these two factors (relationality and belonging) impact our conceptualisations of wellbeing.

7.2 A Brief History of the Construct of Wellbeing

Wellbeing is a complex construct that can be defined in several different ways. There is no one theoretical definition of wellbeing that is consistently applied across studies exploring this phenomenon (Huber et al., 2011; Jadad & O'Grady, 2008). In clinical medicine settings Schramme (2023) highlighted that health is often understood as the absence of disease. While WHO define health as, '*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*' (WHO, 1948, 100). These definitions in theory are related to health, however, they emphasise, the overlap between health and wellbeing, while also illustrating how conceptualisations have evolved overtime to convey a more strength-based approach that goes further than avoiding disease or falling ill (Scaria et al., 2020). Worldviews are individual and they shape how human beings conceptualise wellbeing and it can be explored through many schools of thought, such as sociology, economics, philosophy, and psychology perspectives (Huppert & Cooper, 2014).

The concept of wellbeing has been central to thought since antiquity. Early concepts of wellbeing were found in Ancient Greece, Rome, and China and were often tied to philosophy and medicine (York, 2012). Traditional Chinese Medicine (3000-2000 BC) developed a holistic approach to health and wellbeing, influencing practices like acupuncture and herbal medicine (Lam & Lim, 2014). While other traditional systems like Ayurveda in India also contributed to early wellbeing concepts (Mishra et al., 2021). However, the ancient Greek philosophers, such as Aristotle, Plato, and the Stoics, laid foundational ideas about human flourishing and the good life that were adopted in Western countries, and continue to influence Western perspectives on wellbeing today (Michalos & Weijers, 2017).

The theories and frameworks that underpin wellbeing in today's society fall into one of the two approaches, unidimensional and multidimensional. Unidimensional approaches to wellbeing focus on a single aspect or dimension of wellbeing, typically emphasising subjective evaluation or life satisfaction (Vanhoutte, 2014). In contrast, multidimensional approaches to wellbeing consider multiple dimensions or aspects of wellbeing, recognising that wellbeing is complex, diverse, and influenced by various factors and domains of life (Vanhoutte, 2014). It is unsurprising that original thoughts of wellbeing mostly started as unidimensional, (e.g., life satisfaction) and as time has progressed, so have the theories and frameworks that underpin wellbeing to incorporate multidimensional approaches (Eisele, 2020).

Aristotle, one of the most influential philosophers in Western history, proposed the unidimensional concept solely focusing on eudaimonia as the dimension of wellbeing (Fowers, 2016). Eudaimonia is often translated to mean 'happiness' or 'flourishing' (Fowers, 2016). In his *Nicomachean Ethics* (350 BCE), Aristotle defined eudaimonia as the highest human good and as the aim of human life. According to Aristotle, eudaimonia is not merely a state of pleasure or

contentment but a state of living virtuously and in accordance with one's true nature identifying virtues such as courage, wisdom, temperance, and justice as essential for achieving eudaimonia, emphasising the importance of cultivating moral character and pursuing excellence in all aspects of life (Aristotle, 350 BCE). Aristotle's (350 BCE) work informed the development of eudaimonic wellbeing, it emphasises meaning, self-realisation, and the pursuit of excellence. The key features of eudaimonic wellbeing include finding and living by one's purpose, the importance of personal growth, and making meaningful contributions to society (Ryff, 2018).

The Stoic philosophers, including Epictetus, Seneca, and Marcus Aurelius, also contributed to the development of Western ideas about wellbeing (Dhiman. 2021). Stoicism emphasised the cultivation of inner tranquillity and resilience in the face of life's challenges (Dhiman. 2021). Stoics advocated for living in accordance with nature, accepting things beyond one's control, and focusing on what is within one's power to change (Dhiman. 2021). Through practices such as mindfulness, self-discipline, and rational reflection, Stoicism offered a philosophical framework for attaining a sense of inner peace and contentment, irrespective of external circumstances.

The Enlightenment period marked a significant shift in Western thought about wellbeing, with the emergence of empirical and rational approaches to understanding human nature and happiness (Zafirovski, 2010). Enlightened thinkers contributed to the development of utilitarianism and hedonism, theories that emphasised the pursuit of pleasure and the avoidance of pain as fundamental to human wellbeing (Pinker, 2018). Utilitarianism, popularised by philosophers like Bentham and John Stuart Mill, posits that actions should be judged based on their capacity to produce the greatest happiness for the greatest number of people (Bentham, 1789).

Whereas hedonism, often called hedonic wellbeing, is another unidimensional approach that focuses on the pursuit of pleasure and the avoidance of pain as central components of a satisfying life (Huta, 2020). It emphasises the attainment of positive emotions and the minimisation of negative ones (Huta, 2020). The key features of hedonic wellbeing include pleasure-seeking and often prioritises short-term happiness, and immediate gratification (Huta, 2020). In isolation, neither hedonic nor eudaimonic wellbeing encompasses a holistic approach to wellbeing that we understand it to be today. However, together, the approaches complement each other and transition to offering a more sophisticated perspective that aims to promote improved quality of life. This distinction highlights the multifaceted nature of wellbeing and the importance of both pleasure and purpose in human life.

Various health and spiritual movements in the 19th century, such as homeopathy, naturopathy, and New Thought, popularised ideas about maintaining health through diet, exercise, and lifestyle (Hechtman, 2018). Therefore, when the 20th century arrived the term ‘wellness’ gained currency. The marked shift towards a more holistic view of wellbeing is reinforced by the World Health Organization’s (1948) definition of health at the time as a state of complete physical, mental and social wellbeing. This period also saw the introduction of Abraham Maslow’s hierarchy of needs (1943) with the concept of self-actualisation placed at the highest level of human need. In the contemporary era of psychology, self-actualisation has evolved from a purely theoretical construct to a subject of empirical study, with researchers exploring its relevance in various domains of life, including work, education, and personal development (Krems et al., 2017).

In the modern era, psychology has played a central role in shaping Western understandings of wellbeing. These concepts often built upon the seminal work of philosophers to incorporate

both hedonic and eudaimonic aspects of wellbeing. The emergence of fields like positive psychology, pioneered by researchers including Martin Seligman, focused on studying the conditions and practices that contribute to human flourishing and optimal functioning (Seligman & Csikszentmihalyi, 2000). Positive psychology is an amalgamation of the theories and frameworks that came before it and emphasises the importance of positive emotions, engagement, relationships, meaning, and accomplishment in an individual's life (Seligman & Csikszentmihalyi, 2000).

Positive psychology has been critiqued for displaying a positive bias toward positive phenomena, overlooking the importance of acknowledging and addressing negative emotions and experiences (Wong & Roy, 2017). Furthermore, the limited applicability of the practices and key concepts across cultures have been emphasised, with Wong and Roy (2017) suggesting it may overlook cultural variations in values, beliefs, and coping strategies. Positive psychology continues to be an influential area of research and practice within psychology, informing interventions in clinical, counselling, education, organisational development, and community psychology, however, needs to be critically considered before being applied to clients outside of Western cultures.

The PERMA Model expands upon the foundation of positive psychology and provides a framework for understanding and promoting various dimensions of human flourishing and optimal functioning (Seligman, 2012). This framework seeks to identify and cultivate five essential elements of wellbeing such as Positive emotions, Engagement (or flow), Relationships, Meaning, and Accomplishment (Seligman, 2012). Positive emotions emphasise the importance of experiencing positive emotions such as joy, gratitude, serenity, and contentment in daily life which, while engagement suggests the state of being fully absorbed and immersed in activities

that provide a sense of flow, challenge, and enjoyment to be essential in increasing and maintaining wellbeing (Seligman, 2012). The relationships element highlights the significance of meaningful and supportive relationships with others, fostering social connections, intimacy, and a sense of belonging (Seligman, 2012). Belonging has previously been discussed several times throughout this thesis as a key theme associated with wellbeing. The ‘M’ in PERMA stands for ‘meaning’ which involves the pursuit of meaningful goals, values, and purposes that contribute to a sense of significance, coherence, and direction in life (Seligman, 2012). Lastly, the accomplishment element of the model focuses on setting and achieving goals, mastering skills, and experiencing a sense of accomplishment and competence (Seligman, 2012). Similar to the critiques of positive psychology, the PERMA model was also suggested to have limited applicability to diverse ethnic populations (van Zyl et al., 2024). The five elements encompassed within this model have been suggested to not completely capture the diverse cultural values, beliefs, and experiences related to happiness and wellbeing for individuals that identify outside the dominant Western society (van Zyl et al., 2024).

The PERMA framework has since been reimaged to address the suggested limitations. Butler and Kern (2016) developed the PERMA Profiler as a 23-item brief measurement tool which consists of Seligman’s (2012) original PERMA model and includes an addition eight items. The additional eight items included one question each assessing overall wellbeing and loneliness individually, and three questions assessing negative effect (sadness, anger and anxiety respectively) and three questions assessing health-related behaviours (Iasiello et al., 2017). While Butler and Kern (2016) demonstrated ‘acceptable model fit internal and cross-time consistency, and evidence for content, convergent, and divergent validity’ (p. 1). Moreover, a South Australian study conducted by Iasiello and colleagues (2017) added additional key drivers of

wellbeing based on their strong correlation to wellbeing. These included optimism, physical activity, nutrition, and sleep and referred to this assessment battery as 'PERMA+' (Iasiello et al., 2017). This was a catalyst for future PERMA revisions.

In 2020 4 additional building blocks were incorporated into the model, based on their contribution to holistic wellbeing (Donaldson & Donaldson, 2020). While maintaining the original five building blocks, Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment, the model was extended to include physical health, mindset, environment, and economic security (Cabrera & Donaldson, 2023). This is now referred to in literature as 'PERMA+4' attempts to addresses broader aspects of individuals' lives and experiences, recognising the interconnectedness of physical, emotional, social, and environmental factors in shaping overall wellbeing which aligns with more so with cultural values and beliefs (Koci & Donaldson, 2023).

Similar to the PERMA model, critics have suggested the PERMA+4 model is a general simplification of the complex construct of wellbeing, as well as not adequately encompassing cultural diversities as it may overlook the importance of cultural specificity and diversity in understanding wellbeing (Martin & Donaldson, 2024). However, Cabrera and Donaldson (2023) conducted a systematic review to determine if the empirical evidence reinforced the assertion that the PERMA and PERMA+4 models predict wellbeing and positive functioning. The findings revealed strong associations with most of the included articles being correlational, cross-sectional, or based on a variety of self-report surveys (Cabrera & Donaldson, 2023).

Limitations from Cabrera and Donaldson (2023) emphasised the low quality of studies that informed this review, leading to them recommending the use of more rigorous experimental designs, and suggesting improvements for the psychometric assessments. Despite these cautious

findings, the majority of recent literature focuses on creating a psychometric tool to quantify wellbeing based upon the PERMA+4 framework (see, Donaldson et al., 2023; Lorenz et al., 2023; McDermott et al., 2024). Seemingly disregarding the need to explore evidence of PERMA+ applicability across cultures, and still utilising the models cross culturally (see, Ayse, 2018; Khaw & Kern, 2014; Martín-Díaz & Fernández-Abascal, 2024; Nie et al., 2024; Wammerl et al., 2019)

7.2.1 Psychological Distress

Psychological distress did not exist in ‘traditional’ Aboriginal language prior to colonisation, it was introduced by the colonisers. Despite psychological distress being an English term, it has consistently been used to measure our wellbeing and track our mental health progress across time (see, Cunningham & Paradies, 2012; Thurber et al., 2019; van Agteren et al., 2019). The Aboriginal and Torres Strait Islander experiences of psychological distress are presented diversely in the literature. Therefore, it has been challenging to understand the full extent of the impacts of psychological distress within Aboriginal and Torres Strait Islander populations.

Psychological distress was utilised as the outcome variable in the first empirical study which can be found in Chapter 6. Psychological distress was chosen as it is a commonly measured construct reported by the Australian Government, as well as in empirical evidence. Traditionally Western psychology defined psychological distress broadly as a state of emotional suffering (Belay et al., 2021). To match this definition, in the scoping review printed in Chapter 6, a wide approach was applied to the screening process, not only encompassing articles that measures psychological distress specifically, however, also including articles that explored associations between SDoH, and psychological constructs that represented a presence or absence of wellbeing (e.g., SEWB, anxiety, distress, self-harm, suicide attempts). The current discussion

of wellbeing is the strengths-based approach to exploring Aboriginal and Torres Strait Islander people's experiences. Psychological distress was the most similar and encompassing variable that had been explored within Aboriginal and Torres Strait Islander population for an extended period of time, that is why it was used in the scoping review.

7.2.2 The Dimension of Wellbeing

Wellbeing is a comprehensive term that encompasses both hedonic, and eudaimonic approaches and multiple dimensions such as physical, mental, social, and economic wellbeing (Ryan & Deci, 2001). According to Diener (2000), wellbeing involves an individual's overall experience of life satisfaction and positive emotions. The concept of wellbeing has evolved significantly over time as illustrated in the previous section (Eisele, 2020). The dimensions of wellbeing underpin the construct of wellbeing and encompass various aspects of an individual's life and experiences, reflecting their overall quality of life and satisfaction (Kiefer, 2008). Some of the different models and theories previously discussed emphasised different dimensions of wellbeing. Some common dimensions include physical, psychological, social, environmental, occupational, spiritual and economical which will now be briefly explored (Hutchison, 2018).

Physical wellbeing encompasses individuals' physical health, vitality, and functioning. It incorporates aspects such as nutrition, exercise, sleep quality, and overall physical health (Melnyk et al., 2020). While psychological wellbeing refers to a person's emotional and mental health. It encompasses positive emotions, life satisfaction, resilience, self-esteem, and the ability to cope with stress and adversity (Martínez-Martí & Ruch, 2017). Social wellbeing incorporates the quality and satisfaction of individuals' social relationships and interactions. It includes aspects such as social support, connectedness, belongingness, and the quality of interpersonal relationships (Teghe & Rendell, 2005). Environmental wellbeing relates to individuals'

relationship with their physical surroundings and the natural environment (Silva et al., 2018). It incorporates factors such as access to clean air and water, safety, sustainability, and the quality of the built environment (Silva et al., 2018). Occupational wellbeing focuses on individuals' experiences and satisfaction in the workplace or in their chosen vocations (Moore et al., 2011). It includes aspects such as job satisfaction, work-life balance, professional growth, and fulfillment (Moore et al., 2011). Spiritual wellbeing refers to individuals' sense of meaning, purpose, and connection to something greater than themselves (Gomez & Fisher, 2003). It encompasses beliefs, values, existential fulfillment, and the search for transcendence and inner peace. Lastly, economic wellbeing relates to individuals' financial security, stability, and satisfaction with their economic resources and opportunities (Wilmarth, 2021). It incorporates factors such as income, wealth, employment status, and access to economic opportunities (Wilmarth, 2021).

These dimensions of wellbeing are suggested to be interconnected and influence one another contributing to the application of a holistic perspective toward individuals' overall quality of life and sense of fulfillment (Alborz, 2021). Collectively, they provide a framework for understanding and promoting individuals' holistic wellbeing and when considered together increase the chances that the construct of wellbeing can be meaningful for people and communities universally (Ciziceno, 2022). The dimensions of wellbeing can be utilised to identify an individual's strengths and challenges, to tailor interventions, as well as inform healthcare practices, and policies. This is why a large emphasis has been placed on the theoretical elements that contribute to wellbeing, they need to form the foundation of a psychologists practice to work reflexively with clients, as concepts of wellbeing are diverse and can be unique to individuals. Therefore, to cement this understanding, individual, community and ecological wellbeing will be

explored in greater depth, before continuing on to explore Aboriginal concepts of wellbeing in Chapter 8.

7.2.2.1 Individual Wellbeing

Individual wellbeing refers to the subjective experience of happiness, satisfaction, and fulfillment in an individual's life. It is the main type of wellbeing that has been explored in the earlier sections and encompasses the dimensions of wellbeing discussed in the previous section. The PERMA models (Donaldson & Donaldson, 2020; Seligman, 2012) and hedonic and eudaimonic wellbeing (Diener et al., 1999), were offered to provide comprehensive perspectives on individual wellbeing. Recent empirical evidence has shown that factors such as positive emotions, engagement in meaningful activities, positive relationships, and a sense of purpose contribute to individual wellbeing (Keyes, 2005; Huppert & So, 2013). However, individual wellbeing does not exist in isolation.

7.2.2.2 Community Wellbeing

Community wellbeing focuses on the collective experiences and conditions that contribute to the health, prosperity, and resilience of communities (Atkinson et al., 2020). It encompasses social cohesion, economic vitality, environmental sustainability, and cultural richness (Burchardt et al., 2018; Ryan & Deci, 2018). Communities that foster strong social networks, mutual aid, and inclusivity contribute significantly to the wellbeing of their members, creating a sense of belonging and security leading to enhancement of community wellbeing (Atkinson et al., 2020).

Frameworks such as the Community Capitals Framework (Flora & Flora, 2008) and the Wellbeing and Resilience Paradox Framework (Stafford et al., 2018) provide insights into the multiple dimensions of community wellbeing. The Community Capitals Framework is a model

used to assess and enhance community development by focusing on the various resources that contribute to a community's overall wellbeing and resilience (Flora & Flora, 2008). The framework identifies seven types of resources that communities can invest in and leverage to foster sustainable development, these include natural, cultural, human, social, political, financial and built resources (Flora & Flora, 2008). In research and practice this framework helps to assess how well communities are utilising their resources as well as identify opportunities for improvement (Flora & Flora, 2008). Through strengthening their resources, communities can enhance their resilience, sustainability, and overall wellbeing (Flora & Flora, 2008).

The wellbeing and resilience paradox framework highlights the complex relationship between wellbeing and resilience, in that communities can exhibit high levels of resilience despite experiencing adversity or challenges that typically undermine wellbeing (Mguni et al., 2012). This paradox arises from the observation that some populations maintain or even improve their wellbeing, even in the face of significant social, economic, or environmental stressors (Mguni et al., 2012). We know that Aboriginal and Torres Strait Islander communities hold collectivist values at times privileging community wellbeing, over their individual or family wellbeing (Garvey et al., 2021). We also know that the impacts of colonisation have challenged Aboriginal and Torres Strait Islander communities' wellbeing. Therefore, when applying the Wellbeing and Resilience Paradox Framework within an Aboriginal context, we may draw upon our cultural traditions, connection to land, and community support systems to sustain wellbeing in the face of resisting the colonial burdens (Ungar, 2011). The framework encourages policymakers, researchers, and practitioners to focus not only on reducing adversity but also importantly on strengthening cultural healing factors that promote resilience and wellbeing in challenging circumstances.

7.2.2.3 Ecological Wellbeing

In addition to social dynamics, the health of individuals and communities is also profoundly shaped by ecological wellbeing. Ecological wellbeing focuses on the health and sustainability of ecosystems and the interactions between humans and the natural environment emphasising the interconnectedness between human wellbeing and the ecological systems that support life (Whitmee et al., 2015). It recognises that the wellbeing of individuals, communities, and entire societies is deeply dependent on the health of the environment encompassing factors like clean air, water, biodiversity, natural resources and their management, ecological balance, conservation, resource and climate resilience (Sandifer et al., 2015).

Initiative assessments such as the Millennium Ecosystem Assessment (MEA, 2005) was pivotal to assess the consequences of ecosystem change for human wellbeing and to provide a scientific basis for actions to improve the conservation and sustainable use of ecosystems. The main findings from the assessment introduced the concept of ecosystem services, which are the benefits people obtain from ecosystems (MEA, 2005). These include provisioning services (e.g., food, water, timber), regulating services (e.g., climate regulation, flood control), cultural services (e.g., recreational, spiritual benefits), and supporting services (e.g., soil formation, nutrient cycling). Another finding from this assessment linked the human impacts toward degradation from the previous 50 years to the consequences for our wellbeing, emphasising a direct link between ecosystems about human health and sustainability (MEA, 2005).

Leveraging findings like those in the MEA, frameworks such as Planetary Boundaries framework (Rockström et al., 2009) were developed to define the environmental limits within which humanity can safely operate. The framework identifies nine critical Earth system processes that are essential for maintaining the stability and resilience of the planet. Crossing

these boundaries could lead to irreversible environmental changes that threaten human survival and wellbeing. The nine planetary boundaries are climate change (limiting greenhouse gas emissions), biosphere integrity (ensuring ecosystems continue to function), land-system change (preventing excessive land-use), biogeochemical flows (Controlling nitrogen and phosphorus cycles), ocean acidification (preventing harmful changes in ocean chemistry), freshwater use (ensuring sustainable use of global freshwater resources), atmospheric aerosol loading (managing air pollution), stratospheric ozone depletion (protecting the ozone layer), and novel entities (controlling synthetic chemical pollution and radiation; Rockström et al., 2009). In the 15 years since the scientific model was introduced, recent assessments illustrate several boundaries have already been crossed, including climate change, biodiversity loss, and nitrogen cycle disruption, posing significant risks to planetary stability. It is no wonder the younger generations are marching through the streets demanding change, not only is their wellbeing at risk, but the lives of their children may be questionable.

7.2.3 Toward Holistic Perspectives of Wellbeing

Wellbeing has consistently been framed throughout this thesis as a multidimensional construct that extends beyond personal health to encompass social, cultural, and environmental factors. Exploring the intersections between individual, community, and ecological wellbeing is particularly important for addressing contemporary challenges such as climate change (Swim et al., 2011), social inequality (Wilson, 2009), and mental health disparities (Armitage et al., 2012; Reuben et al., 2022). All three dimensions of wellbeing are interconnected and mutually reinforcing (Kibria et al., 2022). Individual wellbeing is influenced by community and ecological factors, while community wellbeing depends on individual and ecological health. Recent empirical evidence suggests that fostering synergies between individual, community, and

ecological wellbeing can lead to more sustainable and resilient societies (Armitage et al., 2012; Ferraro & Andrade, 2014; Schreckenberg et al., 2016).

The socio-ecological mental health and wellbeing model (Bronfenbrenner, 1979) is one of many models that emphasises the intersection between individual, social, and environmental factors in shaping mental health and wellbeing. It recognises that mental health is influenced not only by personal attributes but also by the broader social and ecological contexts in which people live (Michael et al., 2022). This model underscores the importance of addressing mental health in a holistic manner by considering not only individual interventions but also strategies that improve social, cultural, and environmental conditions. It highlights the need for cross-sectoral collaboration to promote mental health across all levels of society.

Commonly theories and frameworks are limited in their consideration of cultures outside of the dominant Western culture. It is critical to understand and apply cultural worldviews to wellbeing concepts from the point of conceptualisation for them to be meaningful. Given the already mentioned diversity in culture, this could very well mean that there will be no one model that can be applied cross culturally in psychology. This is due to the deep impact the culture has on the shaping of a person, inclusive of their mental health and wellbeing perspective which will now be explored in more depth.

7.3 How Culture Shapes Mental Health and Wellbeing Perspectives

As history has progressed many definitions have been offered to succinctly summarise culture. Edward Tylor (1871) suggested that culture was a complex whole that included things like knowledge, belief, art, morals, law, and customs. Criticism of Tylor (1871) indicated that the definition was combining too many psychosocial terms with external items. Malinowski (1931) proposed that culture is a well organised unity and divided it into two fundamental

aspects, a system of customs and a body of artifacts. However, Herskovits and Mead individually separated Malinowski's two suggested components, with Herskovits (1948) indicating that culture is created by people, while Mead (1953) highlighted that culture is a learned behaviour. Geertz (1973) followed on offering a more externally focused and semiotic definition of culture, that it is a historically communicated pattern of meanings represented by symbols. More recently Richerson and Boyd (2005) defined culture to be information that is capable of affecting individuals that is acquired from other members of their subgroup.

Culture is understood as a difficult term to define (Gee, 2016; Katan, 2018; Lebron, 2013; Peters, 2017). It is not that the word culture is hard to define, it is more that there is no mutually agreed upon definition. This could be in part due to the word 'culture' having meaning in the field of the arts, anthropology, sociology, psychology, and biology. For one definition to satisfactorily meet all requirements across disciplines would be near impossible, suggesting that culture is many things to many peoples and can viewed with many different perspectives and lenses. What can be gathered from the collective definitions is that culture is often experienced by a subgroup of people, it is created and maintained by the individuals and the behaviours, customs, laws, traditions, morals, ways of knowing and being are learnt and they are generally passed down to younger ingroup members through communicating symbols.

7.3.1 Collectivist vs Individualist Cultures Wellbeing Perspectives

Culture shapes the way in which people experience the world, through influencing individuals' belief systems and perspectives on mental health (Rigney, 1999). One of the subgroups of culture is expressed around the world as either Collectivist or Individualist cultures. Most the people that make up these subgroups possess different views, perspectives and opinions

of wellbeing. Some of the commonalities of the perspectives that people hold, can form because of the culture in which they align.

A Collectivist culture is displayed through a belief that the people or the state of a country own and control the country's resources, productions, distributions, industry and services (Hussein, 2020). The collectivist culture emphasises the needs and desires of the group in comparison to people's individual wants and needs (van Hoorn, 2015). Often found in collectivist cultures, relationships and interconnectedness are at the core of each person's identity. Some other commonly shared traits may include indirect communication, group loyalty, a preference for compromise, collaborating, and supporting others that share the common goal (van Hoorn, 2015).

Aboriginal culture and values are formed based on a collectivist perspective (Rigney, 2003). Fogarty and White (1994) explored the differences in values between Aboriginal university students and non-Indigenous university students. They reported that Aboriginal participants emphasised the importance of values such as tradition, conformity, and security, in contrast to their non-Indigenous counterparts that placed significantly higher emphasis on values associated with achievement, self-direction, stimulation, hedonism, and benevolence (Fogarty & White, 1994). Fogarty and White (1994) went on to report that these findings to be the main difference between the two groups are the values being collective for Aboriginal peoples, and individualistic values for non-Indigenous participants. This study, although 30 years old, was and is consistent with similar research and discourses exploring Aboriginal worldviews (see, Martin, 2012; Miller, 2018; Purdie, 2005) and further displays strength as collective values are likely to be a strong determinant of behaviour for younger and more Westernised Aboriginal people (Mooney et al., 2016; Purdie & McCrindle, 2004).

An Individualist culture focuses on the rights and concerns of each individual person (Hofstede, 2001). In these cultures' independence, and individual identity are promoted. In individualist societies, people are only expected to take care of themselves and their immediate families and there is focus on personal rights, individual goals (Hofstede, 2001). Westernised countries align more with individualist societies such as England, America, and now Australia. As earlier sections pointed out, original collectivist values held by Aboriginal peoples, are no longer the prominent views, as an individualistically oriented style of thinking has taken over as the objectification and exploitation that took place due colonisation and forced assimilation (Miller, 2018). It is important to emphasise, that despite the similarities shared between cultures from collectivistic and individualist roots, it would be problematic to assume the similarities should be applied across cultural values, traditions, customs and knowledge.

7.3.2 Basic Human Rights and Wellbeing

Basic human rights are fundamental entitlements inherent to all human beings, regardless of nationality, sex, ethnicity, religion, or any other status (United Nations General Assembly, 1949). The literature on human rights spans various disciplines including law, philosophy, political science, and international relations. It addresses the conceptual foundations, historical development, legal frameworks, and contemporary issues related to the protection and promotion of human rights broadly. The formalisation of human rights can be attributed to the aftermath of World War II and the establishment of the United Nations (UN) (Hoffman, 2010). The Universal Declaration of Human Rights (UDHR), adopted by the UN General Assembly in 1948, is a milestone document that outlines fundamental human rights to be universally protected (Glendon, 2001). The UDHR has influenced numerous national constitutions and international treaties.

Human rights are protected through various international, regional, and national legal policies and are typically categorised into civil and political rights, and economic, social, and cultural rights (Joseph & Castan, 2013). Civil and political rights include rights such as freedom of speech, right to a fair trial, and freedom from torture. They are often seen as first-generation rights that protect individuals from abuses by the state (Donnelly, 2013). The removal of first-generation rights from Aboriginal and Torres Strait Islander peoples have been explained throughout Chapters 2 and 3, these included removal of land rights, and the forced removal of children during the Stolen Generations.

The theories posited in Section 2.2.1 suggest that inequity was developed and is maintained through the creation of dependency on the colonisers for survival which in turn also reinforces the coloniser with the society's power. By the colonisers in Australia controlling access to basic human rights for Aboriginal and Torres Strait Islander peoples, they were able to acquire and maintain the power over the peoples. Economic, social, and cultural rights, such as the right to education, health, and an adequate standard of living, are considered second-generation rights and focus on ensuring individuals' welfare and dignity (Eide, 2001). Aboriginal and Torres Strait Islander second generational rights are consistent undermined through processes that underpin our systems in Australia such as over-policing and incarceration in the justice system, inequitable healthcare systems, racism within the education system, and marginalisation or exclusion within the political systems. Outside of a systems lens, further examples denying our second-generation rights can be seen in the discrimination faced in the workforce, and our right to housing as we are disproportionately subjected to housing insecurity, overcrowding, poor quality of housing and homelessness, especially in remote, and rural areas where there is less availability (Andersen et al., 2016; Memmott et al., 2018). When our rights

are undermined, it contributes to maintaining the cycles of disadvantage that Aboriginal and Torres Strait Islander peoples are more commonly born into.

The literature on human rights explores contemporary challenges, such as the enforcement of human rights (Donnelly & Whelan, 2020), cultural relativism (Colchester, 2021), and the impact of globalisation (Evans & Kirkup, 2010). Debates often arise over the universality of human rights versus cultural specificities, questioning whether human rights principles can be universally applied without regard to cultural differences (Mutua, 2002). Additionally, globalisation has introduced complex dynamics, affecting both the realisation of rights and the mechanisms for protecting them. The examples provided above highlight that human rights principles cannot be universally applied without further disempowering Aboriginal peoples.

United Nations Educational, Scientific and Cultural Organization (UNESCO) is a specialised agency of the UN that promotes global peace and sustainable development through education, science, culture, and communication (UNESCO, 2024). The UNESCO constitution (1945) founded upon the '*intellectual and moral solidarity of mankind*' (Kadam, 2022, p. 693). as a basis for peace. They have been instrumental in promoting the right to education, cultural rights, and freedom of expression. UNESCO developed 17 Sustainable Development Goals (SDGs), that incorporate a rights-based approach to development, incorporating human rights principles throughout the goals and targets (Ubertazzi, 2020). The 17 interconnected goals address global challenges, including poverty, inequality, climate change, and peace were adopted by the UN in 2015 as part of the 2030 Agenda for Sustainable Development (Trends, 2017). The UNESCO SDGs represent one of the latest global efforts to advance human rights and wellbeing, building on decades of human rights developments and integrating them with environmental and economic concerns for a comprehensive approach to global progress.

The 17 SDGs are measured through a comprehensive global indicator framework. The Inter-agency and Expert Group on SDG Indicators developed a framework of over 232 indicators to monitor the 17 goals and 169 associated targets (Trends, 2017). To monitor the progress toward the goals, countries collect data at the local level, then report to National statistical offices. International agencies work with the National Statistical Officers to develop methodologies, collect data, and facilitate global reporting (WHO, 2016). The UN Secretary-General produces an annual SDG Progress Report (WHO, 2020). However, many countries have established national reporting platforms for the SDGs.

To provide a brief overview of the progress thus far, a midpoint evaluation revealed significant challenges (Edwards et al., 2024). Only 15% of assessable targets are on track to be achieved by 2030 (UN, 2023). Nearly 48% of assessable targets show moderate or severe deviations from the desired trajectory (UN, 2023). While over 37% of assessable targets have experienced no progress or have regressed below the 2015 baseline (UN, 2023). Unsurprisingly, progress varies significantly across different regions and countries (UN, 2023). Moreover, while data is available for many indicators, there are still gaps in comprehensive measurement across all goals (UN, 2023). It is also important to acknowledge the impacts of recent global challenges, such as the COVID-19 pandemic, that have affected progress on many SDGs (UN, 2023). Despite, the slower than desired progress, having a framework for measuring the SDGs, with so many associated targets across several countries is no simple tasks. The Australian government cannot seem to manage a much smaller indicator framework within only one country (Chapter 5).

Human rights and SDGs are fundamentally interconnected, as both frameworks emphasise equality, inclusion, and the right to live with dignity. It is widely recognised and highlighted

continually throughout this thesis that Indigenous peoples have been, and still are marginalised and excluded from many of the initiatives that impact us. To correct this, The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was created (Assembly, 2007).

7.3.2.1 The Rights of Indigenous Peoples

UNDRIP is a comprehensive international instrument that outlines the rights of Indigenous peoples across various domains. It explicitly affirms the rights of Indigenous peoples to self-determination, land, culture, and participation in decisions that affect their communities and also emphasises the need for free, prior, and informed consent regarding projects affecting Indigenous lands and resources (Assembly, 2007). The right to self-determination is a cornerstone of UNDRIP, it involves empowering Indigenous peoples to freely determine the political status and pursue the economic, social, and cultural development (Cambou, 2020). This principle is essential for the recognition and empowerment of Indigenous governance systems and was previously explored in an Australian context framed within the Closing the Gap Initiative (Section 5.3).

UNDRIP also acknowledges the importance of cultural heritage and practices, advocating for the protection of Indigenous languages, traditions, and institutions (Assembly, 2007). This aspect addresses the historical suppression of Indigenous cultures (Section 2.2) and supports their revitalisation. Furthermore, UNDRIP emphasises the rights of Indigenous peoples to their traditionally owned or occupied lands, territories, and resources. This includes the right to redress for lands taken without consent and the necessity for activities impacting Indigenous lands (Feriring, 2013). From legal perspective, implications for this right have been evidenced through varying degrees of implementation and recognition of UNDRIP by state governments

(Cambou, 2020). This includes examining the legal pluralism that arises from the coexistence of Indigenous and state legal systems (Gover, 2009).

The evolution of international declarations concerning Indigenous rights reflects a growing awareness and acknowledgement of the injustices we face and an effort to rectify them. UNDRIP represents strides made towards recognising and protecting our rights. However, it also underscores the persistent challenges in translating these internationally recognised rights into concrete actions and policies (Cambou, 2020; Feriring, 2013; Gover, 2009). The ongoing advocacy, scholarship, and resistance from Indigenous peoples and our allies contribute to the greater implementation and respect for the rights of Indigenous peoples. This ensures that we are active participants and beneficiaries in global efforts toward sustainable development, addressing past injustices while fostering a more inclusive and equitable future. It seems fitting to end with the words from Lowitja O'Donoghue a Yankunytjatjara woman who has recently returned to dreaming, *"Together, we can build a remarkable country, the envy of the rest of the world."* (O'Donoghue, 1985 cited in Department of Education, 2024).

Indigenous human rights have historically, and currently still do play an important part of understanding the Aboriginal and Torres Strait Islander experience. This perspective considers the colonial impact on our cultural experiences of mental health and wellbeing. Now, the following two sections (7.3.3 and 7.3.4) will explore the cultural impacts on our conceptualisations of mental health and wellbeing through the lens of belonging, and relationality as they are two key core values, and strengths foundational to Aboriginal cultures.

7.3.3 Belonging

'Terra Nullius' was declared at the time of British colonisation, which defined Aboriginal lands as 'belonging to no one' and thus open for settlement (Coleman, 2017). From the very

beginning the coloniser denied our belonging and sovereignty over the lands we had inhabited for millennia. Therefore, the fact that belonging plays such a critical role across our lifespan has been a central element of this thesis. Belonging as an aspect of social wellbeing has been discussed across Chapter 7, community wellbeing in Section 7.2.2.2 belonging in higher education was discussed in Section 3.4.1. While social, community wellbeing and higher education both intersect and diverge at different touch points, belonging as a vital aspect for our health and wellbeing remains consistent.

Feelings of belonging have been suggested to be crucial for mental health and resilience (Dudgeon et al., 2014). It has been the difference between life and death far too often for Aboriginal and Torres Strait Islander peoples. This of course stems from colonisation, and the ongoing impacts we experience in our everyday lives. Belonging is a foundation of Aboriginal culture. Aboriginal culture is synonymous with connection, connection to Country, community, kinship, culture, and ancestors (Gee et al., 2014). This is discussed in great depth in Chapter 8 when we explore the SEWB framework. However, this is important to understand in this section, as a sense of connection and belonging impact and shape our perspectives of wellbeing and mental health (Gee et al., 2014; Dobia, & Roffey, 2017; Dudgeon et al., 2014; Sun & Buys, 2013). Moreover, connection for us at times can be used a synonym for belonging. Connection to Country can be described as, and feel like, a belonging to Country. Connection to community, can be described as, and feel like belonging to community. These connections are fundamental in maintaining mental health and wellbeing for Aboriginal people (Gee et al., 2014; Dobia, & Roffey, 2017; Dudgeon et al., 2014; Sun & Buys, 2013).

When our connections are strained, and belonging compromised for a certain period of time, one may expect an individual to report reduced levels of wellbeing (Fredericks et al., 2024;

Gee et al., 2014; Dobia, & Roffey, 2017; Dudgeon et al., 2014; Sun & Buys, 2013). However, within the Aboriginal context, our connections and belonging has been continuously disrupted across generations, which in turn may have altered the way in which some peoples experience and conceptualise mental health and wellbeing, among other things (Atkinson et al., 2010; Menzies, 2019). In the current day, Aboriginal peoples have maintained our holistic conceptualisations of health that date back tens of thousands of years (Clarkson et al., 2017). This conceptualisation has resulted in the creation of the SEWB framework (Gee et al., 2014) which is discussed at length in the Chapter 8. This holistic conceptualisation varies in differences from the Westernised health models discussed in Section 8.6 which has implications for how mental health and wellbeing are perceived and addressed in Australia (Gee et al., 2014; Dudgeon et al., 2020; Salmon et al., 2018; Vicary & Westerman, 2004). Western frameworks as signposted throughout this thesis, are often privileged as the norm which fail to encompass the cultural context of Aboriginal experiences, leading to misunderstandings, decreased feelings of belonging, and inadequate mental health support (Hirvonen & Clark, 2022). Access to mental health services that are culturally responsive to Aboriginal and Torres Strait Islander cultural values and practices with adequate resourcing is crucial for effective support and treatment.

The complexities of Aboriginal identity have been explored in Chapter 4, which emphasised the range of experiences that shape Aboriginal identity that we are exposed to from a young age including the attempted cultural assimilation, internalised and systemic racism and everyday racial discriminations. Research by Aunty Pat Dudgeon and colleagues (2014) highlights that cultural identity provides a sense of belonging and purpose, which is crucial for mental health and resilience. These findings have been consistently reported by many scholars (see, Fredericks et al., 2024; Gee et al., 2014; Dobia, & Roffey, 2017; Dudgeon et al., 2014; Sun

& Buys, 2013). However, no validated Aboriginal psychometric currently exists to our capture belonging, and despite the strengths-based approach it provides, so frequently it is overlooked as a way to capture or track Aboriginal and Torres Strait Islander mental health and wellbeing.

Along with collectivism and belonging, Aboriginal culture is underpinned by relationality (Tynan, 2021). We have explored, both collectivism and belonging, therefore, the next section will flow onto a discussion about relationality and how it impacts our conceptualisation of mental health and wellbeing.

7.3.4. Relationality

Aboriginal people recognise the importance of relationality and can at times be explained as the foundation of our culture (Tynan, 2021). Aboriginal cultures have become the oldest living culture in the world in part due to our knowledge systems and relationality to all things (Glynn-Mcdonald, 2022). Indigenous knowledge systems and creation was discussed in Sections 3.3.3.2 and 3.3.3.1, respectively. In these sections, relationality was integral in all processors that Aboriginal communities used to ensure our strengths and wellbeing continued (Glynn-Mcdonald, 2022). Moreover, this whole thesis was composed in a relational way, through the weaving of Indigenous scholarship, advocacy and creative means, in unity with my personal experiences and stories. This was done to challenge traditional norms of empirical evidence and give voice to the culturally nuanced ways of knowing that have at times been produced outside of academia, however always within relational networks of meaning making (Hunt, 2014; Tynan, 2021)

Relationality can look and feel different for many Aboriginal peoples and communities. Glynn-Mcdonald (2022) described it as an explanation as to why maintaining relationships to peoples, knowledges and the natural world is integral. This understanding of interconnectedness permeates every aspect of our culture, shaping our worldview, practices, and life existence. Our

relationality offers insights into our deep connections to Country. For many Aboriginal people, the land is not only a physical entity, but also a living, breathing entity that holds the stories of their ancestors, the whispers of their dreams, and the secrets to our existence (Yunkaporta, 2019). Moreover, Yunkaporta (2023) in his book *Right story, wrong story* depicts the interconnectedness of the environment through describing how the biodiverse environment works symbiotically to continue to evolve, sharing the learnings that can come about from mother nature, if you are paying close enough attention. This deep connection to the land is reflected in our stories, ceremonies, and daily practices, which are infused with a deep respect for the natural world and its intricate balance.

If you will humour me, pause for a moment after reading the next excerpt from Wildcat (2013).

“Can you imagine a world where nature is understood as full of relatives not resources, where inalienable rights are balanced with inalienable responsibilities and where wealth itself is measured not by resource ownership and control, but by the number of good relationships we maintain in the complex and diverse life-systems of this blue green planet? I can” (p. 515).

Do as they ask, use your imagination and picture a world with these different metrics, that are underpinned by your relationship to them. What kind of chaos can you imagine this would create in our societal structures, workforce, the domestic political landscape, or even international. Perhaps this is the world in which poverty does not exist and people would look at you like an extremist for even considering that world peace could be disrupted. In a world that often prioritises individualism and disconnection, the Aboriginal understanding and practice of relationality can offer many lessons.

Collectivist cultures (Section 7.3.1) are mostly connected to relationality principles in one way or another, this can largely be viewed through community and familial relationships. For many Aboriginal cultures, our is connections to and within community and kinships. Aboriginal people and communities mostly recognise that we are part of a vast network of relationships, each with its own responsibilities and obligations. The Elders who are the custodians of knowledge, are respected for their wisdom and their ability to guide communities through the complex network of connections that bind us together (Busija et al., 2020). Aboriginal communities have developed intricate systems of knowledge and practices that are rooted in this relational worldview, ensuring that the wisdom of our ancestors is passed down from generation to generation, to safeguard the continuance of our culture and our peoples, therefore, it is critical that the delicate balance of relationships is maintained.

This relational ethos extends beyond the living realm, encompassing the spirits, ancestors, and the very composition of the universe itself (Tynan, 2021). This understanding of relationality is not only a philosophical concept, but also a way of life, a guiding principle that shapes every aspect of Aboriginal cultures and worldviews, from our spiritual practices to our social structures. Relationality is not a static concept, it is a living, breathing practice that requires constant nurturing and attention (Smith, 2022).

Dudgeon and Bray (2019) emphasised that '*Indigenous relationality is recognised as the life force, and that which supports and nourishes life*' (p. 4) reminding us all that we are all part of a diverse network of relationships, its crucial to consider that actions, choices, and our very existence are inextricably linked to the wellbeing of the whole. Importantly, de Leeuw and Hunt (2018) called people to seek "*to make Indigenous peoples lived realities more visible on their own terms as an expression of self-determination. Significant focus is given to the everyday,*

ongoing, relational nature of Indigeneity” (p. 9). This could be a practice that psychologists embody within their practice to enhance SEWB.

Through embracing the principles of relationality and rejecting the colonial project that focused on assimilation and eradication, by viewing wellbeing as living in balance with the spiritual and natural world and recognising the need for respecting wisdoms of the ancestors they can cultivate a sense of safety and empathy that transcends the boundaries of race, culture, equalling, other, and challenging. This is particularly important as we face modern world challenges on our wellbeing, from environmental degradation (Yadeun-Antuñano, 2019) to social fragmentation (Kingsley et al., 2013). Aboriginal cultures will continue to stand as a powerful learning tool for everyone, reminding us all of the power of relationality and the importance of nurturing our connections to the land, to one another, and to the spirit of life itself (Gee et al., 2014).

7.4 Conclusion

Comparing and contrasting Western perspectives of wellbeing with Indigenous perspectives provided a space for more learnings. By understanding the vast differences between the two worldviews regarding wellbeing, it creates the foundational rationale for psychologists and mental health services to ensure culturally responsive practices and policies are in place to support and enable Aboriginal and Torres Strait Islander engagement and healing. Moreover, while this chapter highlighted the differences, it also drew attention to the similarities and explores some cultural factors that psychologists and psychological training courses could extract and consider when working with or educating about Aboriginal and Torres Strait Islander peoples.

Chapter 8: Social and Emotional Wellbeing: An Indigenous Wellbeing Perspective

8.1 Chapter Guide

This chapter provides a comprehensive overview of SEWB, grounded in Aboriginal and Torres Strait Islander perspectives. It explores how SEWB has been defined in the literature and emphasises its holistic nature. The chapter then discusses the guiding principles fundamental to the concept of SEWB. The SEWB framework and the seven interconnected domains that make up the SEWB model are explored in more depth, providing empirical evidence to support the validity of the model and domains. This is followed exploring the social, political, and historical determinants that form the part of the framework, highlighting the broader context in which SEWB operates. While also acknowledging the complex factors that influence health outcomes for Aboriginal and Torres Strait Islander peoples.

8.2 Defining Social and Emotional Wellbeing

There have been many terms and expressions used to describe the mental health or wellbeing of Aboriginal and Torres Strait Islander peoples over the last two decades (Dudgeon et al., 2014). Such terms include social and emotional wellbeing (Gee et al., 2014), spiritual wellbeing (Lindstedt et al., 2017), mental health (Dudgeon et al., 2014) and from a deficit perspective psychological distress (Markwick et al., 2015). I recently spoke to an individual who facilitates mental health programs in an Aboriginal community; they suggested that the communities requested to use leadership's terminology and characteristics to describe the program and as it was easier for participants to talk about (e.g., framing the outcome as developing leadership skills as opposed to improving mental health). There are many differing requests and perspectives regarding terminology to describe Aboriginal and Torres Strait Islander wellbeing. However, SEWB is the most widely accepted term used to explain the wellbeing of Aboriginal and Torres Strait Islanders in the literature (Dudgeon et al., 2014; Gee et

al., 2014). Consistent with the World Health Organisation (2001), SEWB refers to a broader sense of health that includes dimensions of health in addition to mental wellbeing (Health Reference Group, 2004).

SEWB reflects a holistic view of health with many interrelated domains of Aboriginal and Torres Strait Islander people's wellbeing. The domains include mental, social, emotional, spiritual, physical, and cultural elements of wellbeing. Garvey (2008) suggested that within a mental health context, SEWB incorporates a more meaningful and holistic recognition of aspects of Indigenous history and traditional ways, acknowledging the predisposition and perpetuation of mental health problems among Aboriginal and Torres Strait Islander peoples when a holistic approach is not applied.

The 2004 National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing (Social Health Reference Group, 2004), hereafter referred to as The National Strategic Social and Emotional Wellbeing Framework, outlines the relationship between Aboriginal and Torres Strait Islander peoples, SEWB, and mental health (Social Health Reference Group, 2004). It suggested that mental illness and SEWB are two distinct entities, although interrelated (Social Health Reference Group, 2004). Aboriginal and Torres Strait Islander individuals who have diagnosed mental disorders are still able to experience good SEWB and vice versa (Social Health Reference Group, 2004). Reductions in SEWB can occur for several reasons, including grief, loss, violence, substance abuse, family breakdown, child removals, cultural dislocation, racism and social disadvantage (Social Health Reference Group, 2004). The strategic framework suggests that clinicians must recognise the impact spiritual and cultural factors can have on mental health presentation and

ensure accurate diagnosis and effective treatments are being implemented with Aboriginal and Torres Strait Islander peoples (Social Health Reference Group, 2004).

Since the National Strategic Social and Emotional Wellbeing Framework was released in 2004, two subsequent reports have followed with minimal changes in how SEWB is defined. The National Strategic Frameworks for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023 (2017) maintain that the onus is on the clinicians to understand and apply the SEWB framework with their clients. This may provide unique insights into understanding of how Aboriginal and Torres Strait clients may develop, present and react to their mental health challenges. The reports also state that the idea that SEWB is distinct from mental health disorders (PM&C, 2017). The Australian Institute of Health and Welfare (AIHW) and the National Indigenous Australians Agency (NIAA, 2020) highlight the notion that Aboriginal and Torres Strait Islander peoples can experience high levels of SEWB while also experiencing mental health challenges or disorders and vice versa. Taken together, this supports the individuality of SEWB from mental health challenges, in that, mental health falls within the domains urging the two entities to be considered as related (AIHW & NIAA, 2020; PM&C, 2017; Social Health Reference Group, 2004).

The National Strategic Frameworks for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023 is the most relevant framework to this discussion, and therefore the recommendations will be explored in greater depth (PM&C, 2017). The framework recommended the need for holistic and culturally appropriate approaches, greater support for Aboriginal Community Controlled Health Services (ACCHOS), that mainstream mental health services improve cultural competence, ensuring that they respect and incorporate Aboriginal and Torres Strait Islander culture, knowledge, and practices. Furthermore,

it stressed the need for collaboration between sectors such as housing, education, employment, and justice (PM&C, 2017). The report emphasised the need for early intervention and prevention strategies, adopting trauma-informed care, the empowerment of Indigenous communities by fostering leadership, self-determination, and ownership of health and wellbeing programs (PM&C, 2017). Moreover, strengthening the Indigenous mental health workforce was a key recommendation, along with ensuring that non-Indigenous workers are adequately trained and finally, the framework encouraged improved data collection and research on Indigenous mental health, including building evidence around what works best for Indigenous people in mental health interventions and service delivery (PM&C, 2017). When taken together, these recommendations were designed to ensure that mental health services are more accessible, culturally safe, and effective for Aboriginal and Torres Strait Islander peoples which deeply aligns with the conceptualisation of SEWB, as well as this thesis.

The development of the SEWB concept at a nationwide level has been significant to the process of reclaiming and reinforcing Aboriginal and Torres Strait Islander understandings of health and wellbeing. However, the SEWB framework has not always guided Aboriginal and Torres Strait Islander mental health reform. Nor has it always been translated into clear and concise conceptualisations of SEWB. However, there has not been widespread agreement about these concepts and how they should co-exist and interconnect where theory meets practice (Atkinson & Kerr, 2003; Hunter, 2004). Therefore, it is essential to explore understandings and knowledge within the current health policy landscape to improve psychological practice (Wilczynski et al., 2007; Zubrick et al., 2014).

Kelly et al. (2009) posited that SEWB implies a set of wellbeing domains and principles, as well as a more recent addition of culturally informed practices that are relatively distinct.

Kelly and colleagues (2009) suggested that these domains, principles, and practices differ in how they are understood and used within the Westernised health discourse. Commonly, the Aboriginal and Torres Strait Islander mental health literature draws upon the 'Ways Forward' report (Swan & Raphael, 1995) and the National Aboriginal Health Strategy Working Party (NAHSWP, 1989), embracing the broad definition of health and wellbeing and it will now be explored in greater depth (Dudgeon et al., 2020; Gee et al., 2014; McEwan & Tsey, 2009; Milroy, 2008; Poroch et al., 2009).

8.3 Guiding Principles of Social and Emotional Wellbeing

During the 'Ways Forward' national consultancy (Swan & Raphael, 1995), nine guiding principles were developed that are now set out in The National Strategic Social and Emotional Wellbeing Framework (Social Health Reference Group, 2004). These nine principles incorporate several Aboriginal and Torres Strait Islander values and describe the concept of SEWB. The principles are:

1. Health as holistic
2. The right to self-determination
3. The need for cultural understanding
4. The impact of history in trauma and loss
5. Recognition of human rights
6. The impact of racism and stigma
7. Recognition of the centrality of kinship
8. Recognition of cultural diversity
9. Recognition of Aboriginal strengths (Social Health Reference Group, 2004, adapted from Swan & Raphael, 1995)

These nine guiding principles focused on understanding and incorporating Aboriginal and Torres Strait Islander holistic definitions of health, which integrates SEWB, self-determination, and human rights. They further encompass accessible and responsible service delivery, the understanding and dismantling of discrimination and exclusion of people, understanding the prevalent and widespread impact of grief, loss, and trauma experienced by communities and finally, the resilience and diversity within and between Indigenous communities (Swan & Raphael, 1995). In 2008, Gee and colleagues (2014), along with other key members of the Australian Indigenous Psychologist Association (AIPA), gathered as part of the National Cultural Competency program funded by the Commonwealth. They endeavoured to triangulate some of the principles in the Ways Forward report (Swan & Raphael, 1995) to themes reflected in the literature at the time, and those themes were meaningful for mental health practitioners, so the SEWB framework was born.

8.4 Social and Emotional Wellbeing Framework

Figure 8.1 depicts the outcome of the National Cultural Competency program, the SEWB framework (Gee et al., 2014). The framework is the most widely accepted effort to integrate some of the domains of wellbeing that have previously been described as Aboriginal concepts of SEWB (e.g., Garvey, 2008; Gee et al., 2014; Grieves, 2009; Henderson et al., 2007; Kelly et al., 2009; Poroch et al., 2009). This framework has informed the development of the last two National Strategic Frameworks for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2015 - 2019 and 2017-2023 (Gee et al., 2014; PM&C, 2017).

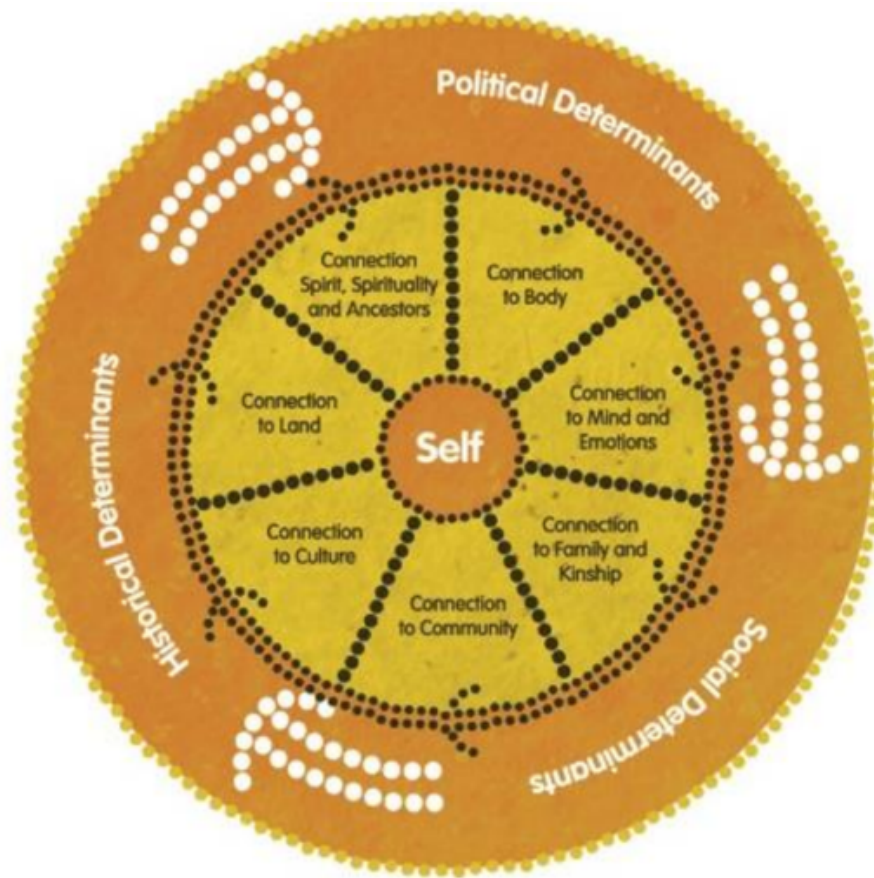


Figure 8.1 *SEWB Framework (Gee et al., 2014). Reproduced with permissions from Gee (first author).*

Central to the SEWB Framework depiction is the concept of self. The Aboriginal and Torres Strait Islander community takes a collectivist approach to life. A collectivist culture and how it differs from an individualist culture has been previously discussed in Section 7.3.1. The self is thought to be embedded within and inseparable from family and community (Gee et al., 2014). The self is surrounded by the seven overlapping domains that represent the connection between everything and provide the foundation for Aboriginal and Torres Strait Islanders SEWB.

8.4.1 Connection to Body

This domain represents the physical health of an individual, including average biological markers such as age, weight, illness or disability, and nutrition of the individuals. Much like the western populations, if Aboriginal and Torres Strait Islander peoples are experiencing ill health, it can have a butterfly effect on other aspects of our lives. However, Dudgeon et al., (2017) emphasise the importance of not solely depending on western psychiatric classification systems such as the DSM-5 (2013) when working with an Aboriginal or Torres Strait Islander person reporting physical pain but to work holistically.

Persistent physical pain (pain lasting more than three months) has been reported to significantly affect Aboriginal and Torres Strait Islander SEWB (Bernardes et al., 2022). Although Aboriginal and Torres Strait Islander peoples experience a burden of disease 2.3 times the rate of our non-Indigenous counterparts (Australian Government Department of Health and Aged Care, 2022), we are also suggested to be more reluctant to report pain for several reasons. Firstly, cultural and gendered ideas around bravery and strength are held by some Aboriginal communities (Schaffer, 1988). McGrath (2006) suggested that our cultural beliefs around blame and payback may reduce the reported pain. Another reason is that Aboriginal and Torres Strait Islander peoples have reported not being heard by healthcare professionals, and previous negative healthcare experiences lead to a mistrust of healthcare professionals (Bernardes et al., 2022). Lastly, the physical pain may take second place to the emotional pains arising from some aspects of colonisation such as the forced removal of children from their families discussed in Chapter 2 (Strong et al., 2015).

Bernardes and colleagues (2022) found that medical staff and allied health professionals thought communication training was a high priority when working with Aboriginal and Torres

Strait Islander clients in pain. Further, the thematic analysis of the focus groups (N=64) revealed three areas that participants identified were of need for them to know, these included, knowledge of Aboriginal and Torres Strait Islander cultures, cultural beliefs surrounding health, and understanding cross-cultural cues (Bernardes et al., 2022). Bernardes et al., (2022) findings in combination with Strong et al., (2015) paint a picture that depicts Aboriginal and Torres Strait Islander people likely experiencing decreased connection to body, not feeling safe enough to seek professional help to manage the pain.

8.4.2 Connection to Mind and Emotions

Similarly to the connection to body (Section 8.4.1), the connection to mind and emotions refers to the qualities of health and wellbeing grounded in bodily and individual or intra-personal experiences (Anderson, 1996). Connection to mind and emotions encompasses wellbeing, mental ill-health, cognitions, and psychological experiences, fundamental needs, including security, safety, and a sense of belonging, along with other individual experiences, among other aspects (Hunter et al., 2013).

Adams et al., (2014), Atkinson (2008), and Sheldon (2001) all support the notion of diversifying practice and research methods outside the western psychiatric classification system when working with Aboriginal and Torres Strait Islander populations. Westerman (2004) further emphasises the need to consider cultural differences within a mental health context. She posited that resolution for the client needs to occur at the cultural level as the triggers and maintaining factors are within the cultural beliefs held by the client (Westerman, 2004). Further, McGlade (2008) emphasised the importance of incorporating Indigenous healing practices into healing. This will be further explored in Chapter 9.

Research has been conducted into how the connection to mind and emotion can differ for Aboriginal and Torres Strait Islander peoples. Brown et al., (2012) investigate distinctive determinants and expressions of depression used by Aboriginal men in central Australia. Atkinson's (2008) research revealed a wider range of interpersonal and cultural trauma symptoms, such as a trauma response involving community disconnection, difficulties in maintaining close relationships and fragmented identity constructions unique to mob. Furthermore, Gee et al. (2014), in the framework, emphasised the need to consider the social, cultural, historical, and political determinants and how these shape Indigenous worldviews and health outcomes. Gee et al., (2014), Westerman (2004), Brown et al., (2012), and Atkinson (2008) all identify additional symptoms, patterns, and considerations in their research that need to be recognised and further explored when working with Aboriginal and Torres Strait Islander clients.

8.4.3 Connection to Family and Kinship

Family and kinship systems have always been fundamental to the functioning of Aboriginal communities. These systems preserve the interconnectedness of the Aboriginal culture, beliefs and relationships (Austin-Broos, 2003; Walker & Shepherd, 2008). Milroy (2008) reported that the systems within Aboriginal societies exist to provide individuals in the community and neighbouring relationships with caring, sharing, reciprocity, obligation and a very secure attachment so that all community members would grow up with multiple carers and attachment figures to then, in turn, provide care for the next generations as they come through.

Our connection to kinship and family is also crucial for our cultural identity and strongly linked to our overall wellbeing. Aboriginal Identity has been explored in depth in Chapter 2. However, briefly, due to the cultural values of relationality (Section 7.3.4) and connectedness to

people (Sections 8.4.3; 8.4.4; 8.4.7) and places (Section 8.4.5), our individual and collective identity as Indigenous people is bi-directionally linked to family, kinship, local community and country (Tynan, 2021). McPherson and colleagues (2022) demonstrated that kinship care is crucial for maintaining cultural and familial connections. Additionally, Gibson et al. (2020) conducted a study that found that Elders and older community members are integral to maintaining cultural wellbeing for family connections (Gibson et al., 2020). Dudgeon and Bray (2019) reported that these family connections and kinship structures are rooted in our Aboriginal systems, knowledge, and culture. Despite colonisation, they continue to provide a foundation for social and emotional wellbeing.

8.4.4 Connection to Community

The concept of community overlaps in part with family and kinship given the collectivist natures of Aboriginal families (Edge, 2019), further discussed in Section 7.3.1. Like kinship structures and families, community relations have been described as fundamental to the identity of Aboriginal cultures (Gee, 2016). Community fosters cultural identity by providing a space where an individual can participate within family and kinship networks to build a sense of self and personal connections and maintain sociocultural norms (Dudgeon et al., 2002; Taylor et al., 2011). The fundamental element of community to the Aboriginal culture is displayed through the establishment of Aboriginal Community Controlled Organisations (ACCHOs) and other Aboriginal agencies that play a significant role in promoting and strengthening cultural identity through reinforcing cultural pride and belonging, increasing SEWB (Beks et al., 2023; Hunter et al., 2000).

Butler and colleague's (2019) findings further support the importance of community to Aboriginal and Torres Strait Islander peoples in their comprehensive literature review. The

review identified nine domains unique to Aboriginal and Torres Strait Islander peoples to promote wellbeing. Within these nine domains, family and community are heavily featured (Butler et al., 2019). The findings from this study closely align with the domains outlined in the SEWB framework, including domains such as empowerment and recognition, education, and responsibility (Butler et al., 2019). Further evidence for the importance of community in the form of social support is highlighted in the findings from Study 1 in Chapter 6 which displays the first empirical paper submitted for review within this dissertation.

8.4.5 Connection to Culture

Culture is an overarching theme of this thesis for the author and many Aboriginal and Torres Strait Islander peoples. Therefore, it is unsurprising that it forms one of the interconnected domains of the SEWB framework. Many Aboriginal worldviews are shaped through a cultural lens (Gee, 2016). Therefore, a connection to culture is often inherited and strongly influenced by many other domains. Culture is a complex concept that is hard to define or articulate as it is experienced uniquely by diverse individuals and cultures (Karandashev, 2021). Improving, restoring or maintaining SEWB consists of supporting Aboriginal people in developing their cultural identity and values and participating in cultural practices that allow Aboriginal peoples to exercise cultural rights and responsibility.

The evidence supports the notion that Aboriginal culture is healing for Aboriginal people. For example, cultural strengthening programs have been shown to promote wellbeing, resilience, and healing among Aboriginal young people, particularly those who have experienced out-of-home care (Black et al., 2023). These programs help strengthen SEWB by fostering connections to self, relationships, community, and culture while encouraging help-seeking behaviours (Black

et al., 2023). These findings further illustrate the interconnectedness of the domains of SEWB, reinforcing the need for psychology practitioners to work holistically (Dudgeon et al., 2017).

8.4.6 Connection to Land and Country

Aboriginal people often describe their wellbeing as closely linked to land or country (Foley & Anderson, 2006). Connection to land differs from connection to country for this discussion. For this discussion, connection to land will refer to a connection to the natural landscape and environment. A connection to Country will be defined as an area of land with a spiritual link and a strong sense of connection and belonging to the traditional owners (Dudgeon et al., 2014; Ganesharajah, 2009). This distinction is important as our wellbeing is enhanced differently between the places.

The Aboriginal population is diverse between peoples and across groups. However, the SEWB literature documents the importance of land for all Aboriginal cultural groups across Australia (Ganesharajah, 2009; Garnett et al., 2009). This relationship is a matter of cultural identity and a source of spiritual, emotional, and psychological health (Foley & Anderson, 2006). The recognition and reinforcement of this connection through various means, such as land rights, cultural expressions, and legal frameworks, play a crucial role in supporting the SEWB of Aboriginal communities (Hinchman & Hinchman, 1998; Koch, 2008).

Aboriginal peoples have been managing the lands across what is now known as Australia for over 65,000 years (Clarkson et al., 2017). Our ancestors adopted a nomadic lifestyle according to the season to ensure mob survival and respect for Mother Nature's sustainability and regeneration through ecological balance (Gammage, 2011). The traditional Aboriginal relationship with land and Country has both spiritual and material dimensions, rooted in ancestral Stories and unbroken spiritual links to specific territories (Rigby, 1999).

Uncle Max Dulumunmun Harrison, was a highly respected Yuin Elder, and through his words illustrated the vital connection between Country and human life,

“Mother Earth births everything for us. Father Sky carries the water and oxygen for us to breathe. Grandfather Sun warms the planet, warms our body, gives us light so we can see, raises the food that the mother births and raises most of our relations, all our plants and trees. Grandmother Moon moves the water and gives us the woman-time and our birthing.” (Uncle Max Dulumunmun Harrison, 2009, cited in Harrison, & McConchie, 2013, p. 9)

He emphasises the intrinsic link between our Indigenous identity and country, further reinforcing the holistic worldviews that many of us hold. Palyku woman Ambelin Kwaymullina (2005) explains,

"For Aboriginal peoples, country is much more than a place. Rock, tree, river, hill, animal, human – all were formed of the same substance by the Ancestors who continue to live in land, water, sky. Country is filled with relations speaking language and following Law, no matter whether the shape of that relation is human, rock, crow, wattle. Country is loved, needed, and cared for, and country loves, needs, and cares for her peoples in turn. Country is family, culture, identity. Country is self."

Kwaymullina's (2005) quote encapsulates our spiritual connection with the country, which is connected to our dreaming, and is central to our identity and culture. This further displays the connection of elements from our Indigenous worldview. It is important to note the differences between the two quotes, highlighting the diversity between Aboriginal cultures and reinforcing the need to take a holistic, individualised, client-centred approach when working with Aboriginal peoples.

Aboriginal peoples' connection to nature is also deeply intertwined with our SEWB, just in a different way to Country. Rudi Louis Taylor-Bragge, an Iowendjeri Boonwurrung descendant, along with their colleagues (2021), aimed to explore the link between the health of the mob and caring for the land. They found land care complimented Aboriginal people's physical and mental health, individually and collectively, within the community; however, they also demonstrated that further research in this area is needed (Taylor-Bragge et al., 2021).

8.4.7 Connection to Spirit, Spirituality, and Ancestors

Aboriginal people's connection to spirits, spirituality, or ancestors shapes their cultural worldviews (Grieves, 2009). Traditionally, spirituality has been commonly translated as 'The Dreaming' or 'The Dreamtime' (Gee, 2016). However, Aboriginal nations and language groups use different terms that reflect their worldviews. Gee (2016) posited that perhaps it is within the connection to spirit, spirituality, and ancestors that Aboriginal peoples experience the harshest consequences of colonisation. For some, Gee (2016) continued, it is within this domain that Aboriginal people may have experienced a permanent detachment from traditional customs. This suggestion by Gee (2016) hit close to home for me and my family, causing me at this specific point in time to pause and reflect.

I recognise that the previous statement is often absent from academic writing and is certainly not traditional in the psychology discipline. However, as I was writing this and reflecting on Gee's (2016) sentiments and this specific domain, I thought it offered a unique perspective and insight, which I will try to explain. Spirituality is a complex concept that connects the past, present and future (Poroch et al., 2019). I reflected on these connections between spaces and times and thought it interesting that you will be reading this in your present

and my future. Yet here I am in the present, writing this for your future while supporting it all with evidence collected in the past. The irony is not lost on me.

In Aboriginal culture, spirituality can also encompass an individual's relationship with other people, both living and non-living life forces, which can be expressed in many different ways (Dudgeon et al., 2014). Our Ancestors are central to our culture, as Dreaming was created by their ancestral spirits (Salmon et al., 2019). Therefore, combining these two aspects, spirituality and the Ancestors, may offer non-Indigenous people a deeper understanding of the visits we often experience from our non-living Ancestors.

Poroch et al., (2009) further confirmed the links between spirituality, culture, and the impacts on SEWB for Aboriginal peoples. In their review, they suggested contemporary Aboriginal culture has experienced a transformed version of spirituality (Poroch et al., 2009). They posited that this has occurred through engagement with other cultures and religions, modern Aboriginal healing settings within community-controlled health and other Aboriginal organisations (Poroch et al., 2009). These findings depict culture and spirituality as collaborative and evolving, reminding me of the Indigenous Knowledge creation process discussed in Chapter 2. Another similarity is drawn from Poroch and colleagues' (2019) findings, and reiterated throughout this Chapter, is the need to work holistically with Aboriginal and Torres Strait Islander peoples, as nothing occurs in isolation for us.

8.5 Social, Political, and Historical Determinants

To take a holistic approach to working with Aboriginal and Torres Strait Islander peoples, one must recognise the importance of addressing the social, political and historical determinants of Indigenous disadvantage (Dudgeon et al., 2017). This importance is emphasised in Figure 8.1, as encompassing the seven previously discussed domains are the social, political,

and historical domains. These SEWB determinants of health may impact individuals independently or communities collectively at different time points across our lifespan (Milroy et al., 2022). The determinants include risk factors that may be associated with marginalisation, forced removal from family and country, exclusion, racism, discrimination and assimilation (Dudgeon et al., 2020). However, these determinants also include protective factors such as engagement in cultural practices related to community and country self-determination, connection to country, and kin for individual and collective identity (Australian Health Ministers' Advisory Council, 2017; Salmon et al., 2019; Zubrick et al. 2014). Kelly et al., (2009) reported that the unique protective factors experienced in Aboriginal and Torres Strait Islander cultures are a source of resilience and strength for Indigenous communities.

Along with the SDoH, it is also important to consider the role of historical and political determinants when considering Aboriginal SEWB. Historical determinants are described as the impact of historical oppression, cultural displacement, and government policies and the extent to which cultural groups and communities experience these (Gee, 2016). Political determinants refer to cultural security, unresolved issues of land, control of resources, and the rights of sovereignty and self-determination that contribute to wellbeing and reduce health inequities for Aboriginal and Torres Strait Islander peoples (Social Health Reference Group, 2004). The historical and political determinants are suggested to considerably shape the environments and situations in which Aboriginal people are born due to these factors likely to empower or impinge upon the extent to which individuals and families experience cultural continuity (Gee, 2016).

8.6 Contrasting the SEWB Framework with the Western Medical Model

The SEWB framework, offers a holistic approach to health that encompasses culture, spirituality, community, and kinship, contrasting with the Western medical model's narrower

focus (Furst & Salvador-Carulla, 2024). The Western medical model is traditionally rooted in a biomedical perspective focusing on the physical body, pathology, and the treatment of diseases or disorders (Silvano, 2020). This model was suggested to largely compartmentalise mental health, treating it as separate from physical health and emotional or social wellbeing (Engel, 1977). The Western medical model heavily relies on technology and scientific protocols, which have been both praised for their effectiveness and criticised for overshadowing clinical judgment and humanistic aspects of care (Kelkar, 2021). There is a concern however, that the increasing dependence on technology may create new problems, potentially leading to a loss of personal touch in patient care (Kelkar, 2021). These aspects differ from the SEWB model that was previously explored as it takes a holistic approach and is grounded in Indigenous worldviews that have utilised the surrounding environment to facilitate the practice as opposed to technology.

The treatment approaches stemming from these two models are significantly different also. The Western medical model typically adopts a scientific evidence-based, reductionist model such as pharmacological interventions aimed to minimise the health challenges health to the smallest biological components, focusing on specific organs, cells, or biochemical processes (Wade & Halligan, 2004). The preference for evidence-based, standardised treatments can at times be considered a strength to the approach (Blunt, 2015; Castro et al., 2010; Trinder & Reynolds, 2008). However, it can also lead to an overreliance on quantitative data and randomised controlled trials at times overlooking qualitative data and other forms of evidence (Möller, & Maier, 2010), as well as not consider individual variability and cultural differences (Castro et al., 2010). While these treatments have been successful for certain conditions, they focus primarily on symptoms rather than the root causes of the problem which can often lead to misdiagnosis, by viewing individuals in parts (Borrell-Carrió et al., 2004). This is particularly true in contexts of

trauma or complex social histories that coincide with Aboriginal and Torres Strait Islander populations experiences.

This model's primary goal is often to diagnose and treat the specific diseases or disorders, often sidelines social and cultural determinants of health (Section 5.3.3.2) rather than promoting overall wellness or prevention like the SEWB model does. In recent years, there has been a growing recognition of these limitations, leading to the development of more holistic approaches like the SEWB framework, and Engel's (1997) biopsychosocial model, which considers biological, psychological, and social factors in health and illness. While the biopsychosocial model is an improvement (Farre, & Rapley, 2017), it still has limitations to its application within Aboriginal and Torres Strait Islander populations as it fails to incorporate aspects such as our connection to spirit, spirituality and ancestors (Gee et al., 2014).

SEWB services delivered by Aboriginal people within Aboriginal Community Controlled Health Organisations show potential in meeting the comprehensive health needs of Aboriginal and Torres Strait Islander communities (Cox et al., 2023). The SEWB framework also aligns with Maslow's hierarchy of needs, suggesting that cultural connection is crucial for achieving higher-level needs and overall wellbeing.

8.6.1 Maslow's Hierarchy and Social and Emotional Wellbeing

Maslow's (1943) Hierarchy of Needs is a well-established motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. The five levels are physiological, safety, love/belonging, esteem, and self-actualization. Maslow argued that basic needs must be met before higher-level needs can be pursued.

Both Maslow's (1943) Hierarchy of Needs and the SEWB Framework (Gee, et al., 2014) can both be applied when understanding human motivation and health. Both offer a holistic perspective of wellbeing recognising the interconnectedness of various aspects of human experience. Gorman (2010) suggests that Maslow's higher levels of love/belonging, esteem, and self-actualization align with SEWB's emphasis on social connections and emotional health emphasising the importance of relationships to health. Moreover, Gorman (2010) draws more similarities between Maslow's highest level of self-actualization shares similarities with the SEWB framework's focus on a strong and positive identity.

There are key differences between the frameworks also. The SEWB framework is specifically designed for Aboriginal and Torres Strait Islander peoples, incorporating cultural elements such as connection to country and spirituality (NIAA, 2017; Papaleontiou–Louca et al., 2022). Whereas, Maslow's hierarchy, has been criticised for its Western, individualistic bias (see, Bouzenita, & Boulanouar, 2016; Itai, 2008). Maslow's model presents needs in a hierarchical structure, suggesting that lower-level needs must be met before higher needs (Gorman, 2010) and the SEWB framework emphasises the domains as interconnected and equally important (Gee et al., 2014). Similar to the criticism for the biopsychosocial model, the SEWB framework explicitly includes connections to spirit, spirituality and ancestors as a core domain, while Maslow's hierarchy does not directly address these aspects. Furthermore, the SEWB framework acknowledges the impact of historical, social, and political determinants on wellbeing, which is necessary in Aboriginal and Torres Strait Islander populations. Finally, the SEWB framework is grounded in a collectivist perspective, emphasising community and cultural connections while Maslow's (1943) hierarchy tends to focus more on individual needs and achievements.

Gambel and Cianci (2003) reviewed the literature to determine if Maslow's hierarchy (1943) could be applied to the collectivistic culture of China (Gambel & Cianci, 2003). They found that the hierarchy of needs for a collectivist culture differs reporting the basic need within China was belonging. Furthermore, self-esteem was not necessary in the model and self-actualization was attained through meeting community needs (Gambel & Cianci, 2003). While Maslow's (1943) hierarchy provides a general framework for understanding human needs, it has been questioned for its ordering of needs, the ability for its universal applicability across cultures which was illustrated in the above paragraphs (Montag et al., 2020). When taken together, the SEWB framework provides an opportunity for Aboriginal and Torres Strait Islander peoples to explain our wellbeing on our terms. This emphasised the importance of mental health clinicians as well as the wider healthcare workforce to understand and implement the SEWB framework when working with Aboriginal and Torres Strait Islander clients.

8.7 Conclusion

Developing the SEWB framework is one way in which Aboriginal and Torres Strait Islander peoples reclaim and reinforce our perspectives of health and wellbeing. However, the SEWB framework has not always guided Aboriginal and Torres Strait Islander mental health reform or been translated into clear and concise conceptualisations of SEWB (Hunter, 2004). Several frameworks and reports agree that it is the responsibility of clinicians to understand and apply the SEWB framework with their clients to gain an understanding of how Aboriginal and Torres Strait clients may develop, present and react uniquely to their mental health problems. However, studies have found that the current psychology workforce and trainees are unprepared (Bernardes et al., 2022; Darnett et al., 2024a, 2024b). Therefore, understanding and utilising the seven

interrelated domains of SEWB is essential for practitioners and policymakers working to improve Indigenous SEWB (Wilczynski et al., 2007; Zubrick et al., 2014).

Chapter 9: The Interface of Culture and the Discipline of Psychology

9.1 Chapter Guide

Thus far, this thesis has taken a strengths-based approach to discuss the strengths and resistance of Aboriginal and Torres Strait Islander peoples in context of Australian history and wellbeing. A point that has been continuously woven into this thesis is that Aboriginal and Torres Strait Islander peoples have a worldview created through a cultural lens that results in many similarities and differences. One of the differences for psychologists is that they may need to adapt their clinical practice when working with us.

This chapter will take a deeper dive into the clinical side of culture within psychology. It begins with an overview of the intellectual movement coined Indigenous psychology, followed by exploring the healing that can come for Aboriginal and Torres Strait Islander peoples from engaging with culture and some traditional healing practices. After this, an overview of common mental health related presentations for Aboriginal and Torres Strait Islander peoples is provided, always within the context of colonial impacts. Highlighting the differences in conceptualisations of wellbeing and mental health within the context of colonisation will collectively provide a rationale for the need for psychologists to be culturally responsive when working with Aboriginal and Torres Strait Islander clients. The chapter then dives into an exploration of cultural responsiveness, and some of the individual elements that lay within before ending with a brief exploration of how the psychology workforce can be more culturally responsive through the improved training of future psychologists in higher education courses.

9.2 Indigenous Psychology

The social, historical and political impacts from colonial processors have continued influences on Aboriginal and Torres Strait Islander peoples and communities (Milroy et al., 2022). These impacts have led to the accumulation of trauma over generations (Milroy et al.,

2014). The nature of this sustained trauma has been divided by Milroy et al., (2014) into three key themes; powerlessness and loss of control, loss and disconnection, and trauma and helplessness.

Indigenous peoples are driving Indigenous research methods that contribute to the conceptualisation of Indigenous SEWB and Indigenous psychology (Dudgeon et al., 2020). Indigenous psychology has been described as *“a powerful new discipline which was recognised at a global level with the establishment of the task force for Indigenous psychology”* (Dudgeon, 2017, p.252). Indigenous psychology is proposed to promote empowerment and self-determination while also decolonising research methods (Dudgeon & Walker, 2015). Dudgeon et al., (2020) suggested that distinctive processes, protocols, principles and epistemic self-determination in Indigenous wellbeing concepts, discourses, and paradigms are central to restoring and strengthening the discipline of Indigenous psychology.

Indigenous psychology has been described as a response against Western psychology hegemony and promotes the need for Indigenous people to incorporate their cultural knowledge and practices within a psychological construct to create place-based solutions and generate theories of global discourse (Dudgeon et al., 2020). More specifically, in Australia, a strong focus on Indigenising the colonial psychology discourse and restoring a strengths-based Indigenous psychology discipline in consultation with communities across Australia has emerged and been acknowledged as vital to addressing the effects of colonisation, which were explored in Section 2.2 (Dudgeon et al. 2014; Dudgeon & Walker 2015).

Strength-based Indigenous psychology disrupts the historical colonial discourses that have pathologised the cultural differences experienced by Indigenous peoples based upon a biological determinist perspective that supports genetic, cultural, and racialised deficit models

(Dudgeon et al., 2020). This disruption occurred by building an Indigenous research method that consistently demonstrates the positive impact on Indigenous wellbeing that collective determination and empowerment can have (Dudgeon et al. 2014; Dudgeon & Walker 2015; Daniel et al., 2006; Marmot, 2011; Wallerstein, 1992, 1993, 2006).

9.3 Culture as Healing

The healing practices of Aboriginal culture are deeply rooted in the spiritual, social, and emotional wellbeing of individuals and communities (Grieves, 2009). Despite the impact of colonisation, which has threatened the transmission of traditional knowledge, these practices persist with varying prevalence across different communities (Oliver, 2013). Healing is often not seen as an isolated process but rather one that encompasses connection to Country, community, ancestors, and spirituality (Hunter et al., 2006). Central to Aboriginal healing are the principles of balance and harmony, maintaining health through a holistic approach that addresses the mind, body, and spirit (Hunter et al., 2006). This is evidenced through the foundational aspects of concept of the SEWB framework in Chapter 8. In the same chapter, each SEWB domain was individually explored weaving in empirical evidence to add further strength to the model. This is one way that Aboriginal culture can be seen as healing.

Evidence for the SEWB framework towards healing as a whole, will now be explored in depth. There is evidence to support the increased likelihood of effectiveness of programs that are developed and implemented in line with the nine guiding principles that underpinned the *National Strategic Framework for Aboriginal and Torres Straits Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009* (SHRG 2004; Section 8.3). Promising programs have been suggested by Dudgeon and colleagues (2014) in a Closing The Gap Clearing House Issue Paper (12) to feature similar aspects including,

1. Self-determination and community governance
2. Reconnection and community life
3. Restoration and community resilience
4. A holistic approach
5. Recovery and healing from stress and trauma
6. Empowerment strategies to gain control, and achieve mastery
7. Indigenous-led, family focused, culturally responsive, and context specific
8. Interdisciplinary approaches that provide outreach services and transport
9. Partnered with Aboriginal Community Controlled Health Organisations (ACHHOs) and local communities.

Dudgeon et al., (2014) went on to conclude the ‘what works’ section by writing *“Engaging in cultural activities is an indicator of positive cultural identity that is associated with better mental health among Indigenous Australians”* (p. 2).

This sentiment has been reinforced consistently throughout the literature. MacLean and colleagues (2017) conducted a systematic review to explore whether interventions grounded in strategies enabling Indigenous Australia participants to express their cultural identities were associated with improvements in health and wellbeing. The search strategy revealed 13 articles that described 11 studies to meet the inclusion criteria and had their findings synthesised (MacLean et al., 2017). Over 70 percent (n=8) of the studies demonstrated significant improvements in at least one of the health and wellbeing outcome measures (MacLean et al., 2017). Of the remaining three articles, two displayed a positive direction of effect, and only one article reported no improvements (MacLean et al., 2017). This review provides further evidence for the need to create opportunities for the expression of cultural identities as it promotes healing.

Interestingly, all but two of the included studies in MacLean and colleagues' (2017) systematic review described the use of multiple intervention strategies as they worked towards healing. This finding offers reinforcements to need to work holistically with Aboriginal and Torres Strait Islander clients to enhance our SEWB collectively.

More recently Black and colleagues (2023) explored the SEWB impacts of cultural strengthening programs collaborative with Victorian based, Aboriginal youth, some of which had been in out-of-home care (Black et al., 2023). Data was collected through semi-structured verbal or written interviews, and a phenomenological approach was applied for analysis which revealed the strengthening on SEWB that the cultural strengthening program had (Black et al., 2023). Young people indicated cultural aspects such connection to self, community, and culture to help strengthen SEWB (Black et al., 2023), which aligns with most of the evidence not just within this thesis, however within the wider literature (see, Charles, 2023; Murrup-stewart et al., 2018; 2021; Smallwood et al., 2023; Whyman et al., 2023) and SEWB framework (Chapter 8, Gee et al., 2014). The young Aboriginal participants also identified the contribution that culture has made toward enhancing resilience to mitigate Intergenerational trauma, cultural loss, and racism meanwhile also, encouraging help-seeking behaviours.

We know that the engagement with the domains that form the SEWB framework (Chapter 8) promote wellbeing and at times healing (Charles, 2023; Dudgeon et al., 2016; Dudgeon et al., 2020; Gee, 2016; Gee et al., 2014; Murrup-stewart et al., 2018; 2021; Smallwood et al., 2023; Whyman et al., 2023). We have also just discussed the healing that can occur from opportunities to engage in cultural activities, programs and through the expression of our cultural identity. However, as Aboriginal cultures is the oldest surviving culture in the world, it would be

remiss to not discuss our traditional healing methods, to see what can be learnt and potentially integrated into current healing practices and programs.

9.3.1 Traditional Healing Methods

Indigenous cultures around the world share similarities and differences in traditional healing practices that have been fundamental to our survival. For example, traditional healing practices within Indigenous American communities have involved Medicine Wheels, burning tobacco, and sweat lodges as integral elements of addressing mental health and psychological treatment (McCabe, 2008). While Aboriginal communities in Australia often prescribe to the SEWB framework (Chapter 8) ceremonies, storytelling, bush medicine, and the guidance of Elders or healers who possess deep knowledge of cultural practices and spirituality to promote our healing (Panzironi, 2013).

Similarities include the interconnected and holistic approaches to conceptualise wellbeing that has been developed and refined over thousands of years (Clarkson et al., 2017). Often the healing methods harness the naturally occurring environment (e.g., sweat lodges drawing upon weather patterns, and bush medicines relying on the weather patterns and the environment for plant growth) weaving the healing practice with our connections to Country to enhance the healing process (Black et al., 2019; Hunter et al., 2006; Panzironi, 2013). Within the Australian context in some Aboriginal communities', we have many names for traditional healers, including Ngangkari of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) lands in the remote western desert of Central Australia (Panzironi, 2013), medicine men (Berndt, 1947), marrnggitj in northeast Arnhem Land (Cawte, 2001), clever men are used in several Aboriginal cultures across Australia (Clarke, 2008), or garratji in the Sydney district (Tench 1996). Ngangkari and

some of their traditional healing practices will now be explored in greater depth to understand what the discipline of psychology can learn to increase psychologist's cultural responsiveness.

9.3.1.1 Ngangkaris

Ngangkaris are specific to certain lands and although they operate in many Aboriginal communities in Australia, they are mainly across Arnhem Land. Ngangkaris play a vital role in the health and wellbeing of Aboriginal people often viewing illness as a disruption in the balance between these elements (Hunter et al., 2006; Wilmott et al., 2023). Ngangkaris possess extensive knowledge of Aboriginal culture, including Dreaming stories which inform their healing practices and understanding of health. This is why they were briefly discussed in Section 3.3.3 highlighting the role and importance of Indigenous knowledge systems to facilitate the continuance of Indigenous cultural practices toward healing. Ngangkaris offer treatments that are deeply rooted in spiritual and cultural practices using techniques like massage, breath work, ceremony, and traditional plants to release blockages and heal ailments (Panzironi, 2013). In many Aboriginal cultures, Ngangkari are suggested to be born into the ability through family lines (Korff, 2021) and use touch and listening to understand a person's state of being (Panzironi, 2013).

People who have received traditional Aboriginal healing often report feeling lighter, stronger and happier after sessions, relief from pain and other symptoms, release from fear and a sense of being "brand new", and better coping with trauma and mental health issues (Panzironi, 2013). Research has demonstrated the healing work of Ngangkaris being conducted alongside doctors in some hospitals and clinics (Korff, 2021; Panzironi, 2013). Additionally, they have illustrated effectiveness in the treatment of physical and psychological issues with mental health services recognising the importance of traditional healers (Panzironi, 2013). While also helping

Aboriginal people feel more at ease in medical settings (Panzironi, 2013). Despite the evidence and increasing acceptance, Aboriginal healing methods are not officially recognised within mainstream healthcare systems in Australia. Some of the key traditional hands-on healing methods used by Ngangkari to realign and balance the spirit include bush medicines (Panzironi, 2013), and ceremonies as healing (Korff, 2021; Panzironi, 2013) which will now be briefly explored in greater depth.

9.3.1.1.1 Ngangkari Hands-on Healing Methods

Ngangkari methods of healing are part of the Ngangkari law, and follow a code of conduct (Panzironi, 2013). These methods are considered fundamental parts of a whole system which are accessed when manifestations connected with illness become apparent, such as physical, mental or spiritual illness. Ngangkari use a range of hands-on healing methods, as the hands are where the Ngangkari main power is said to come from (Panzironi, 2013). Some examples of the hands-on healing methods include blowing breath method, spiritual healing, massage, wound healing, and bone manipulation.

The blowing breath method known as Puuni in some cultures is a process that uses the blowing breath as healing. Panzironi (2013) describes the method as “*the ngangkari blows on the sick person on a specific part of the body so that the healing breath is introduced in the patient’s body to provide the required healing*” (p. 171). Puuni is commonly used to treat children with diarrhoea or stomach sicknesses, and adults with headaches with the intended purpose to neutralise sickness and help strengthen the spirit (Panzironi, 2013). In Western desert mobs, healers also use blowing breath as a method to remove a foreign spirit from adults heads that have been causing an ache and follow this with a neck massage to manipulate the ‘strings’ which

are believed to control brain blood flow (Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2003).

Ngangkari conducted a form of spiritual healing through using their spirit bodies called their Marali, to restore spiritual health and strength (Panzironi, 2013). The Marali can temporarily leave the Ngangkari's physical body to visit sick people and provide spiritual healing. It is a method of spiritual healing that requires unique skills involving the diagnosis and treatment of patients in the spiritual realm. Other forms of spiritual healing provided by Ngangkari's include assisting and supporting terminal and deceased peoples providing psychological and emotional support, as well as benefits for the spirit's afterlife. Moreover, Ngangkari's help peoples re-establish balance after their health has been disrupted by a spiritual interference. Spiritual interferences are caused by spiritual entities, or deceased spirits and can have negative impacts on a person's wellbeing manifesting as hallucinations, headache, weaknesses, body pains, or vomiting.

Ngangkari's are also skilled in massage as a method of healing for muscle and tendon manipulation, to relieve pain and to strengthen muscles around joints. Ngangkari can also use manipulation to realign bones in cases where they are misaligned or broken. This method requires a thorough knowledge of the skeletal structure and anatomy of the human body (Panzironi, 2013). These methods of healing can be combined or performed independently depending on the type of sickness manifestation. While none of these specific methods could be utilised by psychologists when working with Aboriginal clients, holding these traditional understandings of healing can provide insights into Aboriginal client's worldviews. Moreover, it may encourage psychologists to look outside the monocultural lens provided in psychology

training and encourage client's engagement with additional healing methods outside the western healthcare model.

9.3.1.2 Bush Medicine

Ngangkari can heal wounds and sometimes their treatments are combined with the use of medicinal plants or bush medicine. The preparation of bush medicine is not a specific practice of Ngankaris, but any person with the right knowledges can make bush medicine by using different kinds of plants. Bush medicine, derived from natural resources, plays an important role in physical healing to relieve symptoms such as fever, congestion, headache, skin sores, tired or swollen aching limbs and digestive problems (Clarke, 2008). Aboriginal people and healers use plants for their medicinal properties, incorporating their deep knowledge of the land, and its healing capacities (Bindon, 1996).

Some Aboriginal communities have been reported to consume tonics to maintain general health and body function rather than to restore balance from an existing ailment (Clarke, 1986). Moreover, the use of medicinal plants, particularly in Queensland, demonstrates the rich ethnopharmacological knowledge that Aboriginal peoples possess, with over 135 species identified for treating various diseases, especially skin infections (Turpin et al., 2022). Clarke, (1986) reported Southern South Australian mob made 'blood medicine' from thistly stems, or pale flax-lily roots. Moreover, anti-inflammatory properties of various Australian tropical medicinal plants from the *Centipeda minima* and *Dodonaea viscosa*, further reinforce the potential of traditional Aboriginal medicine (Yeshe et al., 2022).

Treatments using bush medicine to restore balance can involve drinks, massages, and what we have come to know as aromatherapies (Clarke, 2008). Drinks were traditionally prepared in a similar fashion to herbal tea, massages utilised plants by heating them and rubbing

them into joints or swollen body parts, while the aroma of plants was utilised through contact with steam or smoke (Clarke, 2008). The use of traditional medicinal plants remains prevalent in communities like those on the Tiwi Islands, where elder women play a crucial role in maintaining and passing down knowledge of plant-based remedies for ailments such as skin disorders and respiratory issues (Thompson et al., 2019). The diversity of bush medicines has enhanced Aboriginal people's health for millennia and likely contributes to us being the oldest living culture in the world (Simpson et al., 2013).

9.3.1.3 Ceremonies

Traditional Aboriginal ceremonies, such as smoking ceremonies, are used for cleansing, healing, and protecting individuals and places. Note the overlap between aromatherapies and smoke that were discussed in the bush medicine section (9.3.1.2), with smoking ceremonies as a source of cultural healing. Within Aboriginal culture it should almost be expected to find interconnections between all things, including diverse ways of healing. These rituals help remove negative energy and restore harmony (Lee, 2013). Storytelling, another vital component of healing, allows individuals to reconnect with their cultural identity, sharing experiences of trauma or hardship through a framework of resilience and survival (Hunt, 2014; Weaver, 2021). I can talk from personal experiences engaging with sharing stories through my teachings and receiving stories from communities, you can feel the energy from the collective sharing strengthening the threads of community and enhancing SEWB.

Truth-telling is emerging, or perhaps re-emerging as a healing method, as it is grounded in historical oral sharing traditions. Truth-telling serves as a mechanism for healing by confronting the historical injustices faced by Aboriginal peoples and communities, particularly those of the Stolen Generations, who were forcibly removed from their families and homelands

(Wilmott et al., 2023; Woodland, 2019). The truth-telling enables the acknowledgment of past wrongs and the validation of Indigenous experiences and histories (Maddison et al., 2023; Wedesweiler, 2020). Another oral healing tradition utilised by Ngangkaris is the power of songs (Biuendurry, 2023). The ancient ritual was translated through traditional Aboriginal healing group Jalngangurru who are located in the Kimberley region in Western Australia. They reported while placing ochre on their hands, Ngangkaris begin to sing healing songs and continue singing while touching parts of the body (Biuendurry, 2023). Traditional healing practices are deeply valued within Aboriginal communities, this is evidenced by the continuing of the practice and the increase in demand for traditional healers and programs.

In Derby, Western Australia the demand for the traditional healing programs has meant the healers now travel to the town to run a three-day healing workshop while treating clients for various health and wellbeing manifestations (Biuendurry, 2023). While these traditional healing methods are increasingly integrated into contemporary health settings to improve culturally responsive care, ongoing empirical validation of these practices within the framework of Western medical research is needed to encourage more systemic change.

9.3.2 Empirical Research on Traditional Aboriginal Healing Methods

The previous sections highlighted some of the traditional Aboriginal healing methods used across many communities in Australia. This section intends to review the empirical literature that relates to traditional healing methods and how they have been implemented inside of and outside of the healthcare system. Traditional Aboriginal healing methods include the use of traditional healers, healing songs, bush medicines, and spiritual practices, which in more contemporary society are often used in conjunction with Western medical treatments to address

various health issues, including cancer and palliative care needs (Adams et al., 2015; Oliver, 2013; Rooney et al., 2023; Shahid et al., 2010).

The integration of traditional and biomedical systems, although sometimes seen as conflicting, is often practiced concurrently, allowing for a more holistic approach to health care (Saethre, 2007). Collaborative research efforts have shown promise in linking traditional knowledge with biomedical science, as seen in studies exploring cancer (see, Adams et al., 2015; Gall et al., 2019; Nguyen et al., 2016; Packer et al., 2019). For example, a large percentage of Aboriginal and Torres Strait Islander peoples use traditional Indigenous medicine and complementary alternative medicine (CAM) alongside conventional treatments, highlighting the importance of culturally appropriate care (Adams et al., 2015). Gall and colleagues (2019) reported that Aboriginal and Torres Strait Islander women undergoing gynecological cancer investigations often incorporated both traditional and CAM approaches. Their findings highlighted the gap in communication of these traditional and CAM approaches with their healthcare professionals emphasising a need for improved communication and trust with healthcare providers to ensure culturally responsive care and inform decisions (Gall et al., 2019). Also in the cancer department, the medicinal properties of plants like *Carica papaya* that were learnt from Aboriginal and Torres Strait Islander peoples in North Queensland up into the Torres Strait has demonstrated selective anticancer effects (Nguyen et al., 2016; Packer et al., 2019). The incorporation of traditional therapies in health care settings, such as oncological care, can enhance cultural safety and improve health outcomes by acknowledging and respecting Aboriginal epistemologies (Rooney et al., 2023).

Underpinning programs with Indigenous frameworks is proving to be beneficial to enhancing Aboriginal and Torres Strait Islander SEWB. In urban settings, Aboriginal young

people who participated in a therapeutic community program to rehabilitate from drug and alcohol use benefited from frameworks that emphasised holistic and community-connected care (Hill et al., 2022). Wilmott and colleagues (2023) facilitated two Aboriginal healing camps across two years for Aboriginal Elders that were members of the Stolen Generations in South Australia. Participants were interviewed and thematic analysis revealed interconnected themes, supporting the need for healing programs to focus on connections, belonging, healing, and truth-telling (Wilmott et al., 2023). Perhaps programs which are currently being adapted to better suit Aboriginal contexts (Dale et al., 2021), may learn from Wilmott and colleagues' findings for incorporating Aboriginal perspectives into facilitator training and program materials. The blending of traditional and Western healing methods or models like a trauma-informed approach (Berliner & Kolko, 2016) or the safety seeking model (Najavits, 2007) has been proposed to address complex issues like intergenerational trauma and substance use, suggesting that a holistic approach respecting Indigenous knowledge can enhance treatment outcomes and underscoring the importance of Aboriginal cultural elements of healing in modern therapeutic applications (Marsh et al., 2015).

Challenges such as regulatory issues and the need for more research need to be addressed to support integrative health models (Rooney et al., 2023). The need for more Aboriginal staff and leadership in therapeutic programs is emphasised to better reflect Aboriginal health care features and improve outcomes for Aboriginal people in healthcare settings and programs (Hill et al., 2022). Overall, the research underscores the importance of integrating traditional healing practices into health care systems to support the wellbeing of Indigenous peoples. Traditional Aboriginal healing methods can offer valuable insights into holistic health care that respects and incorporates Indigenous worldviews and practices (Kurtz, 2013). With a portion of Aboriginal

and Torres Strait Islander peoples accessing traditional Indigenous medicine (Rooney et al., 2023), healing methods, and CAM approaches, there is a clear need for further research to understand and support these practices within the healthcare system (Adams et al., 2015). Further research and integration are crucial for addressing health inequalities and improving access to culturally appropriate care.

There is much the discipline of psychology could learn from and incorporate into psychological practice to improve cultural responsiveness. For example, if psychologists understand the healing or cleansing that can occur from a smoking, or from certain plants. Moreover, if psychologists understand the improved outcomes that occur when Indigenous frameworks underpin psychological approaches, then collectively it may benefit Aboriginal and Torres Strait Islander clients for psychologists to consider these more deeply.

9.3.3 Ineffective Strategies Toward Enhancing Mental Health and Wellbeing

Research has suggested certain strategies to be ineffective in strengthening mental health and wellbeing of Aboriginal and Torres Strait Islander peoples. These included programs that overlook Indigenous values, lifestyles, and aspirations, and fail to consider the varying needs and capacities of Indigenous people living in complex economic and social circumstances to be often ineffective (Dudgeon et al., 2014). Additionally, initiatives developed with inadequate timeframes, funding, and support that fail to address health holistically, focusing solely on the individual without regard for family and community context in turn falling short of achieving meaningful outcomes (Dudgeon et al., 2014). When mainstream programs are adapted for Indigenous people by providers without community consultation or involvement, they risk being disconnected from the people they aim to serve (Dudgeon et al., 2014); Closing the Gap initiative is a prime example of this (Chapter 5).

Short-term, inflexible programs designed and delivered without community engagement, partnership, or input from ACCHOs often miss their mark (Dudgeon et al., 2014). Furthermore, poor engagement with research evidence by the mainstream sector contributes to systemic racism (Section 4.4.2), a lack of cultural understanding, and the reliance on a ‘*one size fits all*’ approach (Dudgeon et al., 2014). Lastly, Dudgeon and colleagues (2014) state that performance indicators and reporting requirements, developed within the mainstream mental health system, often do not align with Indigenous cultural practices or perspectives on SEWB. This was also demonstrated throughout Chapter 5 when the Closing the Gap initiative was discussed.

Despite this knowledge being understood and acknowledged at least 10 years ago, many of the ineffective strategies have yet to be effectively addressed, and changes implemented (Durey et al., 2012; Durey & Thompson, 2012; McCalman et al., 2016; Watego et al., 2021; 2022). An example of this within the psychology discipline can be seen in the assessments used to assess intelligence (Swann, 2019). The literature highlights some characteristics of interventions that have proven to be unsuccessful or less effective for Aboriginal and Torres Strait Islander people. The findings from the literature are discussed in the introduction section in empirical paper 2 (Chapter 12). Furthermore, empirical paper 2 (Chapter 12) explored this further and contributed additional findings in this area.

When taken together, the research highlights the healing that can come for Aboriginal peoples, both adults and youth when we have opportunities to strengthen our connections to our culture. As this thesis focuses on ways psychologists can enhance SEWB when working with Aboriginal and Torres Strait Islander clients, it is important to explore the unique mental health experiences that Aboriginal and Torres Strait Islander clients may present with.

9.4 Mental health-related presentations of Aboriginal and Torres Strait Islander Clients

As this thesis focuses on ways psychologists can enhance SEWB when working with Aboriginal and Torres Strait Islander clients, it is important to explore the unique mental health experiences that Aboriginal and Torres Strait Islander clients may present with. However, first a clear distinction must be made between SEWB and Aboriginal and Torres Strait Islander experiences of mental health. Chapter 8 details the interconnected elements that contribute to our SEWB. Recently, I have held the privilege of working with, learning of, and being guided by Dr Graham Gee (Aboriginal-Chinese man, with Celtic heritage) on some of his deadly research projects exploring prevention of, and healing from child sexual abuse within Indigenous communities. Dr Gee during his PhD thesis research collaborated to develop the original SEWB framework (Chapter 8; Gee et al., 2014). Recently, he highlighted to our research team that,

“Increasingly in the research space I’m seeing mental health ignored or framed as not a part of SEWB due to the western constructions of it, and it has worried me for a while now. Because Gayaa Dhuwi has such a large national audience, I took the opportunity to try and make a definitive statement about my view that mental health is a part of SEWB.”

(G. Graham, personal communications, October 2024)

In the interview with Gayaa Dhuwi that was published in the August Newsletter Gee (2024) stated,

“A social and emotional wellbeing lens also recognises that these domains of wellbeing are deeply influenced and shaped by broader structural level social, political, historical, and cultural determinants. The way some of my colleagues and I have previously written about social and emotional wellbeing has been an attempt to orient policy makers, services, and workforce towards looking at the bigger picture when trying to understand

wellbeing and respond to distress. This does include mental health-related difficulties experienced by people in our communities, while also recognising that it is also definitely not limited to this, and that mental health is only one manifestation and way of understanding distress. Based on my experience in some remote communities, and some of my early PhD work, I believe that cultural understandings of mental health, both positive and distress-based, have always been there, but it often looks different to conventional western understandings” (Gee, 2024, as cited in Gayaa Dhuwi August Newsletter, 2024).

Given these insights, this thesis aligns itself with Gee’s original and recently restated intentions. SEWB encompasses the many interconnected elements of Aboriginal and Torres Strait Islander wellbeing holistically, and experiences of ‘mental health-related difficulties’ as Gee (2024) frames them, is one way that Aboriginal people may present to psychological services seeking help with when responding to distress.

The previous chapters have explored several different historical, social, cultural and political determinants that have impacted Aboriginal and Torres Strait Islander SEWB since the first fleet arrived. A major reoccurring theme in the literature emphasises that poor SEWB and health disparities experienced by Aboriginal and Torres Strait Islander peoples in comparison to our non-Indigenous counterpart is linked to the trauma, grief, and loss resulting from colonisation processes that were rooted in structural violence (Atkinson, 2008; Dudgeon et al., 2014).

9.4.1 Trauma

Types of traumas resulting from colonisation processes, when experienced by entire communities and passed down through generations, has been referred to in various ways in the

literature, including as collective trauma, (Erikson, 1976; Krieg, 2009) intergenerational or transgenerational trauma, (Atkinson, 2002; Ralph & Hamaguchi, 2006), and historical trauma. (Brave Heart, 1995). Aboriginal peoples across the globe argue that many of the effects of colonisation are perpetuated and maintained through the intergenerational transmission of trauma (e.g., Brave Heart, 1988; Duran & Duran, 1995). The concepts of intergenerational and transgenerational traumas are characterised by the lasting impacts of traumatic experiences endured during across the lifespan being transferred to successive generations of descendants (Bombay et al., 2009; Yehuda & Bierer, 2009). However, Atkinson (2002) differentiated between the two terms, offering that intergenerational trauma is distinctive as it is passed down directly from one generation directly to the next. Whereas transgenerational trauma is transmitted across several generations (Atkinson, 2002).

Notably, both transgenerational and intergeneration trauma concepts have been linked to the concept of ‘collective trauma’ (Erikson, 1976). Erikson (1994) defined collective trauma as a disruption to the fundamental fabric of social life that weakens the bonds connecting people and undermines the overall sense of community. Collective trauma encompasses experiences and effects of individual traumatic events, the trajectories of the psychological and social experiences are further-reaching aligning with the consequences of mass trauma through the deterioration of community morals, values, and social norms (Bombay et al., 2009). Despite the diversity and importance of the terms and definitions found within the literature, psychology discourse in Australia most commonly uses intergenerational trauma to explore and understand the impacts of transmission of colonial trauma across Aboriginal and Torres Strait Islander generations

9.4.1.1 Intergenerational Trauma

The trauma inflicted by colonisation, including the forcible removal of children, systemic violence, and the disruption of cultural practices, has been passed down through generations. Atkinson (1990, 1998, 2002) argued that the current violence and intergenerational trauma experienced in some Aboriginal communities is both a consequence of the original violence inflicted on Aboriginal people during early colonisation discussed in Section 2.2 and, at the same time, may act as a cause and symptom of ongoing trauma in its own right. Common perpetrators of current violence have been previously discussed in this thesis (Section 4.5) and can include oppression (Section 4.2), marginalisation (Section 4.2), and systemic violence (Section 4.5.1). These have been suggested in some Aboriginal families to manifest as profound loss and grief and unresolved trauma (Gee, 2016).

These experiences often culminate to manifest externally in visible oppression (e.g., denial of basic human rights, [Section 7.3.2] or access to land), as well as the disintegration of less visible, internal resources such as loss of hope, or motivation (Atkinson, 2002; Gee, 2016). These experiences of oppression often limited Aboriginal peoples and families' abilities and access to healing (Gee, 2016). Combining the reduced amount of healing from oppression that has taken place, with the memories of past colonial violence experienced by Aboriginal families, Gee's (2016) writings suggest an inability to resolve the anger, grief and loss associated with past trauma. These feelings of distress and helplessness can then at times be expressed and directed through violence which was discussed in greater depth in Chapter 4.3.1.3.1.

The transmission of trauma is not only environmental, interpersonal, or psychological but also biological, with epigenetic mechanisms playing a role in the intergenerational transmission of trauma, affecting offspring's mental health (Jovanovic et al., 2023; Lucero, 2018; Yehuda &

Bierer, 2009; Yehuda & Lehrner, 2018). Yehuda and Lehrner, (2018) reviewed literature to explore the possible role of epigenetic mechanism of intergenerational trauma transmissions and reported two categories of epigenetically mediated effects. They found evidence for developmentally programmed effects which can result from the influence of the child's early environmental exposures (e.g., utero exposure from maternal stress) as well as epigenetic changes in children associated with a preconception trauma in parents which may affect germline (sex cells, e.g., eggs and sperm) which impacts the fetal environment (Yehuda and Lehrner, 2018). The biological transfers of trauma among Aboriginal populations impacts mental health and contributes to our over-representation in healthcare (Bennett & Woodman, 2019; Menzies, 2019; Nadew, 2012). For example, studies indicate that Aboriginal communities experience trauma at rates much higher than the national average, with a lifetime PTSD prevalence of 55.2% in some communities (Nadew, 2012). However, what is still unclear is how much of this is accounted for by biological trauma transference.

Consequences and manifestations of intergenerational trauma are linked to earlier discussion through the thesis. These include the links between stolen generation policies (Section 2.2) with attachment, parenting, and child protection (Section 4.6), the processes of colonisation (Section 2.2; 3.2) including oppression (Section 4.2) power dynamics (Section 2.2.1) with different types of violence (Section 4.5). Additionally, the implications between disconnection and denial of our culture and our cultural identity (Chapter 4), and how this impacts our mental health and SEWB. As well as the limitations of Western healthcare systems frameworks contributing to incidences of mental and physical disparities. However, the casual factors and coping mechanism that may manifest for Aboriginal and Torres Strait Islander peoples and present for psychologists also need to be briefly discussed.

9.4.1.2 Causal Factors and Coping Mechanism Common within Aboriginal and Torres Strait Islander Peoples with Unresolved Trauma

The unresolved trauma experienced by Aboriginal and Torres Strait Islander peoples is deeply rooted in historical and ongoing factors such as colonisation, violence, loss of land, and systemic discrimination, including the forced removal of children from their families, which has led to intergenerational cycles of trauma (Chamberlain et al., 2023; Gee et al., 2023; Fiolet et al., 2022). Key causal factors include experiences of racism, and lasting impacts from child removal, and oppression, which contribute to the prevalence trauma presentations, and other mental health issues within Aboriginal and Torres Strait Islander communities (Dudgeon et al., 2017; Gee et al., 2023; Thorpe & McKendrick, 1998).

Empirical publication 3 in Chapter 13 and Section 4.4 houses a discussion about the experiences of racism for Aboriginal and Torres Strait Islander peoples and how that directly and indirectly impacts our mental health. Similarly, oppression was an ongoing discussion throughout this thesis, and the impacts of child removal on parental attachment and bonding as a result of unresolved trauma from the stolen generations was discussed in Section 4.6. What is important for psychologists to understand alongside the casual factors, is the coping mechanism that often Aboriginal and Torres Strait Islander peoples develop to survive. As these may feature in client's presentations, but they also impact the lens in which individuals view us through, often contributing to the development or reinforcing of stereotypes (Enge, 2023).

The development coping mechanisms can be seen as a functional adaptation to chronic, uncontrollable stress, where the stress-response systems are calibrated to a dangerous and unpredictable environment (Wadsworth, 2015). This adaptation, while enabling survival in adverse conditions, often results in negative health outcomes, including increased allostatic load, which contributes to various physical and mental health disorders (Sarnyai et al., 2016). Coping

mechanisms among Aboriginal communities are influenced by cultural determinants of social and emotional wellbeing, which include personal, relationship, community, and cultural strengths that can moderate the severity of trauma symptoms (Gee et al., 2023). Adaptive coping mechanisms that have been identified as effective in moderating trauma symptoms include access to personal, relationship, community, and cultural strengths, which can reduce the severity of trauma symptoms by fostering resilience and recovery (Gee et al., 2023). Maladaptive coping mechanisms were briefly mentioned in the previous section in the context of alcohol and drug use, therefore, as we progress through this exploration, alcohol and drug use will be used as an example to demonstrate the link between unresolved trauma and coping mechanisms and how that relates to comorbid presentations.

Maladaptive coping strategies, such as alcohol consumption, have been identified as a form of self-medication responding to unresolved trauma which can lead to low life satisfaction and chronic stress, which are prevalent in Aboriginal and Torres Strait Islander communities (Holland et al., 2023; Nadew, 2012; Sarnyai et al., 2016; Tartaglia & Bergagna, 2020). This highlights one of the many ways comorbidities may present when working with Aboriginal and Torres Strait Islander clients. Aboriginal Alcohol and Other Drug workers play a crucial role in providing culturally appropriate care, yet can often be inadequately trained to deal with complex comorbid presentations, which can hinder their effectiveness in addressing the individuals' issues (Lee et al., 2021).

Aboriginal and Torres Strait Islander peoples are further burdened by socio-economic disadvantages including limited access to culturally appropriate healthcare and support services, which may further compound these challenging experiences (Lee et al., 2021; Roche et al., 2015). Pearson (2000, 2009) acknowledged the impacts that casual factors have on the behaviors

of Aboriginal and Torres Strait Islander peoples with unresolved trauma. However, they argued, that the casual factors alone do not explain the extent of trauma that has been observed in more remote Aboriginal communities, positing that unconditional welfare as a contributing factor to the re-traumatisation prevalent within some Aboriginal communities (Pearson, 2000, 2009). To summarise, Pearson (2000) posited that the changes to the constitution in 1967 that championed the need for equal pay, effectively pushed Aboriginal people out of the workforce due to the unwillingness or inability for people to pay for our services. This in turn forced Aboriginal people into the unconditional welfare system of government transfers which has had a deep psychological impact on Aboriginal people, through the loss of their autonomy from work, dependency on government welfare was created and this has been a generational phenomenon (Pearson, 2000).

We know from the previous discussion about dependency theory (Section 2.2.1) that the more dependent Aboriginal and Torres Strait Islander peoples had on the government systems, the more power the government had over our peoples and communities. It has since been suggested that some Aboriginal and Torres Strait Islander peoples have developed a dependency on alcohol and drugs (Grey et al., 2018; MacRae & Hoareau, 2016; Weatherall et al., 2022). To manage this the government again exercised their power over Aboriginal peoples to remove our agency further, placing restrictions on what can be purchased with the welfare payments (Corin, 2020; Parsell et al., 2020).

Dingwall and Cairney (2011) reported the availability of alcohol and the lack of restrictions in some areas contributed to heavy alcohol use, which is associated with cognitive impairments and psychological symptoms like increased worry. To counter this, in some Aboriginal communities often referred to as 'dry communities' alcohol has been completely

banned (Stearne et al., 2022). This deepens feelings of oppression which maintains cycles of disadvantage through increasing internalised oppression and lateral violence which exacerbates dependency and feelings of powerlessness, hopelessness and helplessness (Section 4.2) and further reinforcing the need for and use of maladaptive coping behaviours (Clark et al., 2016; Whyman et al., 2024). For these reasons, addressing the psychosocial wellbeing and self-determination of Aboriginal communities is essential for mitigating the effects of maladaptive coping mechanisms and fostering resilience (Appo & Härtel, 2003).

Addressing experiential avoidance, a mediator of maladaptive coping styles, could also be pivotal in reducing psychopathology and improving mental health outcomes among Aboriginal and Torres Strait Islander peoples (Fledderus et al., 2010). Current policies and programs aimed at improving SEWB often fail to address the root causes of trauma, focusing instead on minimising or relieving symptoms (Appo & Härtel, 2003). Addressing maladaptive coping mechanisms in Aboriginal and Torres Strait Islander peoples requires a multifaceted approach that includes culturally responsiveness strategies (Section 9.5), community engagement (Section 8.4.4), and addressing the broader SDoH (Chapter 6; Conigrave et al., 2022; Holland et al., 2023).

We have explored the common presentations that psychologists may face when working with Aboriginal and Torres Strait Islander peoples from a Western perspective. However, it is also important to understand the culturally specific elements that Aboriginal peoples may experience crafted from our unique worldview and perspectives of mental health.

9.4.2 Culture-Bound Syndromes

Recently, Barry and Guerin (2024) undertook a research project that used an Indigenous methodology to understand how the Anangu Pitjantjatjara Yankunytjatjara people in Central

Australia describe and explain behaviours considered ‘mental illness’ from a Western perspective. Barry, an Anangu man and researcher, extensively interviewed seven senior Anangu elders using a yarning conversational approach and thematic analysis to explore the contextual factors shaping mental health behaviours (Barry & Guerin, 2024). They found complex interactions between fundamental ancient Anangu beliefs and cultural processes, and the changing Western influences introduced from colonisation that shape mental health behaviours (Barry & Guerin, 2024). They posited that some behaviours often classified as Western mental illness can arise from very different traditional Anangu contexts and explanations (Barry & Guerin, 2024). Further, they posited that traditional culture healing practices such as, being on country, connecting with tjukurpa (creation stories), family, and continuing spiritual growth were seen as integral for mental health prevention, maintenance and intervention (Barry & Guerin, 2024). Additionally highlighting the role of Ngangkari (Section 9.3.1.1) as a primary support mechanism, complementing Western medicine (Barry & Guerin, 2024).

Barry and Guerin (2024) contributed to the gap in empirical evidence regarding the intersection of culture and mental health and wellbeing. They demonstrated the value of Indigenous researchers and research methods for accessing Indigenous cultural knowledges that can often be challenging, and further reinforced the differences in conceptualisations of mental health (Barry and Guerin, 2024). These differences in conceptualisations that lead to behavioural differences are important for psychologists to understand as they may impact Aboriginal and Torres Strait Islanders presentations.

CBSs are mental health conditions that are unique to certain cultural or ethnic groups and may not be recognised or understood within Western diagnostic frameworks (Guarnaccia & Rogler, 1999). These syndromes are deeply rooted in cultural beliefs, practices, and experiences,

and their recognition is crucial for providing culturally appropriate mental health care. Initially, CBSs were recognised as disorders that occur in specific cultural contexts, such as *Taijin kyofusho* in Japan and Korea, which is characterised by social-evaluative concerns and fear of offending others (Almeida & Trigo, 2023). The Diagnostic and Statistical Manual (DSM) introduced CBSs into the manual as cultural conceptualisations of distress including cultural syndromes, idioms of distress, and explanatory models, emphasising a broader cultural formulation (Park & Park, 2020). These changes acknowledge the influence that cultural factors can have on all mental health conditions which challenges the notion that only certain syndromes are culture-bound (Lingeswaran, 2023; Park & Park, 2020; Teodoro, & Afonso, 2020).

CBSs are influenced by unique cultural beliefs, traditions, and social contexts among Aboriginal and Torres Strait Islander populations also. Dr Tracy Westermann (2023) a Nyamal woman from the Pilbara region of Western Australia published an empirical paper providing evidence to support how CBSs may manifest in Aboriginal communities. Westerman (2023) undertook thematic analysis of the stories collected from twelve focus groups ($N = 65$). To maintain place-based cultural practices, six focus groups comprised of Aboriginal peoples ($n = 31$) from the Pilbara, while the other six groups contained Perth based Aboriginal people ($n = 34$). Of the six focus groups that occurred in each place, three were for males ($n = 32$), and three were for females ($n = 33$) to allow any sensitive gender-based discussions to take place in line with cultural protocols. These distinctions allowed for the cross-comparison of results, which further validated the outcomes of the study.

Westerman (2023) reported seven CBSs that were agreed upon by all participants, with slight differences between some of the names that urban and rural participants called them. These include, being sung, longing for country, wrong way relationships, sorry time,

pathological grief and hysteria, self-harmful behaviours and spiritual visits. Westerman goes on to describe the symptom-based manifestation of the seven reported CBSs and some of the triggers for CBSs (see Westerman, 2023).

This nuanced contribution to the literature highlighted how important the consideration of culture can be in the case formulation and treatment planning for Aboriginal clients. Westerman (2023) provides support for the how culture shapes mental health and wellbeing conceptualisations and highlights the need for culturally responsive healthcare practices to be understood and utilised when working with Aboriginal and Torres Strait Islander clients. The previous sections of this chapter have together provided an overview of Aboriginal and Torres Strait Islander mental health and common experiences that may influence our presentations emphasising the need for psychologists to work in culturally responsive ways to enhance SEWB. Now, the following sections will discuss cultural responsiveness in more depth before exploring the literature to understand how cultural responsiveness has been applied in psychological practice and training.

9.5 Cultural Responsiveness

Literature, regulations, policies, and frameworks have used terms such as cultural responsiveness, cultural safety and cultural competence to describe skills that a psychologist should have, or environments that psychologists should be able to create to enhance Aboriginal and Torres Strait Islander client's experiences (Smith et al., 2021). Empirical paper 2 in Chapter 12 contains a discussion about the above terms and concludes that cultural responsiveness emerged as the preferred term as it embraced more of the necessary overlapping features of best practice with Aboriginal and Torres Strait Islander clients (Smith et al., 2021). Peter Smith, a descendant of the Gamilaroi Nation explored cultural responsiveness within mental health during

his recent PhD research, and as such will feature heavily throughout this section to draw attention to his deadly work, understand the cultural lens applied and privilege more Indigenous voices.

Cultural responsiveness is defined as the ability to understand, communicate with, and effectively interact with people across cultures (Chamberlain et al., 2024). It encompasses a set of behaviours, attitudes, and policies that enable professionals and organisations to work effectively in cross-cultural situations (López et al., 2017). With Cultural safety at its core, cultural responsiveness is a critical concept in various fields, including education, healthcare, and social services (Babacan & Gill, 2012; IAHA, 2019).

Smith and colleagues (2021) undertook a review with the aim of defining the meaning of cultural responsiveness specifically when engaging with Aboriginal and Torres Strait Islander clients by mental health practitioners. Five themes emerged from the 13 studies that met the inclusion criteria, these included, Knowledge, Inclusive Relationships, Cultural Respect, Social Justice/ Human Rights, and Self-Reflection which are considered definite features of cultural responsiveness (Smith et al., 2021). IAHA, (2019) posited that “*cultural responsiveness is what is needed to transform systems; how individual health practitioners work to deliver and maintain culturally safe and effective care*” (p. 5). They recognised that without client’s culture factored into healthcare and treatment, their perspective of the quality and potential impacts of the care and treatment is likely to be reduced (IAHA, 2019). To understand cultural responsivity, it is important to acknowledge the role reflexivity plays (Smith et al., 2022).

9.5.1 Reflexivity

Reflexivity is considered to be a form of higher order thinking extending beyond solely cognitive reflecting (Coulson & Holmwood, 2016), to critically examining one’s own attitudes,

beliefs, values, and biases to engage with clients in ways that exclude racism and superior attitudes (Wilson, 2014). Bennet and colleagues (2018) posited that for mental health professionals, reflexivity includes a close examination of one's own practices. Bennett and Gates, (2019) added that reflexivity calls for practitioners to be aware of their power and privileges they hold and how these elements have impacted Indigenous people previously, as well as in the present. Reflexivity changes the framing of the question from '*what is this information and how can I acquire it*', toward '*who am I in response to this information and what is it asking of me*' (Kilcullen et al., 2018).

Smith and colleagues (2021; 2022) found reflexivity to be an important aspect of the cultural responsiveness dynamic. They developed a model for mental health practitioners that centers reflexivity as a '*fundamental step before, during and after each movement in the cultural responsiveness dynamic*' (Smith, 2024, p. 80). The model is featured in Figure 9.1 and is positioned in the thesis, as a cultural responsiveness model that centers reflexivity as an essential part that facilitates the therapeutic process and facilitates learning and discovery for mental health practitioner.

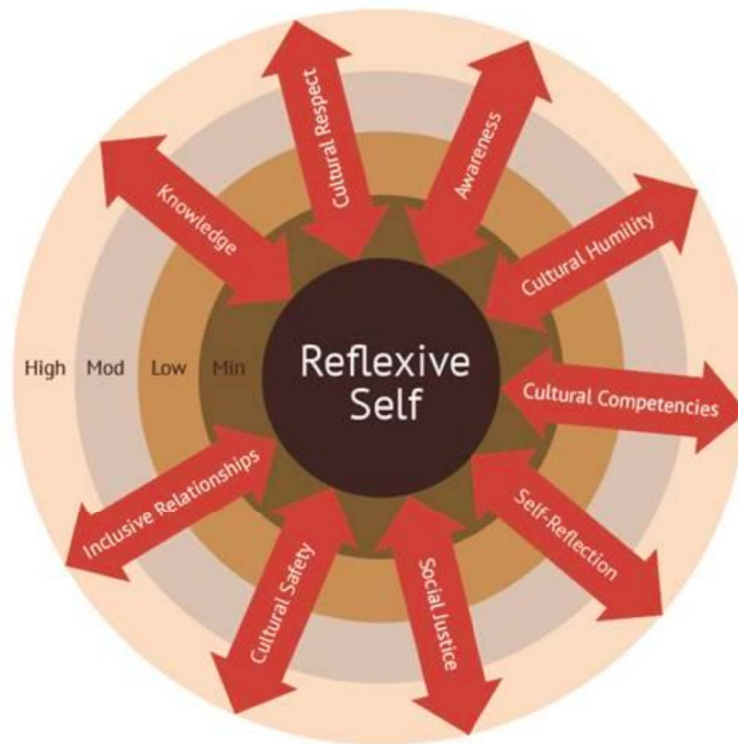


Figure 9.1. *Smith and Colleagues (2022), a Conceptual Model for Mental Health Professionals Engaging with Aboriginal and Torres Strait Islander People. Reproduced with permission from Smith (first author).*

Figure 9.1 recognises reflexivity to be a central driving force of cultural responsiveness. The other nine domains that comprise this model were derived from the literature. Smith et al., (2021) findings from their concept review identified five key features of cultural responsiveness (Knowledge, Inclusive Relationships, Cultural Respect, Social Justice/ Human Rights, and Self-Reflection). The model presented in Figure 9.1, builds upon the previous five foundations and expand to nine domains with the addition of Cultural Competence, Cultural Humility, and Awareness to complete Smith and colleagues (2022) model.

Smith and colleagues (2022) suggested the model to be dimensional and iterative, emphasising the idea behind this model is for mental health professionals to develop a process or

system through the repeated use, while breaking down the overall model into smaller, more manageable and practical dimensions. Through this, Smith et al., 2022 have provided a more defined guidelines of culture responsiveness that can be applied by educators and learners at the institutional, student, or practitioner level. Through the creation of such a model, Smith and colleagues (2022) are enabling the current psychology workforce including educators and higher education students to develop their skills guided by the framework, which makes developing cultural responsiveness more widely accessible and actionable.

On a personal note, I personally like to teach through frameworks for the above reason. I find, providing psychology higher education students with strict guidelines about the dos and do not's when working with Aboriginal and Torres Strait Islander peoples is less effective and not best practice. Firstly, the diversity within the Aboriginal and Torres Strait Islander communities and cultures means there are no hard and fast guidelines to working with us, which reinforces the need to have reflexivity as the central grounding point of the model. This was discussed in empirical paper 3 (Chapter 13). Therefore, like Smith et al., (2022), I feel providing the students with a framework or model that can continually guide them through a process emphasises the value of self-sufficiency over transitory solutions when educating students about working reflexively in the context of cultural responsiveness.

9.5.2 Cultural Safety

I have highlighted that reflexivity is central to cultural responsiveness within mental health practice and education. However, I have only briefly mentioned the role of cultural safety and how it links with reflexivity and is a core element of cultural responsiveness. Cultural safety is where individuals feel spiritually, culturally, socially, emotionally and physically safe (Bin-Sallik, 2003) Reflexivity along with self-awareness is foundational to practicing cultural safety

(Curtis et al., 2019), as it prioritises creating an environment where clients feel respected, understood, and free from discrimination (Brascoupé & Waters, 2009). In mental health settings, cultural safety demands that practitioners not only avoid imposing their beliefs but also actively recognise and honor clients' cultural identities, allowing clients to feel safe to express themselves fully (Richardson et al., 2017). By engaging in reflexive practice, mental health professionals are better equipped to challenge power dynamics and biases that may otherwise compromise cultural safety, ultimately leading to more respectful, responsive, and effective care (Hem et al., 2018). Cultural safety is evaluated by the client and is based solely on their experience and prioritises an environment where individuals feel respected, validated, and understood in our cultural identity (Taylor & Guerin, 2019).

For Aboriginal and Torres Strait Islander people, cultural safety in mental health is more than a matter of respect, it is a critical aspect of effective care (Taylor & Guerin, 2019). This approach acknowledges the historical and ongoing impacts of colonisation (Section 3.2), trauma (Section 9.4.1), and marginalisation, on mental health and wellbeing, recognising that these factors contribute to unique challenges that 'mainstream' models of care often overlook (Section 8.6; Taylor & Guerin, 2019). By fostering cultural safety, mental health professionals create space for Aboriginal and Torres Strait Islander clients to engage in healing practices that are culturally congruent and address their specific needs (Dudgeon et al., 2014). Cultural safety thus helps bridge the gap between Western mental health frameworks and Indigenous ways of knowing, being, and doing, supporting a holistic approach to wellbeing that values cultural identity as a fundamental component of mental health.

A snapshot of insights into the current psychology workforce was provided in empirical paper 3 in Chapter 13. The main findings revealed the current psychology workforce are

unprepared to work with Aboriginal and Torres Strait Islander clients, and apprehensive about working with one of us for the first time. This is in part is due to psychology higher educators not meeting their responsibility to train psychologists to be unbiased and understanding of the Indigenous experience. This occurs for many reasons including current educators' biases implicitly being convey and absorbed in the classroom context (Fiarman, 2016; Pate, 2020) and potentially educator's fears of implicitly expressing their biases, and being held accountable by students. One necessary skill to develop in all current and future psychologists, including educators includes being able to engage in critical self-reflection. This skill is an element of cultural responsiveness, cultural safety, and reflexivity that is so crucial it will be explored now in more depth in a separate section.

9.5.3 Critical Self-Reflection

Critical self-reflection and self-reflection, while related, differ significantly in their depth and purpose. Self-reflection generally involves a deliberate consideration of one's experiences to gain insight and improve practice, often guided by literature and feedback from peers and students (Grech, 2021). It is a process of describing one's emotional, thought, and action patterns, reviewing one's developmental history, and linking these patterns to one's developmental history to promote psychosocial maturation (Hannush, 2021). In contrast, critical self-reflection goes beyond this by challenging and transforming deeply ingrained preconceptions and assumptions, often with a focus on power relations and social contexts (Aryal, 2022; Grech, 2021). It is suggested to be a transformative tool scrutinizes and modifies an individual's preconceptions, aiming to create significant change (Aryal, 2022), and is suggested to be essential for fostering critical thinking, self-awareness, and continuous improvement (Plack & Driscoll, 2024).

Bird (2008) argues that white Australia holds a responsibility to explore and expose the way that their white privilege impacts the trauma of colonisation as well as holding a responsibility to Aboriginal and Torres Strait Islanders to remedy these wrongs. However, for Aboriginal and Torres Strait Islander peoples, critical reflection is deeply intertwined with our unique cultural, historical, and social contexts and we have been engaging in this practice for millennia (Murrup-stewart et al., 2022). For us that involves recognising the impact of accumulative and continued historical, political and systemic violences on our mental health and wellbeing (Adams et al., 2020; Dudgeon et al., 2010; 2014; 2020; Kelly et al., 2009). Therefore, due to the differences between the two related types of reflections, psychology is moving towards requiring psychologists to hold critical self-reflection tools.

Critical self-reflection is particularly emphasised in fields like education and psychology, where it is used to question normative knowledge and power dynamics, fostering social change and equity (Ringø & Svensson, 2022; Lyskova, 2021). For instance, in educational settings, critical self-reflection is employed to raise awareness of equity in classroom practices and academic programming, promoting culturally responsive and sustaining practices (Kressler, 2020; Lyskova, 2021). It is also used as a professional development tool to enhance teaching methods and address social and political contexts in education (Grech, 2021). Thus, while self-reflection focuses on personal growth and understanding, critical self-reflection is a more profound process that seeks to disrupt and transform existing norms and practices for broader social change which aligns more so with theme of this thesis.

In healthcare roles such as psychology, critical self-reflection enables practitioners to provide culturally safe and responsive care by understanding the cultural backgrounds and needs of their clients or patients (Richardson et al., 2017). Empirical Study 3 in Chapter 13 discusses

the role of racism and biases experienced by Aboriginal and Torres Strait Islander peoples within healthcare and higher education settings. This paper provides a small insight into the snapshot of the biases that the current psychology workforce hold, advocating for the need to train future psychologists better. Critical self-reflection is one tool that can be taught in psychology higher education training and applied throughout our careers as psychologists, as well as any other profession that we may enter along the way. The ability to examine power dynamics and systemic biases, enables individuals to identify and address biases and inequities that Aboriginal and Torres Strait Islander peoples face, which in turn works towards improving mental health and wellbeing outcomes for minority communities (Hem et al., 2018).

While there are many models that could be discussed in this section, a personal favourite model created to facilitate critical self-reflection is by Walker (1999). As I mentioned, I like to teach in framework. This framework often features in the lectures I present as it is adapted to align with Indigenous values underpinned by all elements being interconnected and ongoing which reminds us as practitioners to see the client as a whole and to engage in continuous critical reflection as cultural competence is a continuous process. Critical self-reflection, is a powerful tool for personal and professional growth, fostering critical thinking, self-awareness, and continuous improvement. In the context of Aboriginal and Torres Strait Islander perspectives and worldviews, critical reflection is essential to enhance cultural safety and develop cultural responsiveness, through understanding cultural contexts, and challenging common biases. By integrating critical reflection into their practices, professionals can provide more equitable, effective, and culturally responsive support to Aboriginal and Torres Strait Islander clients.

Providing short-term help meets an immediate need, but it does not address the underlying problem or prevent future hardship. By teaching skills or empowering people to solve

their own challenges, you enable them to become independent and capable of meeting their needs over the long term. This approach fosters lasting resilience, reducing dependence and promoting empowerment, growth, and sustainable success. While this is a teaching tool people may find useful, it is also a key consideration when working with Aboriginal and Torres Strait Islander peoples. This provides a segue to now explore in more depth what culturally responsive practice might look like when working with Aboriginal and Torres Strait Islander clients towards enhancing SEWB.

9.6 Cultural Responsiveness in Clinical Psychological Practice

Section 3.4.2 highlights the shift in psychology training accreditation and competence requirements to include the need for psychologists to be cultural responsiveness when working with diverse populations including with Aboriginal and Torres Strait Islander people. I have already highlighted some necessary abilities that the psychology workforce inclusive of higher education staff need to have to continue to develop their understanding as working with us is a dynamic process. We are not one homogenous group, so there are strict guidelines that can be stated for psychologists to follow. Moreover, a thorough literature review takes place during the introduction of Empirical Study 2 in Chapter 12 which applies in this section also. There is, however, another framework that was created by Aboriginal and Torres Strait Islander peoples, grounded in our culture, which should be the first step in an individual's evaluation tool kit when exploring evidence-based practices, and frameworks with Aboriginal and Torres Strait Islander peoples (Clark & Hirvonen, 2022).

The Indigenous Allied Health Australia (IAHA) Cultural Responsiveness Framework (2019) is designed to equip all Australians engaged in work with Aboriginal and Torres Strait Islander individuals, families, and communities with the critical skills, knowledge, and

competencies necessary for effective partnerships and meaningful action (IAHA, 2019). This framework emphasises the development of culturally responsive practices, fostering the abilities required to engage respectfully and effectively in diverse cultural contexts, thus enhancing collaboration and positive outcomes in these professional interactions (IAHA, 2019).

This framework was developed to provide clear responses to the core question “*What do we need to know, be and do in order to be culturally responsive?*” (IAHA, 2019, p. 11). This question was purposefully aligned with Indigenous pedagogy (IAHA, 2019; Martin & Mirraboopa, 2003), Blooms taxonomy of education objectives (Bloom et al., 1956), and international models of relational leadership (IAHA, 2019; Komives et al., 2013; Uhl-Bien, 2006). Through grounding the model in this way, IAHA are grounding in Indigenous epistemologies (knowing), Indigenous ontology (being), and axiology (doing) which is central to Aboriginal and Torres Strait values systems (Wilson, 2008). Therefore, it would come as no surprise that these elements are central to the model displayed in Figure 9.2.



Figure 9.2. IAHA (2019) Cultural Responsiveness Capability Framework

The Cultural Responsiveness Capability Framework (IAHA, 2019) depicted in Figure 9.2, is comprised of six interrelated key capabilities that together aim to build allied health practitioners' cultural responsiveness with Aboriginal and Torres Strait Islander clients. Respect for the centrality of cultures emphasises the need to value the diverse Indigenous perspectives and hold an understanding of the dominant culture's impact on these perspectives are necessary (IAHA, 2019). Self-awareness encourages critical reflection (Section 9.5.3) on personal beliefs and biases (Section 4.4.2.2), while proactivity involves taking initiative to address racism (Section 4.4) and develop culturally responsive practices (Chapter 9). Inclusive engagement

centers on self-determination and partnership (Section 5.2), while leadership and responsibility and accountability foster visionary, socially just practices that incorporate cultural responsiveness in organisational goals and accountability to Indigenous communities.

IAHA (2019) suggested that to create real and sustainable systemic level change the above question at the core of this framework needs to be answered by the individual and organisational level. IAHA (2019) explained that at the individual level, health and wellbeing leaders, administrators, and practitioners become culturally responsive through education, critical self-reflection, and awareness (Section 9.5.3) of personal cultural biases, as well as an understanding of power dynamics (Section 2.2.1) and historical inequalities (Section 2.2) in social and therapeutic relationships. While at the organisational level, IAHA (2019) reports creating cultural responsiveness involves reforming governance, policies, and practices (Chapter 5) to respect Aboriginal and Torres Strait Islander self-determination and cultural practices, including education and training, organisation-wide critical reflection (Section 9.5.3), and acknowledgment of the legacy of non-Indigenous institutional control and its ongoing impacts (Chapters 2 - 5).

These sentiments align with those discussed throughout Chapter 5 pertaining to the limitations and suggested improvements to progress the Closing the Gap initiatives. Therefore, when organisations and individuals want to increase their cultural responsiveness, they may consider being guided by the common advocacy messages from the communities in which they serve. For example, self-determination, this is a very reoccurring desire from Aboriginal and Torres Strait Islander peoples that can be actioned at the systems levels (e.g., sharing decision making powers on policies that impact us), the organisational level (e.g., recognise and reward

Indigenous staff's knowing), and the individual practitioner level (e.g., providing clients the right to choose).

It was IAHA's intention that there be no distinct start or end to the model, reflecting an individual's journey towards cultural responsiveness. When discussing the model IAHA (2019) also respects the diverse knowledge and competencies that the intended audience may bring and leave space for the concurrent development of capabilities within the framework as they evolve with individual or organisation efforts. IAHA (2015) goes above and beyond to break down each capability, describing them, and offer insights and suggestions into how they can be applied across the individual and organisation levels as we work towards systems level change.

An obvious limitation of the IAHA (2019) framework within the context of this thesis, is that this framework is not specifically designed for psychology cultural responsiveness, but rather the wider allied health workforce. However, it still provides valuable insights into culturally responsive practices that can enhance psychologists' understanding and engagement with Aboriginal and Torres Strait Islander clients and communities. Psychologists can use it as a learning tool to develop essential capabilities through more respectful, inclusive, and effective approaches toward improving mental health care, addressing systemic biases and enhancing culturally safe interactions with clients to promote SEWB. The overall goal of the framework is to move toward systems level change, and there it is necessary to look at the cultural responsiveness of the overall systems more closely.

9.6.1 System Level Change Toward Cultural Responsiveness

"The best way to understand a system is to try to change it." - Ackoff, 1981, p. 87.

The problematic nature of the Western systems for many Aboriginal and Torres Strait Islander peoples SEWB has continuously been acknowledged throughout this thesis, while they

strongly featured in Chapter 7 and 8. Cultural responsiveness at the systems level is a multifaceted concept that requires a comprehensive approach across various domains such as healthcare and education institutes (McCalman et al., 2017). At the systems level, implementing culturally responsive practices in healthcare and education services involve developing and operationalising principles, policies, procedures, and evaluation metrics among other aspects that consider cultural differences (Bal, 2018; Elias et al., 2021; Kozleski & Huber, 2012; Thomas & Parsons, 2017). This includes identifying barriers and enablers to implementation and iteratively adapting processes based on feedback (Farnbach et al., 2021). By doing so, systems and organisations can provide more equitable, effective, and culturally responsive services that better meet the needs of non-western cultural groups.

Within an Aboriginal and Torres Strait Islander context it is consistently reported that this involves recognising and addressing the unique cultural, historical, and social factors that impact our health and wellbeing (See, Bourke et al., 2022; Butler et al., 2019; Dudgeon et al., 2014; Gee et al., 2014; Salmon et al., 2018). Understanding the impacts of colonisation (Chapters 2 and 3), intergenerational trauma (Section 9.4.1.1), and racism (Section 4.4) on our SEWB (Chapter 8) and education (Chapter 3) have been explored in depth throughout this thesis due to how integral they are towards equitable systems. IAHA (2019) articulated in IAHA's their theory of change articulated "*Considerations at the system level require reform of the cultural and historical factors affecting the organisation of health-care systems and health education*" (p. 7).

IAHA (2019) recommended for four major actions towards systems change that require transformative action that will support the enhancement of Aboriginal and Torres Strait Islander health and wellbeing. They acknowledged the need for reforms to recognise the broader mainstream context in our education and healthcare systems have been fostered. Ways forward

toward culturally responsive systems are suggested to include Aboriginal and Torres Strait Islander self-determination (Section 5.2) and clear pathways for the sharing of decision-making power, understanding Aboriginal and Torres Strait Islander ways of being, cultural considerations and lifelong learning that can improve attitudes, behaviours, processes and programs (IAHA, 2019). Notably these recommendations to improve cultural responsiveness in systems, reflect similarities in the recommendations toward improving the closing the gap initiative (Chapter 5). However, this is unsurprising given the Government framework that underpin both the systems and the Closing the Gap initiative. Therefore, the ways forward discussed in Chapter 5 and specifically in Section 5.3.4, provide a foundational pathway for the necessary changes at the systems level.

This thesis was originally conceptualised to improve cultural responsiveness of psychologist's practice. However, after engaging in the literature, reflecting upon my personal experiences, and yarning with a range of people, both Aboriginal and Torres Strait Islander, and non-Indigenous, further informed my understanding of the psychology discipline. This deepened understanding contributed to the role of systems in the bigger picture of Aboriginal and Torres Strait Islander mental health and wellbeing. It is one thing to undertake research and translate the findings to an indelible number of peoples. However, in my experience as I have engaged in conversations, delivered lectures, and advocated for change, I have been privileged to be able to incorporate the changes, pass along some Indigenous perspectives and stories, and witness the students engagement with this that will hopefully translate into better mental health outcomes for mob. Now, the following section will explore the methods to creating further change through the development of culturally responsive psychologists during their higher education training. I believe higher education psychology course reform to be the quickest way to increase the

cultural responsiveness of the psychology workforce, therefore, this will be explored in more depth.

9.7 Developing Culturally Responsive Future Psychologists During Higher Education Training

“Education is the most powerful weapon we can use to change the world.” - Nelson Mandela

In education, system-wide leadership is crucial for framing cultural change through a systemic lens (Kozleski & Huber, 2012). This helps identify and address historical biases and power dynamics within educational systems (Kozleski & Huber, 2012). This approach is necessary to create equitable and culturally responsive educational programs, particularly for students with disabilities (Kozleski & Huber, 2012). Systems-level collaboration in schools emphasises the need for inclusive and supportive practices that cater to all learner types and cultures by implementing tiered interventions and staff support strategies (Fallon et al., 2020).

There are several elements of psychology higher education courses that need to be reformed to increase the cultural responsiveness of the psychology workforce as well as higher education systems overall. Learning to inform these changes are comprised through this thesis, not only within the empirical literature discussed, and frameworks provided, but also within the stories told, the songs, and books referenced, and the historical overview provided. For a starting place of comfort for the higher education staff members, the elements are highlighted in the IAHA theory of change framework (Figure 9.3; Section 9.6.1; IAHA, 2019), as it lists several actions to reform which are relevant to the psychology courses. These include redeveloping the psychology curriculum, improving classroom teaching strategies, policy reform, and creating pathways that increase equitable access to higher education institutes, and increasing training

opportunities to develop more culturally responsive allies. These elements will now be briefly discussed in more depth.

9.7.1 Psychology Higher Education Curriculum Reform

Chapter 2 provided an overview of the processors of colonisation and how they have informed the colonial psychology discipline, while Chapter 3, explored the detrimental impacts that maintaining a whitewashed psychology higher education curriculum can have on Aboriginal and Torres Strait Islander peoples SEWB. Chapter 3 also included a brief overview of Indigenous knowledges (Section 3.3.3), how our knowledge is created (Section 3.3.3.1), our knowledge systems (Section 3.3.3.2), and how these impact wellbeing (Section 3.3.3.3). Chapter 3 also importantly distinguished between Indigenous knowledges, and Indigenous perspectives (Section 3.3.4) as these should not be confused. Moreover, empirical paper 3 in Chapter 13 not only contributes to highlighting some problems within the higher education system, however, it also highlights some of the biases (Section 4.4.2.2) held by current psychologists which highlights the and reinforces problematic impacts this can have on Aboriginal and Torres Strait Islander SEWB. These sections and findings all contribute to the rationale for the need to develop more culturally responsive psychologists during their higher education training.

One of the most effective ways that higher education psychology courses can develop more culturally responsive psychologists is through the translations of the necessary knowledges through the curriculum. We know that for many Aboriginal and Torres Strait Islander peoples, our SEWB is deeply rooted in our unique worldviews, cultural practices, and lived experiences (Chapter 7 and 8). Therefore, it is unsurprising for psychologists to work in a culturally responsive way, they need to know about these elements that impact our SEWB (Gee et al., 2014; Smith, 2024). One of the most effective ways that higher education psychology courses

can develop culturally responsive psychologists is through the translations of the necessary knowledges through the psychology curriculum.

This is suggested to involve recognising the historical, cultural, and social contexts that shape our identities and impact our SEWB. One key outcome from the first iteration of AIPEP (Section 3.4.2.3; Dudgeon et al., 2016) includes the development of a curriculum framework that could guide for individual educators and higher education psychology schools to meet the APAC accreditation standards (Section 3.4.2.2), and the APS psychology ethical obligations (APS, 2007). These have all been further discussed in empirical study 3 in Chapter 13.

The impact of the AIPEP framework on the curriculum is complicated to track. However, since the addition of criterion 3.8 into APAC's psychology higher education accreditation program (Section 3.4.2.2), I have witnessed a shift in educators' urgency, often underpinned by apprehensions and anxiety, to incorporate more Aboriginal and Torres Strait Islander cultural responsiveness into the curriculum. Therefore, to further facilitate psychology higher education educators to use apply the AIPEP curriculum framework Bucks and colleagues (2023) in collaboration with AIPEP and APAC developed an annexure to support the APAC criterion of 3.8. This annexure is another wonder tool that should be considered by psychology schools in higher education to consider engaging with deeply as a guide for Aboriginal and Torres Strait Islander curriculum reform (Buck et al., 2023).

Further progress towards an inclusive curriculum, may include incorporating educating future psychologists about the foundational aspects of our culture. Many of these have been discussed throughout this thesis to provide the reader with context that has shaped the Indigenous experience. For example, if future psychologists had even a foundational understanding of our Indigenous knowledges (Section 3.3.3), and perspectives (Section 3.3.4). It would provide them

with a starting point toward providing culturally responsive psychological services when working with Aboriginal and Torres Strait Islander clients. Additionally, if educators incorporated learnings about the history of colonial processes (Section 2.2), how these can continue to uniquely impact us (Chapter 3), our identity (Chapter 4), worldviews (Section 7.3) and frameworks (Chapter 8) psychologists may be equipped with the necessary knowledge which was found to be an integral element of cultural responsiveness when working with Aboriginal and Torres Strait Islander clients in mental health settings.

To take it an additional step further, psychology educators could provide students with more knowledge about the implications to mental health and wellbeing for groups that experience oppression (Section 4.2), violences (Section 4.5), and racisms (Section 4.4). When this is coupled with taking a strengths-based approach toward emphasising cultural protective factors (Section 9.3), and utilising relational practices (Section 7.3.4), we are then educating future psychologists on how to develop inclusive relationships, understanding the importance of social justice and human rights, as well as likely developing their respect for our culture that Smith and colleagues (2021) found to be definite elements of cultural responsiveness.

Higher education psychology educators should consider building their understanding and applicability of Indigenous frameworks such as the Two-Eyed Seeing framework (Iwanna et al., 2009). The Two-Eyed Seeing framework, also known as *Etuaptmumk*, is a guiding principle introduced by Mi'kmaq Elders Albert and Murdena Marshall (Eskasoni First Nation) to emphasise the need to view the world through both Indigenous and Western lenses and integrate both strengths for mutual benefit (Iwanna et al., 2009). Although, not originally developed for higher education context, the Two-Eyed Seeing framework is more commonly being applied

across diverse fields, including health, environmental management, education, and fisheries, promoting culturally inclusive solutions (Roher et al., 2021; Wieman & Malhotra, 2023).

In psychology higher education the framework can serve as a transformative approach that integrates Indigenous and western knowledge systems, promoting a more holistic educational experience through challenging the privileged Eurocentric frameworks and curricula (Acharibasam & Datta, 2024). Encouraging educators to consider incorporating land-based learning and Indigenous languages, enriching the educational experience and supporting cultural revitalization (Acharibasam & Datta, 2024). The benefits of psychology higher educators employing the Two Eyed Seeing framework also addresses pedagogical challenges by reducing binary thinking, creating safe learning environments, and promoting a holistic worldview which will benefit students during their psychology training and likely promote cultural responsiveness as they enter the psychology workforce (Moorman et al., 2021).

This thesis has discussed the above elements in depth to provide educators and the wider psychology workforce a starting point to help develop their cultural responsiveness. This developed a rationale for the need to explore this further. This was done in empirical papers 2 and 3 (Chapter 12 and 13) which the findings reinforced the need for psychology higher education to better prepare future psychologists to work culturally responsively with Aboriginal and Torres Strait Islander clients. However, educators are limited by their knowledge gaps in relation to Aboriginal and Torres Strait Islander SEWB.

When considering these knowledge gaps, it is important to do this within the understanding of a higher education context. For example educators are navigating systemic pressures and historical elitism placed on academics to be all knowing (Feldman & Sandoval, 2018). Moreover, we are seeing increases in student ‘call-out culture’ (Tucker, 2018) and their

demands for educator accountability that are appearing in educational settings. When taken together, it may not be surprising that educators appear to have developed a fear of being wrong or held accountable. This is likely having implications on the incorporation of Indigenous knowledges and perspectives into psychology training. This will now be briefly discussed.

9.7.2 Addressing Educators Fears

Many educators across the system are struggling to reform the curriculum, introduce Indigenous perspectives and knowledges, and translate the knowledges in a relational way that has been suggested to facilitate Aboriginal and Torres Strait Islander ways of learning (White et al., 2022). Section 3.3.1, touches on some educational barriers such as lack of cultural knowledge, uncertainty of where to find appropriate resources, people or information, a general fear of getting the information wrong, mainstream backlash, or appearing tokenistic, as well as the common complaint that there is a lack of resources (e.g., time or budget) to undertake the work. Collectively, these are suggested to be impacting educators' abilities to increase Indigenous representation in the curriculum and educational practices (Janke, 2021; Morrison et.al 2019; Shipp, 2013; Watego 2021; Yunkaporta, 2009). While I empathise with the discomfort that educators may feel resulting from these barriers, perhaps we need a reframe towards educators actioning their responsibility to incorporate diversity into their teaching practices. When placing it this way it no longer is phrased as an option and rather encourages the educators to seek ways forward, rather than provided reasons why they cannot.

Within the discipline of psychology and education settings both individually and in areas they overlap, non-Indigenous teachers are displaying reluctance to integrate Indigenous perspectives in the classroom (Riley et al., 2019). Murray and Campton (2023) suggested that non-Indigenous educators often lack a comprehensive understanding of colonial history, racism,

and power dynamics, which are crucial for accurately educating students, as well as creating culturally safe teaching environments. Furthermore, this gap in knowledge is suggested by Williams and Morris (2022) to be compounded by apprehensions about cultural appropriation and insufficient training, as reported by pre-service drama teachers who acknowledged the importance of Indigenous perspectives but feel unprepared to integrate them effectively. This finding aligns with one from empirical study 3 presented in Chapter 13 that emphasised the apprehension psychologists held about working with Aboriginal and Torres Strait islander peoples. These finding creates a greater need for this to be addressed.

Michie and Colleagues (2023) noted the prevalence of resistance to incorporating Indigenous knowledges within science education, stating structural impediments and a lack of epistemic insight are posing significant challenges. Whereas in health education, educators often report feeling unprepared to teach Indigenous health due to discomfort and a lack of skills in cultural safety, necessitating professional development and institutional support to decenter non-Indigenous perspectives (Francis-Cracknell et al., 2022). Furthermore, educators also struggle with misrepresentations of Indigenous peoples and knowledge, particularly in urban settings (Conrad, 2022). I personally have sat in many meetings, in many rooms and been subjected to the complaints made by higher education staff members. In my experience, they have often included resource allocation, fear of getting it wrong, or thinking that having an Indigenous guest lecturer is a way to share the power. At times this may be true, however, with the currently unequitable numbers Indigenous educators and academics, this action can become more of an attempted handballing exercise only increasing my experiences of colonial burden.

Unfortunately, the wide array of barriers suggested by educators is leading to their uncertainty, discomfort as well as avoidance or resistance behaviours. These behaviours often

result in additional colonial burden being placed on our Indigenous colleagues, or worse, on the Indigenous students in the classrooms. Now with the changes to the APAC accreditation standards (Section 3.4.3.2), these negative feelings and behaviours are likely heightened

I could spin you a number of yarns of my individual lived experience navigating the higher education institutes, as a psychology student, tutor, consultant, PhD candidate, and now a post-doc fellow. My experiences would likely leave many feeling shocked at the racism, disregard and dismissal I have encountered on multiple occasions. Imagine the stories Aboriginal and Torres Strait Islander peoples could tell as a collective. It is clear from the literature, and my lived experiences operating in unsafe that action is needed to address the resistance behaviours displayed by many educators. Helping educators build their capacity in the Indigenous space and feel confident entering the classroom, engage in the spaces that and conversations they find challenging, and normalising not having all of the answers. More research is needed to adequately explore, identify, and define the problem, and work towards collaborative solutions. To me, the answer is not only about developing educators understanding of Aboriginal and Torres Islander historical processes and culture. However, it is also about promoting and enhancing the display of cultural humility.

9.7.2.1 Cultural Humility

Cultural humility can significantly aid educators in incorporating Indigenous perspectives by fostering an environment of mutual respect, continuous learning, and self-reflection. I mention in the previous section (9.7.1) that elitist attitudes present within higher education contexts can at times put pressure on educators to feel the need to know everything and reinforce power dynamics (Kozleski & Huber, 2012). However, cultural humility shifts away from this thought of cultural mastery and leans into an approach of personal accountability in advocating

against systemic and institutional barriers that disproportionately impact marginalised groups (So et al., 2024; Tervalon & Murray-García, 1998) and is most frequently discussed in health-related disciplines.

With a more recent application to higher education (Arvanitakis, 2014), cultural humility emphasises the importance of identifying and disrupting power dynamics that often marginalise Indigenous voices (Dolloff, 2020). Feeling supported to use our voices are crucial for Aboriginal and Torres Strait Islander peoples to continue to resist the colonial narrative within educational spaces to work towards integrating Indigenous knowledges and perspectives effectively (Dolloff, 2020). Cultural humility is often a useful characteristic for a person to have, as it requires the humility to recognise individual inherent biases and requires individuals to adopt a mindset of lifelong learning towards working with diverse communities (Agner, 2020). When considered logically, it is inconceivable for any one-person to hold all knowledges on all cultural practices, protocols, customs and traditions of all Aboriginal communities in Australia, let alone all cultures in the world, it is time this is recognised.

At an introspective level, cultural humility requires a deep acknowledgement of the systemic barriers that have emerged from colonial processors while making a commitment to dismantle them (So et al., 2024). As psychology educators, we must become self-aware of our own cultural background and the inherent assumptions we hold due to our worldview. These elements overlap with some of the cultural responsiveness domains (Section, 9.5). Through further development of this understanding, psychologists may be able to examine the personal and cultural biases they may hold, while also understanding how they may differ from those of our clients (So et al., 2024).

By adopting cultural humility, educators can create partnerships and collaborations with Indigenous communities, ensuring that educational practices are inclusive and respectful of Indigenous worldviews (Lefebvre, 2017). This approach not only enhances the educational experience for all students, however, it may also likely reduce to the apprehensions of the educator, while also contributing to a broader societal understanding and appreciation of Indigenous cultures and perspectives. There is more research needed to explore practicing cultural humility and how it might be transferrable to the psychology higher education training. However, what we do know is that we must engage with Aboriginal and Torres Strait Islander peoples, to hear communities needs while engaging on a collaborative endeavor to transfer the learnings effectively (So et al., 2024). Working collaboratively with our allies aligning with the principles of cultural humility in a higher education setting may create progress towards reducing the systemic barriers experienced by Aboriginal and Torres Strait Islander peoples within the colonial institute. This in turn, may contribute to growing the Aboriginal and Torres Strait Islander psychology workforce.

9.7.3 Increasing the Aboriginal and Torres Strait Islander Psychology Workforce by Reducing Barriers to Education.

Chapter 3 highlights some of the impacts of the monocultural higher education system has on the development of culturally responsive psychologists. Moreover, empirical paper 3 in Chapter 13 emphasises the need for higher education psychology courses to develop culturally responsive psychologists through illustrating the biases held by some of the current members of the psychology workforce. As well as their apprehensions and uncertainty that they hold about working with Aboriginal and Torres Strait Islander clients. What's more, the findings from empirical paper 3 in Chapter 13 demonstrate an over reliance on the Aboriginal and Torres Strait

Islander workforce to educate non-Indigenous psychologists about best practice with Aboriginal and Torres Strait Islander peoples. This over reliance, coupled with the underrepresentation of Aboriginal and Torres Strait Islander peoples in the psychology workforce can place further colonial burden on individual workers, while also increases the rate of burnout of the Aboriginal and Torres Strait Islander workforce.

When taken together, these points reinforce the need for more Aboriginal and Torres Strait Islander peoples within the psychology workforce. Some strategies have been implemented to increase Aboriginal and Torres Strait Islander representation in higher education. Some examples include Indigenous specific university scholarships (Mann et al., 2020), Indigenous Tutoring Assistance Scheme (ITAS; Wilks et al., 2017), and AIPEP's work in creating pathways for Aboriginal and Torres Strait Islander peoples into psychology higher education courses (Ohan et al., 2023) which in turn may correlate into the increased cultural responsiveness of the psychology workforce.

The learnings provided throughout this thesis are done so in order to deepen the readers understanding of the wider contextual factors that have ongoing impacts on Aboriginal and Torres Strait Islander peoples, and our participation within systems including healthcare, and education. Further implication can be seen in our overrepresentation in certain systems (e.g., child protection and justice systems) and underrepresentation in the workforce including, psychology (Section 3.4.2). This is all underpinned by the ongoing impacts of colonisation processes, resulting in westernised practices being consider the 'norm' in Australia, while we are 'the other' (Moreton-Robinson, 2004). The systems level reforms discussed in Section 9.6.1, is one way that we can start to create meaningful change. Other learnings within this thesis in Chapter 5 where we discussed the closing the gap initiative and the limitations that are stifling

the progress across the indicators are applicable in this setting also. These learnings highlighted the need for Aboriginal and Torres Strait Islander people to have self-determination, sovereignty, a share of decision-making power over aspects that impact us. While also suggesting non-Indigenous Australia can contribute by decolonising the systems and structures that maintain the power imbalance and continue to oppress us, and de-centering whiteness in their conceptualisation in an effort to understand the Indigenous standpoint.

Wainwright and colleagues (2012) interviewed three Indigenous provisional psychologists to explore their experiences during their pursuit of a psychology career. The learnings that emerged from analysis highlighted the importance of addressing institutional and interpersonal racism, learning to challenge and resist culturally bound approaches within psychology curricula, and ensuring cultural safety and support for Aboriginal and Torres Strait Islander students and graduates (Wainwright et al., 2012). Addressing some of the negative earlier educational experiences that Aboriginal and Torres Strait Islander children typically encounter during their primary schooling may prove help move towards actioning Wainwright and colleagues (2012) findings. For example, through educational systems curriculum reform, we may reduce the accumulative harm perpetuated by the system. This in turn may increase our early education outcomes, which has a likely ripple effect of increasing the potential of Aboriginal and Torres Strait Islander peoples attending higher education institutes. This overtime would result in a more equitable representation in the workforce.

We know from literature that Aboriginal and Torres Strait Islander peoples who finish high school experience better outcomes and increased access to opportunities (Moodie et al., 2019; Mooney et al., 2016). These outcomes improve again for mob who obtain a university degree (Pedler et al., 2020). These findings reinforce how crucial it is that educators recognise

the power they hold towards enhancing Aboriginal and Torres Strait Islander peoples SEWB. Highlighting the need for educators to adhere to their responsibilities to develop and deliver an inclusive curriculum. This may result in a reduction of systemic barriers embedded in the education system, and contribute towards creating equitable access to higher education institutions with Aboriginal and Torres Strait Islander peoples.

Alongside curriculum reform, additional actions toward equity from educational institutes could include fostering an inclusive learning environment, which would improve educational outcomes for all culturally diverse students (Markey et al., 2021). By addressing the cultural disempowerment reflected in systemic violence, education institutes may stop denying our knowledges and create a validity experience for Aboriginal and Torres Strait Islander students which celebrates our culture, reinforces our identities and adapts to our learning styles, reducing the marginalisation of students.

Many psychology higher education programs have acknowledged the additional barriers that Aboriginal and Torres Strait Islanders students experience, especially within the education sector (Dudgeon et al., 2016). Thankfully, through more deadly leadership from AIPEP, action has been taken to address this (Section 3.4.2.3; Dudgeon et al., 2016). This has been discussed in both empirical paper 2 (Chapter 12) and empirical paper 3 (Chapter 13). However, there is only a handful of other research emerging, addressing this issue in psychology, which is one of the many reasons why this research project took place. More change is essential to create further change and make higher education institute broadly, and psychology courses specifically more accessible for mob, and the psychology discipline more equitable overall.

9.8 Conclusion

The Australian educational system perpetuates systemic and institutionalised violences onto Aboriginal and Torres Strait Islander peoples as the system continues to fail to address the unique needs of Indigenous students and staff members. As well as reinforcing colonial power structures that actively contributes to the reduction of our SEWB. Currently, the psychology higher education system is also failing all of its students by not adequately preparing them to work with Aboriginal and Torres Strait Islander clients. However, the higher educational systems seemingly are also failing the educators, as they are not being adequately supported to meet their responsibilities of training future psychologists. The system that once privileged the already privileged is now serving no one, except the universities bottom line.

It is important to acknowledge the changes that have occurred and are in progress toward addressing this significant gap in the higher education psychology training. This includes acknowledging the many strengths within the Aboriginal and Torres Strait Islander cultures that can be utilised by psychologists as protective factors positively contributing to our SEWB.

To continue progressing towards the making the necessary changes, educational reforms must prioritise the inclusion of Indigenous knowledges, voices, and pedagogies, support Aboriginal and Torres Strait Islander teachers, and create culturally responsive learning and working environments. Ones that incorporate cultural humility to validate and empower Aboriginal and Torres Strait Islander students and staff and our ways of knowing, being, and doing. Only then can the system move toward dismantling the entrenched inequalities that continue to harm Aboriginal and Torres Strait Islander peoples and communities.

Chapter 10: The Present Investigation

10.1 Chapter Guide

This chapter provides an overview of the present investigation, offering a rationale for why including culturally responsive practices in psychological practice and higher education is critically important when working with Aboriginal and Torres Strait Islander clients in section 10.2. The chapter then outlines the research questions and aims (Section 10.3) broken down by papers, framing the subsequent chapters when the papers will be presented, and further discussions will follow.

10.2 Rationale for Thesis Development

The previous chapters, when taken together highlights several gaps within the discipline of psychology from an Aboriginal and Torres Strait Islander perspective. These gaps mainly pertain to the psychological practice, and psychology training not adequately meeting the needs of Aboriginal and Torres Strait Islander peoples which is contributing to the mental health and wellbeing disparities. This formed the rationale for the development of this thesis.

Not only is this continually highlighted throughout the previous chapters, it is also reinforced through my lived experiences and the stories shared with me by community. Briefly, the findings from the literature review will be summarised for clarity. The literature reviewed began by summarising the historical and continued processes of colonisation, theories that underpin them and the Westernised impact this has meant for the discipline of psychology. The purpose of this section was to highlight the connections between colonisation, and the inability for the Western psychology discipline to meet the diverse cultures needs of the Aboriginal and Torres Strait Islander peoples (Wainwright, 2012). The review then progressed to explore how the mainstream education systems, another product of colonisation is continuing the colonial project through its Western curricula that differs from traditional Indigenous Knowledges,

perspectives and systems (da Silva et al., 2023; Sammel, 2020). This is an important distinction to make, as the literature moves onto critiquing psychology higher education courses as they currently failing in their responsibility to develop culturally responsive psychologists.

The discussion then moves to explore identity and the common characteristics of oppressed, colonised populations, before engaging in a discourse that links experiences of violence and oppression to the manipulative tactics employed by the Australian Government requiring Aboriginal peoples to authentic their identity. The accumulations of historical, cultural, social and political determinants are emphasised throughout this thesis to illustrate the interconnecting elements that contribute to the current experiences of social and emotional wellbeing within Aboriginal and Torres Strait Islander populations. The literature review highlights that the limitations of the Westernised discipline of psychology to meet Aboriginal and Torres Strait Islander needs, therefore, this thesis devised a plan to explore how psychologists can be more culturally responsive.

My personal experiences engaging with psychologists, allied health professionals, university educators, health services, and the overall healthcare and higher education systems were motivating factors when developing the rationale for this investigation. My personal experiences as an Aboriginal women engaging in these systems, as well as experiences that have been shared with me by communities and read in published literature (see, Bargallie & Lentin, 2022; Cowlshaw, 2020; Elias et al., 2021; Uink et al., 2022; Watego, 2021; Watego et al., 2021) illustrates the racism deeply rooted in Australia. My passion for my people and my culture has inspired this research in the hope of addressing the health disparities we face while challenging the colonial narratives that perpetuate so much harm.

The psychology and research disciplines are taking proactive steps toward addressing these issues through the resourcing of Aboriginal community-controlled health organisations, financing Aboriginal and Torres Strait Islander research grants and piloting wellbeing interventions, offering research scholarships at universities, undertaking co-designs, implementing Indigenous data governance and sovereignty principles, and influencing policy reform. However, more empirical research is needed that examines psychologists' perspectives toward being more culturally responsive to the unique needs of Aboriginal and Torres Strait Islander peoples to improve wellbeing outcomes.

The present investigation aims to address this gap and make a substantial contribution toward the literature in two ways. Firstly, investigating psychologists' experiences enhancing SEWB using culturally responsive practices when working with Aboriginal and Torres Strait Islander clients. As this thesis progressed, the connection between psychological practice and psychology higher education courses grew to the point of needing to explore both elements. Therefore, this thesis aims to take it one step further to explore psychologists' recommendations toward incorporating Aboriginal and Torres Strait Islander cultural responsiveness into Australian higher education institutes to adequately train future psychologist to work safely with Aboriginal and Torres Strait Islander clients.

10.3 Research Questions and Aims

Several specific research questions were generated to guide this dissertation in addressing the larger thesis goal outlined in Chapter 1. Each research question and the accompanying aims was chosen to build systematically so as to provide a deeper empirical understanding of incorporating Aboriginal and Torres Strait Islander cultural responsiveness into psychology

practice and higher education. The research questions presented below form the foundation for the specific aims outlined underneath each research question.

10.3.1 Study 1

The research questions were designed to comprehensively map and summarise the existing literature on the association between the SDoH and psychological distress experienced by Aboriginal and Torres Strait Islander peoples. Past literature has explored the interaction of the SDoH and psychological distress in Aboriginal populations. However, the results have been inconsistent, and the methodologies have been diverse. Moreover, the majority of studies have been underpinned by Western epistemologies and undertaken by non-Indigenous researchers. Therefore, by reviewing the literature, this scoping review could identify relevant articles to provide a comprehensive overview of the current state of knowledge regarding associations between SDoH and Aboriginal and Torres Strait Islanders experiences of psychological distress. Furthermore, the included research articles were critically appraised using both Westernised and Indigenous appraisal methods to compare and contrast the previous literature. Study 1 was designed to address the research aims and questions below and is presented in Chapter 6.

10.3.1.1 Research Questions

1. What does the existing literature tell us about the relationship between psychological distress and SDoH for Aboriginal and Torres Strait Islander peoples?
2. Which SDoH reduce psychological distress (or promote wellbeing) among Aboriginal and Torres Strait Islander communities?
3. What are the trends that emerge from existing literature exploring the association of SDoH within Aboriginal and Torres Strait Islander populations experiencing

psychological distress when categorised by participants characteristics, and geographical locations?

10.3.1.2 Research Aim

1. To systematically review, critically appraise and summarise the past literature exploring the association between the SDoH and Aboriginal and Torres Strait Islander people experiencing psychological distress.

10.3.2 Study 2

The available statistics very clearly illustrate that Aboriginal and Torres Strait Islander peoples experience greater psychological health disparities in comparison to their non-Indigenous counterparts (ABS, 2023). However, the statistics also suggest that Aboriginal and Torres Strait Islander peoples do not engage with psychologists, and/or mental health services at a comparable rate. I know from my personal experiences of engaging with the healthcare system, and the yarns the aunties and uncles have shared, it is often not safe for us from a cultural perspective to engage in Eurocentric services because that ‘one size fits all’ model that has historically been applied, unsurprisingly, does not fit all. Further, by continuing to use the model across cultures continues the colonisers work and perpetuates further harm to Aboriginal and Torres Strait Islander peoples.

Psychologists need to change their approach to working culturally responsively with Aboriginal and Torres Strait Islander peoples. Therefore, to contribute to this gap in the literature psychologists' experiences in promoting SEWB with Aboriginal and Torres Strait Islander clients will be explored. The findings may inform the development of tailored training programs and interventions to enhance culturally responsive practices among psychologists and ultimately contribute to reducing mental health disparities and improving wellbeing outcomes for

Aboriginal and Torres Strait Islander peoples. Study 2 was designed to address this specific research aim and questions below and is presented in Chapter 12 of this thesis.

10.3.2.1 Research Questions

1. How do current psychologists promote SEWB in their practice with Aboriginal and Torres Strait Islander clients?

10.3.2.2 Research Aim

1. Explore psychologists' experiences when providing culturally responsive psychological practice working with Aboriginal and Torres Strait Islander clients.

10.3.3 Study 3

We know that culture for Aboriginal and Torres Strait Islander peoples can be a protective factor to promote SEWB (Dudgeon et al., 2021, 2022; Glover et al., 2023; Gupta et al., 2020). We also know that most mental health services and psychologists in Australia are non-Indigenous, working in mainstream settings applying a Westernised lens to all the clients they encounter (Clark & Hirvonen, 2022; Dudgeon & Walker, 2015; Westerman, 2004, 2008, 2010; Westerman & Dear, 2023). Non-Indigenous psychologists need to be educated in how to work culturally responsively with Aboriginal and Torres Strait Islander clients to enhance SEWB. However, there is limited literature exploring what culturally responsive practices with Aboriginal and Torres Strait Islander peoples looks like.

Higher education institutes are currently tasked with educating and developing future psychologists. However, concerns have been raised and that the current psychology higher education curricula lacking Indigenous content (Fredericks et al., 2023). Moreover, in the times it has been presented, the deficit discourses, colonial narratives, biases and inaccuracies in

‘education’ are framing students understanding of Aboriginal and Torres Strait Islander peoples to be racist and negative (see, Chittleborough et al., 2023; Daniels-Mayes, 2021 Hollinsworth et al., 2021; Taylor & Habibis, 2020) Weuffen et al., 2023). Therefore, to fill this gap, the aims and research questions built upon the findings from study 1 and 2 and addresses the critical need for Aboriginal and Torres Strait Islander culturally responsive psychological care to be taught across psychology degrees in Australian higher education institutes. Study 3 was designed to address the specific research aims and questions and is presented in Chapter 13 of this thesis.

10.3.3.1 Research Questions

1. How do psychologists feel about the higher education training they received?
2. How prepared do current psychologists who have not worked with Aboriginal and Torres Strait Islander clients previously feel to engage in culturally responsive practice with Aboriginal and Torres Strait Islander clients?
3. What suggestions do psychologists have to improve the psychological higher education training to better prepare them to work with Aboriginal and Torres Strait Islander peoples?

10.3.3.2 Research Aims

1. To explore psychologists' perspectives about the psychology higher education curriculum in relation to preparedness to practice with Aboriginal and Torres Strait Islander clients.
2. Understand psychologists' suggestions to improve the current psychology higher education training.

10.4 Conclusion

This chapter provided a summary of the literature to support the research questions and aims being answered in this thesis. In particular, Study 1 was developed to review and

summarise research exploring the associations between SDoH and Aboriginal and Torres Strait Islander experiences of psychological distress. From this, it reinforced Aboriginal and Torres Strait Islander people's mental health and wellbeing is lower than the average Australian. Further, the review emphasised the diversity in research methodologies, and Aboriginal and Torres Strait Islander people's experiences. Following this, the ways in which psychologists can be culturally responsive to better meet the needs of Aboriginal and Torres Strait Islander peoples to enhance wellbeing was explored. The following chapter outlines the specific methodologies undertaken during the explorations.

Chapter 11: Methodology

11.1 Chapter Guide

This chapter is included to provide the reader with a detailed understanding of the study designs and methodologies of each of the three studies that comprise this thesis. Each article was written with the end goal of publication in high-quality peer-reviewed scientific journals. The studies are either published, in press, or currently under review by a journal. Publication restrictions and requirements of a manuscript length can sometimes prevent the addition of comprehensive details about the study design, ethical procedures, measures used, recruitment processes and limitations. This chapter is intended to briefly overview the published information, while placing a focus on additional methodological information that was not included in the study publications. Additionally, this chapter aims to outline how each empirical study intersects to address the thesis research aims stated in Chapter 10. Comprehensive information will be included to provide the reader with a better understanding of how the three studies collectively form a cohesive narrative and offer a substantial research contribution to the fields of psychology and enhancing Aboriginal and Torres Strait Islander SEWB.

11.2 Overview of Method and Design

Overall, this thesis addresses specific research aims and fulfils the graduate research requirements at Swinburne University for the author to obtain a PhD. The overarching research aim was to provide new empirical insight into how psychologists can enhance Aboriginal and Torres Strait Islander clients' SEWB through improved culturally responsive practices. To achieve this primary goal this thesis addressed several research aims all of which were outlined in Chapter 10.

In addition to a review of the literature encompassed in Chapter 6 (The associations between social determinants of health and Aboriginal and Torres Strait Islander peoples experiencing psychological distress: A scoping review), the two studies that are presented in this thesis involved the participation of a total of 108 individuals across one study sample. Participants included Aboriginal psychologists as well as non-Indigenous psychologists. Of the 115 psychologists, 15 identified as Aboriginal, and 100 participants identified as being non-Indigenous. Both quantitative and qualitative methodologies were used in this thesis to attain a meaningful depth to the findings. The data collection methods used included a systematic search of the literature, and electronic surveys. A range of statistical analyses were employed across the three studies to explore the quantitative data collected. These include the running and interpretation of frequency and descriptive statistics, Chi-Squared Goodness of Fit tests and exact hypothesis testing in the form of Fisher Freeman-Holton (FFH) test of significance using Cramer's V to describe the strength of the association. These statistical analyses were performed using IBM statistical software package SPSS version 29.0.1.0 (171). Further, a mixed of content analysis was conducted on the qualitative data collected to ensure a robust, evidence-based

method of interpreting the findings. The content analysis was undertaken using the products available in Microsoft suites (e.g., Microsoft Word and Excel).

11.3 Study 1 – The Associations Between Social Determinants of Health and Aboriginal and Torres Strait Islander Peoples Experiencing Psychological Distress: A Scoping Review.

Through the collation of literature on the associations between the SDoH and Aboriginal and Torres Strait Islander peoples experiencing an absence of wellbeing, commonly referred to in the previous literature as psychological distress, Study 1 aimed to provide new insight into this phenomenon. Scoping reviews, due to the systematic method yielding strong results of searching the literature, are well regarded as scientifically rigorous. This is in part due to the systematic nature of the search which follows a highly detailed and structured scoping review framework. An element of this framework ensures that the authors report their methodology in a very detailed and transparent manner (Tricco et al., 2018). Therefore, to reduce repetition of the manuscript in Chapter 6, this section will provide a brief overview of the published methods and expand upon the elements that were not included in the manuscript.

As evidenced in the manuscript in Chapter 6 (The Associations Between Social Determinants of Health and Aboriginal and Torres Strait Islander Peoples Experiencing Psychological Distress: A Scoping Review), the study was designed to address the research questions and aims outlined in Chapter 10 (The Present Investigation) of this thesis. To achieve this, the study attempted to understand what previous literature had been published on the topic exploring associations between SDoH and Aboriginal and Torres Strait Islanders experiences of psychological distress. Secondly, if the studies met the inclusion criteria, two critical appraisal tools (CASP Checklists, and QAT) were used to ascertain the studies levels of bias and rigour. The CASP tools are designs to assess Western scientific rigour, while the QAT assessed Cultural

rigour. Finally, the findings of each article were summarised and grouped to better understand the association between the SDoH and Aboriginal and Torres Strait Islander people experiencing psychological distress.

11.3.1 Research Design

A systematic review and meta-analysis were the original research design of this study. A protocol that outlined the proposed methodology of the original study was published in the Journal of Indigenous Issues and can be viewed at Darnett et al., 2020. The initial systematic review was designed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009). Unfortunately, the included studies reported their findings too diversely that the assumptions of a meta-analysis could not be met (Deeks et al., 2024) and therefore, it was discontinued.

This diversity made the synthesising of the results very challenging to present in the manuscript and understand for the peer-reviewers based upon their feedback. While grey literature, such as government reports, policy documents, and unpublished theses, can offer valuable insights in this topic, their variability in quality, lack of peer-review, and potential for bias posed further challenges in ensuring comparability across sources. Therefore, the study aimed to synthesise theoretical and empirical contributions rather than policy or practice-based discourse more commonly found in grey literature. A peer-reviewer suggested that the manuscript would be better suited as scoping review that aims to summarise the findings as opposed to synthesis. After discussing this with the research team, we all agreed that the associations that emerged from the systematic search could be better translated as a summary, and the paper was adapted accordingly.

The change from a systematic review to scoping review took time and major revisions. One of the most time-consuming aspects of the revisions included adapting the manuscript from the PRISMA guidelines, to align with the PRISMA guidelines for scoping reviews (PRISMA-ScR; Tricco et al., 2018). Luckily the study was not comprised during this change retaining rigour through meeting the PRISMA-ScR criteria.

11.3.2 Recruitment Procedures

The scoping review investigated the association between SDoH and Aboriginal and Torres Strait Islander peoples experiencing psychological distress. The SDoH under investigation included,

1. Income
2. Education
3. Food Security
4. Employment
5. Housing
6. Social Support
7. Neighbourhood/Community Safety

These SDoH were chosen based on their common occurrence in the literature undertaken within an Aboriginal and Torres Strait Islander population (e.g., Almeida et al., 2014; Berger et al., 2019; Dudgeon et al., 2022; Jamieson et al., 2011), as well as their ability for intervention. A search strategy containing keywords and MeSH headings was crafted from the SDoH under investigation. Further key terms such as ‘Aboriginal’ and ‘Torres Strait Islander’ were added into the search along with terms relating to the outcome under investigation such as ‘psychological distress’, and ‘anxiety’. Truncations principles and Boolean operators were utilised in the search

strategy to ensure a comprehensive literature search was conducted. A truncation is a technique that broadens literatures searches to include various word endings and spellings (Stamm & Hoffman, 2004). Whereas, Boolean operators are used to combine concepts and search terms (e.g., AND, OR; MacFarlane et al., 2020).

11.3.3 Inclusion Exclusion Criteria

The Inclusion and exclusion criteria are clearly documented in the publication manuscript in Chapter 6, as well as in the protocol, see Darnett et al., 2020.

11.3.4 Materials

This section provides a description of the measures used for quality assessment in Study 1. The measures are outlined below and are followed by a brief description. The ethical approval can be located in Appendix iv.

11.3.4.1 Demographics

The design of Study 1 means that no participants were recruited, and no demographic information was collected. However, Study 1 investigated the associations between SDoH and Aboriginal and Torres Strait Islanders who have experienced psychological distress. By exploring this association, the papers included in the review collected demographic information about their participants and this has been summarised reported in the manuscript for all studies that met the inclusion criteria in Chapter 6.

11.3.4.2 Aboriginal and Torres Strait Islander Quality Appraisal Tool

The Aboriginal and Torres Strait Islander Quality Assessment Tool (QAT; Hafield et al., 2018) was developed to assess the quality of research. However, unlike most other quality assessment tools, the QAT was appraising the included studies based on their cultural

appropriateness using the Aboriginal and Torres Strait Islander research ethics as a criteria guide. This tool was used on all included articles in this review as the research design does not affect the utility of the tool. There is no set numerical scoring method for this tool, therefore, the numerical scoring method outlined in Trounson et al., 2020 was adopted in this review. More detailed information about the scoring procedure can be found in the paper in the manuscript in Chapter 6.

11.3.4.3 Critical Assessment Skills Programme

The Critical Assessment Skills Programme (CASP) initially set out to raise awareness of the need for evidence in practice. Since 1993, this evolved to evaluate evidence-based practice in systematic reviews and high-quality research (CASP, 2024). Currently, there are eight critical appraisal tools designed to assess the quality and trustworthiness of research, they differ based on publication type (CASP, 2024). Given the mixed methods inclusion criteria, two CASP checklists were used to evaluate the studies based on their designs.

11.3.4.3.1 Critical Appraisal Skills Programme Cohort Study Checklist

The CASP Cohort Study Checklist is comprised of 12 questions to help understand research undertaken as a cohort study design systematically. An example of an item on the CASP Qualitative Study Checklist (2018) include ‘*Was the cohort recruited in an acceptable way?*’ (p. 2). This tool broadly considers three issues of research which include the validity of the study, results, and whether the results help locally. A scoring system is not suggested as this checklist was designed as an educational pedagogic tool as part of a workshop setting.

11.3.4.3.2 Critical Appraisal Skills Programme Qualitative Study Checklist

The Critical Appraisal Skills Programme Qualitative Study Checklist is comprised of 10 questions designed to help people investigate the quality of qualitative research. An example of an item on the CASP Qualitative Study Checklist include '*Is a qualitative methodology appropriate?*' (p. 2). This appraisal tool investigates three broad issues in need of consideration when appraising qualitative study including the validity of the study, the results, and if they are of help locally.

11.3.5 Methodological Considerations

Chapter 6 contains the published version of this scoping review. Within the methodological issues that were discussed included the limited reporting cohesion among the included studies which invalidated the meta-analysis. Also, the change from a systematic review to scoping review was briefly mentioned in the manuscript (Chapter 6) and discussed in further detail in the above Section 11.3.1. Several additional methodological considerations arose while designing, conducting, analysing, and writing this review. They were not detailed in the empirical study mainly due to publication restrictions in manuscript length. This section outlines in detail the challenged that occurred during Study 1 and how they were overcome.

One of the primary concerns in this scoping review was the quality of the included studies. The CASP checklists (2024), and QAT tool (Hafield et al., 2018) had assigned cut off scores that categorised papers in either the high, medium and low-quality range for both scientific and culture rigour. Papers that are considered 'low-quality' usually do not meet the cut off for inclusion as they may introduce bias, inaccuracies, and inconsistencies into the review process, ultimately undermining the credibility of the synthesised evidence. This is common practice for the CASP checklists (2024), however, not for the QAT tool (Hafield et al., 2018).

Aboriginal and Torres Strait Islander people have historically been the subjects of research and not the researchers which has often resulted in culturally unsafe research methods being used within our populations (Moreton-Robinson, 2004). Generally speaking, researchers are using more culturally appropriate research methods with Aboriginal and Torres Strait Islander peoples as time progresses (and number of Indigenous scholars increase), therefore there has been considerable advances in the quality of Indigenous research in the last decade. However, the earliest included article was published in 2011 which is over 13 years ago. Given this change in the research landscape, to exclude any articles based upon their scores on the QAT (Hafield et al., 2018) may consequently introduce bias into the study as older articles would have been more likely to be excluded. This in turn may limit my ability to identify nuances from summarising the associations reported over time. The QAT assessment tool (Hafield et al., 2018) was included in the methodology to assess cultural research rigour trends over time, consequently highlighting the inadequate cultural considerations of some included studies for accountability.

11.4 Study 2 and 3 Method

The experiences of SDoH within Aboriginal and Torres Strait Islander populations makes the communities more susceptible to a range of health outcomes such as psychological distress. The findings from Study 1 in Chapter 6 provided evidence for the impacts that some SDoH have on levels of psychological distress within the Aboriginal and Torres Strait Islander population. Psychological distress needed to be explored as traditionally the focus of literature has been predominantly undertaken through a deficit model of wellbeing (e.g., psychological distress, suicide rates, chronic diseases). As discussed in Section 6.3 and 7.2.1, psychological distress is a separate construct from the absence of wellbeing, however they are interrelated both uniquely

contributing to overall mental health (Stephens et al., 2023). Wellbeing applies a strengths-based approach to the research as opposed to the deficit discourse that psychological distress encompasses. SEWB is an evidenced-based term (e.g., Cox et al., 2022; Dudgeon et al., 2022; Gee et al., 2014; Newton et al., 2015) that is commonly used to describe Aboriginal and Torres Strait Islander wellbeing as discussed in Chapter 8. Therefore, studies 2 (Chapter 12) and 3 (Chapter 13), adopted the SEWB construct, and reflects a turning point in the psychological sciences to take a strength-based approach to research with Aboriginal and Torres Strait Islander people.

Seeking psychological support can be a common method that individuals engage in to assist in the management of SEWB. Aboriginal and Torres Strait Islander people experience more barriers to access mental health services and therefore engage less with psychologists and experience poorer outcomes from psychological interventions in comparison to their non-Indigenous counterparts (AIHW, 2022). Studies 2 and 3 aimed to investigate psychologists' experiences during their clinical practice and higher education to explore two distinct yet interrelated aspects within the field of psychology. Firstly, the culturally responsive practices that psychologist have used to maximise SEWB when working with Aboriginal and Torres Strait Islander clients. Secondly, psychologists' reflections of how adequately their psychology higher education courses prepared them to work with culturally responsively with Aboriginal and Torres Strait Islander and their recommendations toward improving.

Studies 2 and 3 were designed to specifically address research aim and questions outlined above in Chapter 10 of this thesis. These studies drew upon the knowledge, expertise, and experiences of current psychologists to understand successful, and unsuccessful clinical practices from their experience working with Aboriginal and Torres Strait Islander clients. Study 2

specifically explored psychologist's perspectives on the clinical aspects of practice with Aboriginal and Torres Strait Islander peoples, whereas Study 3 investigated the psychologist's perspective on their higher education experience and how prepared participants felt to work with Aboriginal and Torres Strait Islander clients. Although Studies 2 and 3 will be reported independently in Chapters 12 and 13, they will be coupled during this chapter as they share a method.

The nature of Study 1 relying on past literature to understand trends or themes impacting Aboriginal and Torres Strait Islander peoples informed Studies 2 and 3. The studies were designed to encourage participants of all psychological backgrounds and registrations to participate and share their knowledges and understanding to analyse collective data, identify the themes, and translate them back to the psychological community. This was done to facilitate and encourage change from the psychology discipline broadly and inform psychologists individually about clinical practices that have been successful when working with Aboriginal and Torres Strait Islander clients to increase SEWB.

11.4.1 Experimental Design

A mixed methods quasi-experimental research design was selected as appropriate for the data collection method to inform studies 2 and 3. True to a quasi-experimental design, the group allocation was not random, and survey questions were altered depending on the group participants were allocated too. Group allocation occurred according to the participants responses to two questions in the demographic section of the questionnaire.

1. Do you identify as Aboriginal and/or Torres Strait Islander?
2. Do/have you ever worked with Aboriginal and/or Torres Strait Islander clients?

Participants were allocated to group 1 if they identified as Aboriginal. Aboriginal is used in isolation as only Aboriginal psychologists participated, however, if any Torres Strait Islander descendants were too have participated, they would have also been allocated to this group. Furthermore, if participants did not identify as Aboriginal and/or Torres Strait Islander but suggested that they do currently or have previously worked with Aboriginal and Torres Strait Islander clients they were allocated to group 2. Lastly, if participants did not identify as Aboriginal and/or Torres Strait Islander and did report having experience working with Aboriginal and Torres Strait Islander clients, then they were allocated to group 3. The reasons for these allocations are explained in more depth in the manuscript of study 2 further explored in Chapter 12.

11.4.2 Recruitment Procedures

Participants were recruited through invitations to participate and distributed through targeted emails and posters across social media platforms. A snowball sampling technique was also implemented as a secondary recruitment procedure. This is further detailed in the publication of Study 2 in Chapter 12. Figure 11.1 represents the recruitment procedure for the studies 2 and 3.

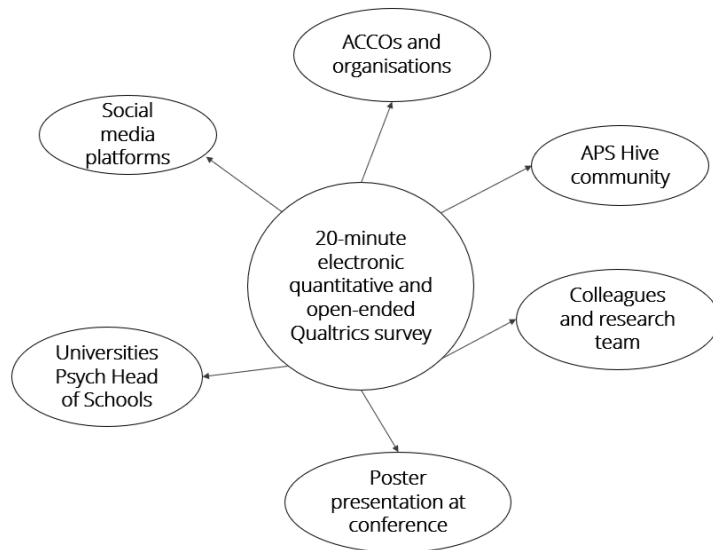


Figure 11.1 *Visual Representation of the Recruitment Process for Studies 2 and 3 Undertaken by the Research Team*

Note: ACCOs = Aboriginal Community Controlled Organisations, APS = Australian Psychological Society, Psych = Psychology.

11.4.3 Eligibility Criteria

To be eligible to participate in this study, individuals had to hold a minimum provisional psychological registration recognised by the Australian Health Practitioners Regulation Agency (AHPRA) at the time of their participation. Outside of this, no other eligibility criteria were set.

11.4.4 Materials

The questionnaire used for data collection in Studies 2 and 3 was created by the research team to address the specific research questions. Initially, the survey was quite broad in its scope and asked questions due to interest of the research team rather than the intent to meet the research questions. Therefore, after careful consideration, many edits, and conversations with the research team, the measure was refined to prioritise answering the research questions while also meeting the ethical guidelines. The demographic questions were adapted from the AHPRA psychology workforce annual reporting survey. They included,

1. What is your age?
2. How would you describe your gender?
3. What Country were you born in?
4. What is the main language spoken at home?
5. Are you of Aboriginal and/or Torres Strait Islander origin?
6. Are you a temporary resident of Australia?
7. Where did you obtain your initial registration in psychology
8. Last week, what was your principal role in psychology?
9. Last week, what was your secondary role in psychology?
10. Last week, in your direct client services role/s in psychology, how many hours did you work across the public and private sectors separately?
11. Last week, what was the state/s of all of your jobs in psychology?
12. Last week, where was the location of all of your jobs in psychology? (answers explored remoteness)
13. In total, how many years have you worked in psychology in Australia?
14. What category of registration and area of endorsement do you hold as a psychologist?
15. How did you obtain your registration?

Aligning these questions with the regulatory body allows the research team to compare the studies sample to the current registered psychology workforce data published annually by AHPRA. Additional questions were asked to participants, these are outlined in Table 11.1

Table 11.1 Survey Questions Presented to Participants Based Upon Group Allocation.

Comparison Groups	Questions	
All participants (N=108)	1.	Do you currently work with Aboriginal and/or Torres Strait Islander client/s?
	2.	Have you previously worked with Aboriginal and/or Torres Strait Islander client/s?

	3.	How do you or the clinic/organisation you work for identify Aboriginal and/or Torres Strait Islander clients?
	4.	Do you think psychologists need to adjust their psychological practice when working with Aboriginal and/or Torres Strait Islander clients? Please explain your answer
	5.	During your tertiary education, do you feel you and your peers were provided with enough education to adequately adjust your psychological practice to work with Aboriginal and/or Torres Strait Islander clients? Please explain your answer
Group 1 (Aboriginal psychologists) (n=15)	6.	Please explain any challenges that you have faced when working with Aboriginal and/or Torres Strait Islander client/s?
	7.	What practice adjustments have you found to be successful when working with Aboriginal and/or Torres Strait Islander client/s?
	8.	What practice adjustments have you found to not be successful when working with Aboriginal and/or Torres Strait Islander client/s?
	9.	In your opinion how can non-Indigenous psychologists improve their knowledge or professional practice with Aboriginal and/or Torres Strait Islander client/s?
Group 2 (non-Indigenous psychologists, who reported to have worked with Aboriginal and/or Torres Strait Islander clients) (n=73)	10.	Please explain any challenges that you have faced when working with Aboriginal and/or Torres Strait Islander client/s?
	11.	What practice adjustments have you found to be successful when working with Aboriginal and/or Torres Strait Islander client/s? Please explain your answer
	12.	What practice adjustments have you found to not be successful when working with Aboriginal and/or Torres Strait Islander client/s? Please explain your answer
	13.	Do you feel you have enough cultural awareness and knowledge to successfully adjust your practice for Aboriginal and/or Torres Strait Islander client/s? If so, please explain how you obtained the knowledge?
	14.	Do you plan to increase your cultural knowledge and awareness for working with Aboriginal and/or Torres Strait Islander client/s? Please explain your answer
	15.	Do you feel you know enough about the challenges facing Aboriginal and/or Torres Strait Islander peoples and communities to provide competent psychological therapy to an Aboriginal and/or Torres Strait Islander client/s? Please explain your answer
	16.	Do you have any specific cultural questions you would like answered in your formal or informal professional development regarding psychological practice with Aboriginal and/or Torres Strait Islander client/s?
Group 3 (non-Indigenous psychologists, who reported to have not worked with Aboriginal and/or Torres Strait Islander clients) (n=20)	17.	What information would you find useful to guide your psychological practice with Aboriginal and/or Torres Strait Islander clients?
	18.	Do you have any apprehension about working with Aboriginal and/or Torres Strait Islander clients for the first time? Please explain your answer.
	19.	Do you feel you have enough knowledge about the Aboriginal and/or Torres Strait Islander culture to safely and successfully provide psychological support to Aboriginal and/or Torres Strait Islander clients?
	20.	Do you plan to increase your knowledge and understanding of Aboriginal and/or Torres Strait Islander culture?
	21.	Do you have any specific questions you would like answered prior to working with Aboriginal and/or Torres Strait Islander clients?

Table 11.1 displays the questions that were asked of participants in the survey. As previously mentioned, questions differed based on group allocation. Some questions were posed

to the total sample, whereas others were only asked of those that were allocated to specific groups. The ethical approval for study 2 and 3 can be viewed in Appendix iv.

11.4.4.1 Demographics

Respondents were asked several questions to acquire necessary demographic information. These included items designed to ascertain participants' age, gender, level of psychological registration, personal cultural heritage, client's cultural heritage, and more. The full list of demographic items can be found in the above section. Furthermore, statistical analysis was undertaken on the demographic data supplied by participants to explore differences between groups, these are all reported in Study 2 which can be found in Chapter 12.

11.4.5 Methodological Considerations

The main methodological consideration that arose while collecting the data that has been previously noted in the paper submitted for review, this can be found in Chapter 12. The main consideration that was mentioned in the paper surrounded the grouping of participants for two reasons. Firstly, some participants had identified that they were non-Indigenous and had worked with Indigenous clients, and were therefore allocated to group 2. However, several of the participants in their qualitative responses identified that they had only worked with one or two Indigenous clients, and therefore, they either were unable to answer the questions, or the answers they provided should have been interpreted with caution given the inexperience. Moving beyond this thesis and into research roles, the methodology and group allocations will be further considered to maximise the utility of the data collected.

Secondly, the way in which participants were allocated to groups also meant that no Aboriginal psychologists were allocated to group three that answered questions regarding their higher education training. Therefore, a gap was created that omitted Indigenous voices to be

shared on the quality of psychology higher education in Australia. This gap will be addressed during my planned future research projects that explore some Aboriginal people's recommendations toward improving psychology higher education. However, having Aboriginal and Torres Strait Islander psychologist perspectives on the higher education training would have been able to bridge the gap between clinical and cultural aspects explored in this thesis.

11.4.5.1 Ethical Considerations

The majority of the ethical considerations were outlined in the published papers (Chapters 6, 12 and 13). These considerations have a strong focus on the alignments between the research methodology with Aboriginal and Torres Strait Islander ethical research practices to ensure the minimisation of harm to all participants. This was also an important point for the ethics committee who requested evidence of how any potential harm may be managed and reduced. This process further facilitated the development of the author's risk mitigation skills and understanding of ethical guidelines.

11.5 Conclusion

The methods chosen for this this thesis were diverse for several reasons. Firstly, by providing participants the ability to provide quantitative and/or qualitative feedback empowers the respondents to shape their experiences through the provided answers. Furthermore, the diversity in the research methods and skills built into those methods enabled me to develop my capacity as a researcher in several domains. The main learning from this these studies was around ethics, and the additional challenges that Blakademics face adhering to our cultural responsibilities to undertake scientifically and culturally rigorous research, always privileging Indigenous voices and using diverse methods, incorporating Indigenous methodologies where possible.

Chapter 12: Empirical Study 2 - Psychologists' Experiences Towards Culturally Responsive Practices to Strengthen Social and Emotional Wellbeing with Aboriginal and Torres Strait Islander Clients.

12.1 Preamble of Empirical Study 2

Chapter 12 addressed the identified gap within the literature pertaining to psychological culturally responsive practices. It builds upon the body of literature that has been presented in previous chapters, and the scoping review encompassed within Chapter 6 to highlight some successful and unsuccessful practices that psychologists have used when working with Aboriginal and Torres Strait Islander clients. Both this chapter and the next (Chapters 12 & 13) leveraged the same methodology to explore their respective research questions. The is chapter in particular reported upon the findings from psychologists working with Aboriginal and Torres Strait Islander clients.

By conducting this study and presenting it in this chapter, we aimed to explore psychologists' perspectives of providing culturally responsive psychological practice when working with Aboriginal and Torres Strait Islander clients. This allows the rest of the psychology discipline to learn from one another while privileging Aboriginal psychologists' voices. This chapter will ultimately contribute to a more holistic understanding of working in a culturally responsive way with Aboriginal and Torres Strait Islander clients while offering valuable insights into both research and practice.

This empirical paper has been published in the Australian Journal of Psychology. This journal is internationally peer-reviewed and the flagship publication of the Australian psychological society. It publishes empirical research across a range of topics relating to psychological science (3.4 five-year impact factor, Quartile 1 Impact Factor). The 'Author Indication Form', which details the nature and extent of the candidate and co-authors' contributions to this empirical paper is included in Appendix ii. The complete citation is follows,

Darnett, E., Peters, A., & Thielking, M. (2024). Psychologists' experiences towards culturally responsive practices to strengthen social and emotional wellbeing with Aboriginal and Torres Strait Islander clients. *Australian Journal of Psychology*, 76(1).

<https://doi.org/10.1080/00049530.2024.2356116>

12.2 Abstract

Objective: This study aims to explore how psychologists believe they are providing culturally responsive psychological practice when working with Aboriginal and Torres Strait Islander clients.

Method: Psychologists (N=108, Female 83.2%, Male 16.8%, Aboriginal 13.9%, non-Indigenous 86.1%, age range 22-83) responded to an electronic mixed method survey. Statistical analysis and content analysis occurred with data gathered to address study aims.

Results: The findings highlighted and validated challenging, successful, and unsuccessful psychological practice adjustments used by psychologists when working with Aboriginal and Torres Strait Islander clients. Aboriginal psychologist's voices were privileged as traditional knowledge holders.

Conclusions: There is diversity in opinion and practices utilised by psychologists when working with Aboriginal and Torres Strait Islander peoples with uncertainty on the effectiveness of treatments, or outcomes. Higher education institutes need to embed Aboriginal and Torres Strait Islander content in psychology curriculum to better prepare non-Indigenous psychologists to work in a culturally responsive way with Aboriginal and Torres Strait Islander clients to enhance social and emotional wellbeing.

Keywords: Indigenous Psychology; Social and Emotional Wellbeing; Mental Health

Key Points

What is already known about this topic,

1. Aboriginal and Torres Strait Islander people's worldviews differ from Western worldviews. These worldviews shape how mental health and wellbeing are explained, enhanced, and maintained.
2. Psychology training perpetuates Westernised viewpoints with little education about Aboriginal and Torres Strait Islander wellbeing.
3. The majority of mainstream psychological services are currently delivered by non-Indigenous psychologists.

What this topic adds,

1. Articulates challenges experienced by Aboriginal and non-Indigenous psychologists when working with Aboriginal and Torres Strait Islander clients.
2. Emphasises successful and unsuccessful clinical and cultural psychological practices for psychologists to consider when working with Aboriginal and Torres Strait Islander clients.
3. Highlights the need for reduced systemic barriers, and improved psychology training in higher education.

Caveat

The research team would like to note that due to the nature of qualitative analysis, some examples included in the findings may be upsetting to Aboriginal and Torres Strait Islander readers. To report the findings accurately, the participants' views were presented as close to the way they were reported, which at times included their bias.

12.4 Introduction

This paper reports the findings from original research that explored culturally responsive practices by psychologists when working with Aboriginal and Torres Strait Islander peoples of Australia. The term Aboriginal and Torres Strait Islander is respectfully used throughout this article to refer to both Indigenous groups of Australia. Aboriginal and Torres Strait Islander peoples are often grouped together in psychology research due to similarities in cultures and experiences (e.g., Clark and Hirvonen, 2022; Dawson et al., 2023; Dudgeon and Kelly, 2014; Dudgeon et al., 2014; Gaborit et al., 2022). It is important to recognise the diversity in cultures and experiences between Aboriginal peoples of Australia and the Torres Strait Islander peoples of the Torres Strait Islands, but also the diversity in cultural practices and experiences between different Aboriginal groups in Australia. When the term Aboriginal is used in this paper, it is only to refer to specific participants and/or literature that have self-reported to be Aboriginal or relate to Aboriginal experiences and knowledge. In all aspects, the authors have aimed to respect the diversity between Aboriginal and Torres Strait Islander cultures. This paper aims to provide non-Indigenous psychologists with a set of recommendations on culturally responsive psychological practices that are derived from the findings and that they can develop in their work to enhance Aboriginal clients' social and emotional wellbeing (SEWB).

Many terms have been used in past literature to describe the process of embedding culturally responsive practice into mental health service provision, including cultural competency, cultural safety, cultural awareness, cultural sensitivity, and cultural responsiveness (Curtis et al., 2019; Dudgeon and Walker, 2015; Dudgeon et al., 2014; Green et al., 2016; Kilcullen et al., 2018; O'connor et al., 2015; Smith et al., 2021; Westerman and Dear, 2023). Each of these terms have been critiqued. For example, cultural competence has been suggested to

be static, unattainable, and an insufficient description (Smith et al., 2021). Cultural awareness, and sensitivity are suggested to be broad terms that can apply across many domains, however, they may be too broad to incorporate elements of professional practice (Smith et al., 2021).

Cultural safety can be applied clinically and has a strong focus on acknowledging and questioning power imbalances, biases, attitudes and stereotypes (Curtis et al., 2019; Smith et al., 2021). That said, cultural safety has been critiqued to not encompass cultural humility (Smith et al., 2021). Finally, cultural responsiveness has emerged in such debates to be the most appropriate term as it has evolved to encompass competence within practice, as well as critical reflection, and relationships that are collaborative and respectful (Green et al., 2016; Smith et al., 2021). It is for this reason that cultural responsiveness will be used throughout this paper unless another term is used in the research or commentary being cited.

Culture plays a leading role in the wellbeing of Aboriginal and Torres Strait Islander peoples (Dudgeon and Walker, 2015; Dudgeon et al., 2014; Gee et al., 2014; Gee et al., 2023; Shepherd, 2018). The disruption to cultural continuation that colonisation caused has resulted in Aboriginal and Torres Strait Islander peoples experiencing detrimental impacts on SEWB (Dudgeon and Roz, 2015; Dudgeon et al., 2014; Gee et al., 2014; Gee et al., 2023). However, most mental health services and psychologists are non-Indigenous, working in mainstream settings such as hospitals or schools, and practicing through a Westernised lens (Clark and Hirvonen, 2022; Dudgeon and Walker, 2015; Westerman, 2004, 2008, 2010; Westerman and Dear, 2023). With culture being a protective factor for many Aboriginal and Torres Strait Islander peoples, psychologists need to practice in a culturally responsive way and know how and when to appropriately incorporate culture into the Westernised psychology practices in order to be an effective source of support for Aboriginal and Torres Strait Islander peoples (Clark and

Hirvonen, 2022; Dudgeon et al., 2014; Geerlings et al., 2018; Smith et al., 2021; Westerman, 2004, 2010).

The ability to competently provide psychological services with clients from diverse cultural backgrounds is one of the eight core professional competencies of graduating psychologists imposed by the Psychology Board of Australia (Psychology Board of Australia, 2017). This is particularly important given Australia's burgeoning multicultural population that increased by almost one million immigrants over 5 years (ABS, 2022). Whilst cultural considerations are mentioned throughout higher education psychology courses (Geerlings et al., 2018), often psychology students will not encounter an Aboriginal and Torres Strait Islander client until after they have completed their training. This lack of exposure to Aboriginal and Torres Strait Islander clients is further reinforced by the notion that the Westernised practice model taught throughout psychological training is not fully effective in supporting the psychological needs of Aboriginal and Torres Strait Islander populations due to their lack of cultural responsiveness (Dudgeon et al., 2014; Gee et al., 2014; Geerlings et al., 2018, Mcconnochie et al., 2012; Mullins and Khawaja, 2020; Westerman and Dear, 2023). Furthermore, there are limited empirical-based interventions and resources available to guide non-Indigenous psychologists to decolonise their practice when working with Aboriginal and Torres Strait Islander clients.

Mcconnochie et al., (2012) held structured interviews with 23 non-Indigenous psychologists to explore how they adopted culturally appropriate strategies when working with Aboriginal and Torres Strait Islander clients. The findings suggested that the non-Indigenous psychologists were undertaking a "trial and error" approach to working with Aboriginal and Torres Strait Islander clients as they did not gain the necessary education during their formalised

training (Mcconochie et al., 2012). For an evidence-based profession that prides itself on the scientific-practitioner model of practice, this approach is questionable, as not only is it not aligned with the underlying tenets of the psychological professional as being based on knowledge of ‘what works’, such a method is likely to have perpetuated further harm to the Aboriginal and Torres Strait Islander clients who were the “trial” clients, and consequently, ended in “error”. This may result in compounding, previous negative experiences of engaging with Westernised systems, like mental health services, which can have greater impacts on Aboriginal and Torres Strait Islander peoples due to the residual and ongoing impacts of colonisation (Clark & Hirvonen, 2022). Together, there are a range of unique challenges that occur for Aboriginal and Torres Strait Islander peoples that span historical, political, and social landscapes, which need to be known and constantly considered by non-Indigenous psychologists.

It is important to also explore the challenges and barriers that exist for non-Indigenous psychologists working with Aboriginal and Torres Strait Islander clients. Firstly, non-Indigenous psychologists may possess limited understanding in relation the broad range of historical and current factors that continue to influence the health and wellbeing of Aboriginal and Torres Strait Islander peoples (Westerman, 2010). Further, it has been suggested that non-Indigenous psychologists often lack knowledge of Indigenous customs, and norms, often resulting in a weak rapport being established between therapist and clients (Westerman, 2010). Moreover, non-Indigenous psychologists, having an inaccurate understanding of culture, community and context which has been suggested to lead to misdiagnosis (Dudgeon et al., 2014; Westerman, 2003, 2010; Westerman and Dear, 2023). Lastly, non-Indigenous psychologists’ worldviews likely differ from their Aboriginal and Torres Strait Islander clients (Dudgeon et al., 2014; Dudgeon

and Walker, 2015; Gee et al., 2014; Westerman, 2010). Therefore, non-Indigenous psychologists may find the process of exploring these discrepancies between worldviews time consuming and challenging (Westerman, 2021). To aid the development of cultural responsiveness in this area, Kilcullen et al., (2018) suggests psychologists need to develop awareness about their personal worldview and how their experiences differ from the challenges and barriers experienced by Aboriginal and Torres Strait Islander clients through critical reflective practices.

Past research has attempted to explore effective ways in which psychologists can provide culturally responsive practices while using established Westernised approaches when working with Aboriginal and Torres Strait Islander clients. For example, Ponturo and Kilcullen (2021) conducted a systematic review to find effective evidence-based psychological interventions employed with Aboriginal and Torres Strait Islander clients. Qualitative synthesis of the results from 12 included studies suggested that narrative therapy, Cognitive-Behavioural Therapy (CBT), acceptance-based therapies, and multisystemic therapy were reported to have cross-cultural applications (Ponturo and Kilcullen, 2021). However, given the diverse evaluation methods employed in the included studies, the qualitative synthesis could only speak to the cross-cultural applications of some elements of the therapies suggested, and not the therapies as a whole. They concluded that the suggested psychological interventions have the potential to enhance Aboriginal and Torres Strait Islander SEWB, however, more studies exploring interventions, and outcomes would be necessary to understand the applicability of the therapies.

Some researchers (e.g., Dudgeon and Kelly, 2014) questioned some findings from Ponturo and Kilcullen's (2021) review. Although Dudgeon and Kelly, (2014) echoed Ponturo and Kilcullen's (2021) findings agreeing CBT can be a useful tool when working with Aboriginal and Torres Strait Islander clients, they suggested CBT to be an inadequate tool when

used in isolation They posited that CBT when used alone is not culturally responsive as it was not developed based on Indigenous paradigms of wellbeing (Dudgeon and Kelly, 2014).

Dudgeon and Kelly (2014) concluded by advocating for the need to consider interventions such as CBT to be part of the tools that are utilised within a broader framework that Aboriginal and Torres Strait Islander people require to strengthen SEWB. Whilst Dudgeon and Kelly's (2014) commentary focused on psychological therapies such as CBT, their suggestion to consider most psychological therapies within a broader framework underpinned by Indigenous paradigms can be broadly applied.

There is considerable overlap within the literature on what approaches effectively contribute to culturally responsive psychological services with Aboriginal and Torres Strait Islander clients. Harnessing an Aboriginal and Torres Strait Islander lens when providing psychological services to Aboriginal and Torres Strait Islander clients through using Indigenous frameworks is recommended throughout the literature (Bullen et al., 2023; Dawson et al., 2023; Dudgeon et al., 2014; Gee et al., 2014; Gee et al., 2023; Kilcullen et al., 2018; Krakouer et al., 2022; Murrup-stewart et al., 2019; Westerman 2004, 2008, 2010). Rhodes and Langtiw, (2018) argued that psychology services need to utilise community-based approaches to mental health. This recommendation has been supported in the literature with additional researchers adding suggestions that highlight the need for services to be relational, strengths-based, and participatory practices when supporting Aboriginal and Torres Strait Islander clients (Bullen et al., 2023; Clark and Hirvonen, 2022; Dawson et al., 2023; Dudgeon et al., 2014; Gee et al., 2014; Gee et al., 2023; Kilcullen et al., 2018; Krakouer et al., 2022; Mullins and Khawaja, 2018; Westerman and Sheridan, 2020).

Kilcullen et al., (2018), further expanded on this research, by conducting a qualitative study aimed at exploring 19 urban Aboriginal and Torres Strait Islander people's perspectives on health and wellbeing to inform more culturally appropriate methods of health delivery. The findings supported holistic, values-based approaches enhanced mental health and wellbeing which is echoed repeatedly in the literature (Bullen et al., 2023; Dawson et al., 2023; Dudgeon et al., 2014; Gee et al., 2014; Krakouer et al., 2022; Murrup-stewart et al., 2019; O'connor et al., 2015). Moreover, Murrup-stewart et al., (2019) undertook a systematic review of 33 articles in order to contribute to the evidence-base supporting the need for Indigenous self-determination by analysing Aboriginal perspectives of SEWB programs. The review found self-determined programs to be more successful to increase Aboriginal peoples SEWB highlighting the importance of self-determination for Aboriginal and Torres Strait Islander peoples which is arguably one of the most commonly occurring recommendations in previous research to enhance engagement (Clark and Hirvonen, 2022; Coombs, 2023; Dawson et al., 2023; Dudgeon et al., 2014; Gee et al., 2014; Mullins and Khawaja, 2018; Westerman and Sheridan, 2020).

Importantly, Murrup-stewart et al., (2019) reported the quality of the 33 included articles to be the majority minimum standard (70%) and advocated for the closer adherence to NHMRC guidelines in future research. Mullins and Khawaja (2018) interviewed 12 non-Indigenous psychologists to investigate their perspectives on how they enacted clinical and cultural competence when working with their Aboriginal and Torres Strait Islander clients. Their findings indicated that the most common first step to improve psychology practice reported by participants was to engage with the local community (Mullins & Khawaja, 2018). Whilst this body of literature is mostly cohesive in suggestions for culturally responsive approaches that improve clinical practices and programs to increase SEWB. The research is often theoretical, and

a more in-depth understanding of what these approaches look like in practice and studies of their effectiveness in improving Aboriginal and Torres Strait Islander mental health would be beneficial to both non-Indigenous and Indigenous psychologists' practices.

In summary, many researchers have suggested different ways in which psychologists can improve their cultural responsiveness in practice to strengthen Aboriginal and Torres Strait Islander people's SEWB. This study aims to expand upon the previous research and further explore how psychologists believe they are providing culturally responsive practice when working with Aboriginal and Torres Strait Islander clients. It will add unique perspectives by investigating the perspectives of psychologists who both identify as Aboriginal and Torres Strait Islander as well as non-Indigenous which has been a missing element in the body of literature to date. It is hoped that learnings from Aboriginal psychologists in relation to how they support communities will be shared and inform non-Indigenous psychologists' cultural responsiveness.

12.5 Method

12.5.1 Research Design

This study employed a mixed-method approach to explore psychologists' experiences of working with Aboriginal and Torres Strait Islander clients to strengthen SEWB.

12.5.2 Participants Recruitment

The participants were recruited via their association with the Australian Psychological Society (APS), various social media platforms, and university affiliations through email invitations. To participate in the survey, people followed the Qualtrics link that was in the advertisement emails and poster.

To privilege Indigenous voices and perspectives in this study, group allocation was utilised. If the participants identified as Aboriginal, they were allocated to group 1. If participants

indicated they were non-Indigenous and currently or have previously worked with Aboriginal and Torres Strait Islander clients they were allocated to group 2. Participants who identified as non-Indigenous and indicated they had not previously work as a psychologist with any Aboriginal and Torres Strait Islander clients before, were placed in group 3.

12.5.2.1 Questionnaire

Regardless of the group allocation (e.g., group 1, 2, or 3), all participants' demographic questions remained the same. For comparison purposes, the demographic questions aligned with the Australian Health Practitioner Regulation Agency (AHPRA) annual data collection survey that provides insights into the current demographic profile of the psychology workforce. Outside of demographic questions all participants were asked the same three questions that created the bases for the broader exploration into psychology practice and higher education. These included:

1. “How do you or the clinic/organisation you work for identify Aboriginal and/or Torres Strait Islander clients?”,
2. “Do you think psychologists need to adjust their psychological practice when working with Aboriginal and/or Torres Strait Islander clients? Please explain your answer”,
3. “During your tertiary education, do you feel you and your peers were provided with enough education to adequately adjust your psychological practice to work with Aboriginal and/or Torres Strait Islander clients? Please explain your answer”

This study as previously stated was part of a broader investigation into psychology practice and education. This specific paper explored the psychological practice element. The education questions were reported in a forthcoming paper. Therefore, only the findings from the questions post-group allocation will be reported in this paper. Participants were asked to respond to questions that matched the group to which they belonged. Aboriginal participants in group 1

received questions that acknowledged their cultural knowledges. For example, Aboriginal psychologists in group 1 were asked

1. “Please explain any challenges if any, that you have experienced when working with Aboriginal and/or Torres Strait Islander client/s?”,
2. “What practice adjustments have you found to be successful when working with Aboriginal and/or Torres Strait Islander client/s?”,
3. “What practice adjustments, if any, have you found to not be successful when working with Aboriginal and/or Torres Strait Islander client/s?”.

There was no assumed Indigenous cultural understanding or knowledge reflected in the questions posed to group 2 or 3. Participants in group 2 held assumed clinical skills and therefore the questions posed to them were

1. “Please explain any challenges that you have faced when working with Aboriginal and/or Torres Strait Islander client/s?”,
2. “What practice adjustments have you found to be successful when working with Aboriginal and/or Torres Strait Islander client/s? Please explain your answer”,
3. “What practice adjustments have you found to not be successful when working with Aboriginal and/or Torres Strait Islander client/s? Please explain your answer”,
4. “Do you feel you have enough cultural awareness and knowledge to successfully adjust your practice for Aboriginal and/or Torres Strait Islander client/s? If so, please explain how you obtained the knowledge?”,
5. “Do you feel you know enough about the challenges facing Aboriginal and/or Torres Strait Islander peoples and communities to provide competent psychological therapy to an Aboriginal and/or Torres Strait Islander client/s? Please explain your answer”.

The participants in group 3 were not able to draw upon their clinical experiences to provide relevant answers regarding working with Aboriginal and Torres Strait Islander clients. Therefore, the majority of questions posed to group 3 aimed to explore participants' satisfaction with the preparations to work with Aboriginal and Torres Strait Islander clients provided by higher education institutes. Originally the results from this study were planned to be presented in the same article, however, given the rich insights provided by all participants and publication limitations, the research team decided to divide the findings into 2 separate articles with more targeted focuses on practice, and education. Therefore, given group 3's education focused questions, they will predominantly be reported in another paper with a higher education focus. The question posed and findings reported from group 3 that are explored in this paper include

1. "Do you feel you have enough knowledge about the Aboriginal and/or Torres Strait Islander culture to safely and successfully provide psychological support to Aboriginal and/or Torres Strait Islander clients?"

The inclusion of group 3's data returned a large amount of robust and in-depth insights. These will likely provide useful insights into further reform of the psychology curriculum development and teaching practices towards a decolonised approach in higher educational institutes. Therefore, to give these findings the chance to make the most meaningful impact, they will be discussed in a follow-up article. This is also true for any of the education or training-related responses from the three groups.

12.5.3 Data collection

Qualtrics was utilised to create and collect data electronically from participants. The Qualtrics electronic survey was created with both open and closed questions to capture more robust qualitative and quantitative responses provided by participants and allow for explanation

when the participants determined. To collect the data an anonymous Qualtrics link was sent to participants via email and advertised on social media platforms inviting them to participate. Data was collated in Qualtrics and downloaded to an SPSS file to undertake quantitative data analysis.

12.5.4 Data analysis

IBM statistical software package SPSS version 29.0.1.0 (171) was used to analyse the quantitative data collected from participants. As the demographic questions asked in the survey aligned with those asked by AHPRA on annual bases, categorical answers were not always the most appropriate to capture the complete demographics of the psychological landscape. Often space was left for open-ended responses and “other” option with a textbox for entering data outside of the categorical responses was available. This meant that the raw data that was not originally categorical was coded into a numerical categorical format for cross comparisons.

The frequency and descriptive statistics were calculated to understand the categorical demographics of the participant sample. Chi-Squared Goodness of Fit tests were used to compare the demographic characteristics of the study participants with AHPRA survey data. This was done to make comparisons and gain insight into some limitations of the study. Categories were combined appropriately for categories with low counts.

Due to group imbalances resulting in some small sample sizes, exact hypothesis testing in the form of Fisher Freeman-Holton (FFH) test of significance was utilised to compare the demographic characteristics of the groups. FFH was used to explore the significance between three groups on the categorical variables. To allow for multiple testing only p-values below 0.005 were regarded as significant, and Cramer's V (V) was used to describe the strength of all associations.

All demographic questions were coded to be categorical except for three continuous variables. To compare the groups in terms of the continuous variables of age, hours participants spent working in the public and private sectors, and the number of years spent practicing as a psychologist, nonparametric Kruskal-Wallis tests were conducted allowing for any departures from a normal distribution.

To analyse the qualitative data collected from the open-ended questions in the survey an inductive approach to conventional content analysis was employed (Hsieh & Shannon, 2005; Vears & Gillam, 2022). As such, the codes used to label the data were developed during the process of coding. This data analysis methodology has been successfully used in research that impact Aboriginal and Torres Strait Islander peoples (Dawson et al., 2014; Gaborit et al., 2022). The Aboriginal first author analysed, categorised, and counted the themes that emerged whilst applying Indigenous Standpoint Theory to ground Aboriginal psychologist knowledge in culture and present them in context, as well as critically assess the construction of colonial knowledge about Aboriginal and Torres Strait Islander peoples (Ardill, 2013; Nakata, 2007). Approximately ten percent of data was cross coded by the non-Indigenous last author to ensure inter-rater reliability. Given the anonymity of the survey in line with maintaining confidentiality for research participants, no member checking component was available to be undertaken.

Lastly, whilst the content analysis was underway, frequencies of reoccurring content was recorded. This allowed for a second quantitative data analysis that simply placed a numerical percentage to the main themes which indicated how regularly each theme was suggested by the participants. Importantly, the data collected from participants was analysed and reported according to group allocation when meaningful. This was undertaken to highlight and respect

Aboriginal psychologists' knowledge and encourage deep consideration and further exploration of the non-Indigenous participants suggestions.

12.5.5 Ethics

Ethics approval was granted by Swinburne University's Human Research Ethics Committee. Further to align with Aboriginal and Torres Strait Islander ethical research the following points should be highlighted. This research was undertaken to respond to a priority determined by the majority Aboriginal research team through past research and lived experience. The research was led by an Aboriginal higher research degree student in partial fulfilment of a Doctor of Philosophy (Clinical Psychology) degree at Swinburne University. Further, the research team is majority Aboriginal. Outside of the research team, further Aboriginal and Torres Strait Islander governance was sought in an informal capacity through community connections and Indigenous colleagues.

Given the target population of this research being psychologists, an Indigenous methodology was not undertaken. The research was focused on their roles as psychologists, rather than their cultural backgrounds and an underlying assumption was applied to psychologists. Psychologists need a minimum level of higher education to satisfy the AHPRA registration board requirements. Therefore, working on this assumption, participants know how to navigate the Western higher education systems, and have a reasonably high level of literacy, numeracy, and computer skills. For these reasons, an electronic survey was the best method for data collection to balance time burden and the use of open-ended questions allowed for elaboration.

The research was guided by the SEWB framework commonly used to explain Aboriginal and Torres Strait Islander wellbeing (see Gee et al., 2014). This research takes a strengths-based

approach in the methodology and manuscript to move beyond practices that have historically perpetuated harm to Aboriginal and Torres Strait Islander people. The research plans to translate these findings into sustainable curriculum and practice reform. Whilst the research may not have directly benefited the Aboriginal participants, the wider benefits of the Aboriginal and Torres Strait Islander communities are likely to far outweigh the time burden of participants. The research directly strengthened the first author capacities in the research industry, and through the informal governance yarns and through the knowledge translation in this paper, there were many opportunities presented on a macro level for people to learn from one another.

12.6 Findings

In total, 115 people completed the online survey. Of those, seven were removed as their survey responses were less than 50% complete, leaving a sample of 108 participants. In this sample 89 described their gender as female, and 18 described their gender as male. Further, 15 participants (13.9%) identified as Aboriginal, and 93 participants (86.1%) identified as non-Indigenous. The age range across the sample was 22 – 83 years ($M=40.7$, $SD=12.84$). Table 1 provides an overview of the total demographics of participants in comparison to the data collected from AHPRA’s annual report 2022/23 (AHPRA, 2023).

Table 12.1 Demographic Comparison of Study Participants and AHPRA Psychology Workforce Data

Demographics	AHPRA Demographics (N=46,465) %	Total Study Demographics (N=108) %	Chi-Squared (df)	p-value
Indigeneity			233.65 (1)	<.001
Indigenous	0.7	13		
Australian	98.3	87		
Non-Indigenous			2.400 (2)	.121
Gender	80.5	73.2		
Female	19.5	25.8		
Male				

Age Group			18.28 (9)	.032
<25	2.6	2.6		
25-29	11.9	12.2		
30-34	13.2	9.6		
35-39	14.0	21.7		
40-44	13.3	7.0		
45-49	11.5	8.7		
50-54	10.1	7.8		
55-59	7.2	3.5		
60-64	6.4	5.2		
65-69	4.7	4.3		
70-74	3.1	0		
75-79	1.5	0.9		
80+	0.5	0.9		
States of Employment			12.895 (5)	.024
QLD	18.2	12.2		
NSW	32	12.5		
VIC	28	21.7		
TAS	1.8	33.9		
SA	4.9	3.5		
ACT	2.5	3.5		
WA	10.5	5.2		
NT	0.6	8.7		
Missing	1.3	2.6		
Registration Types			7.63 (2)	.022
Provisional	16.3	23.5		
Registered	79.8	76.5		
Other	4.0	0		
Areas of Endorsement			65.24 (4)	<.001
Clinical	5.4	21.8		
neuropsychology	71.5	67.3		
Clinical psychology	4.0	5.5		
Forensic psychology	6.4	5.5		
Counselling	0.3	0		
psychology	5.5	0		
Community	2.1	0		
psychology	4.1	0		
Ed and Dev	0.7	0		
psychology				
Health psychology				
Organisational				
psychology				
Sport and exercise				
psychology				

The participants' demographics were compared to the demographic profile constructed by AHPRA to reflect the 2023 psychology workforce. There was an overrepresentation of Aboriginal psychologists (13%) who participated in this study in comparison to the AHPRA workforce population (0.7%). The significant findings highlighted in Table 12.1 on the age, state of employment, registration type, and area of endorsement are not unexpected given the very large difference between the number of participants, and the number of psychologists within the workforce. Therefore, these findings are not representative of the psychology workforce population.

Of the 108 people who participated in this study, 15 identified as Aboriginal psychologists and were assigned to group 1. A further 73 participants who identified as non-Indigenous psychologists, who indicated they had worked with Aboriginal and Torres Strait Islander clients, were assigned to group 2. The remaining 20 psychologists who identified as non-Indigenous and had not engaged in clinical work with Aboriginal and Torres Strait Islander clients were allocated to group 3. Table 12.2 displays the participants' demographics broken down by group as well as a total for the overall sample.

Table 12.2 Comparison of Demographic Variables for Participants Separated by Group and Overall

	Group 1 Aboriginal Psychologists (n = 15)		Group 2 Non-Indigenous Psychologists, with experience with Indigenous Clients (n = 73)		Group 3 Non-Indigenous Psychologist, with no experience with Indigenous clients (n = 20)		Total Sample (n=108)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender								
Female	13	86.7	59	81.9	17	85	89	83.2
Male	2	13.3	13	18.1	3	15	18	16.8
<i>Missing</i>	0		1		0		1	
Country of birth								
Australia	15	100	55	76.4	14	70	84	78.5
Overseas	0	0	17	23.6	6	30	23	21.5
<i>Missing</i>	0		1		0		1	
Main Language								
English	15	100	71	97.3	20	100	106	98.1
Other	0	0	2	2.7	0	0	2	1.9
Temporary Residency								
Yes	0	0	1	1.4	1	5	3	2.8
No	15	100	72	98.6	19	95	105	97.2
Primary Psychology Role								
Education	1	6.7	7	9.6	5	25	13	12
Direct client services	13	86.7	61	83.6	15	75	89	82.4
Managerial	1	6.7	5	6.8	0	0	6	5.6
Not applicable	0	0	0	0	0	0	0	0
Secondary Psychology Role								
Education	5	33.3	18	24.7	8	40	31	28.7
Direct client services	3	20	19	26	1	5	23	21.3
Managerial	1	6.7	5	6.8	2	10	8	7.4
Not applicable	6	40	31	42.5	9	45	46	42.6

Work across sectors

Public	4	26.7	21	30	2	11.1	27	26.2
Private	7	46.7	20	28.6	5	27.8	32	31.1
Both	4	26.7	29	41.4	11	61.1	44	42.7
Missing	0		3		2		5	

States of Employment

QLD	3	20	6	8.3	2	10.0	11	10.3
NSW	1	6.7	20	27.8	0	0	21	19.6
VIC	5	33.3	30	41.7	15	75.0	50	46.7
TAS	1	6.7	2	2.8	0	0	3	2.8
SA	0	0	1	1.4	0	0	1	0.9
ACT	0	0	1	1.4	2	10.0	3	2.8
WA	2	13.3	6	8.3	0	0	8	7.5
NT	1	6.7	2	2.8	0	0	3	2.8
Multiple states	2	13.3	4	5.6	1	5	7	6.5
Missing	0		1		0		1	

Geographical areas of work

Metropolitan	7	46.7	50	68.5	18	90	75	69.4
Regional	2	13.3	6	8.2	1	5	9	8.3
Rural	1	6.7	3	4.1	0	0	4	3.7
Remote	0	0	3	4.1	0	0	3	2.8
Multiple	5	33.3	11	15.1	1	5	17	15.7

Registration or Endorsement type

Provisional psychologist	6	40	10	13.7	10	50	26	24.1
Registered psychologist	2	13.3	28	38.4	3	15	33	30.6
Clinical neuropsychology	0	0	10	13.7	0	0	10	9.3
Clinical psychology	7	46.7	18	24.7	6	30	31	28.7
Counselling psychology	0	0	1	1.4	1	5	2	1.9
Double endorsement	0	0	6	8.2	0	0	6	5.6

Psychology training pathway

Doctorate degree	3	20	20	27.8	10	52.6	33	31.1
Master degree	9	60	31	43.1	7	36.8	47	44.3

5+1 Internship	0	0	4	5.6	1	5.3	5	4.7
4+2 Internship	3	20	15	20.8	1	5.3	19	17.9
Other	0	0	2	2.8	0	0	2	1.9
Missing	0		1		0		2	

The group comparison shown in Table 3 revealed a significant finding for registration type ($FFH=20.43$, $p=.003$, $V=.319$). The registration variable explored differences between provisionally registered psychologists and registered psychologists. This indicated that there was a strong significant difference between the groups based on the participant's type of registration they held. In context, the majority of group 2 participants were registered psychologists, and the majority of group 1, and group 3 participants were provisional psychologists.

No other categorical demographic variables returned a significant finding suggesting no meaningful differences between the three groups on any other categorical demographic variables. However, near significance was obtained for the state of employment, although the majority of participants for each group were working in Victoria. Group 1 also contained a high percentage of participants working in Queensland (20%), while group 2 also had a high percentage of participants working in NSW (28%).

Table 12.3 Descriptive Statistics for Categorical Variables Between Groups Using Exact Hypothesis Testing

	FFH	p-value	V	N
Gender	.18	1.00	.880	107
Country of birth	5.79	.052	.220	107
Main language	.60	1.00	.095	108
Temporary resident	2.70	.245	.127	108
Principle role in psychology	4.29	.317	.153	108
Secondary role in psychology	5.63	.444	.152	108
Work across sectors	5.51	.232	.166	103
State of employment	25.17	.017	.342	107
Geographical areas of work	8.81	.256	.216	108
Registration type	20.43	.003	.319	108
Area of Endorsement	6.01	.158	.217	80
Psychology training pathway	7.47	.426	.202	106

Note – bolded p-values indicate significance at the $p < 0.005$ level

The continuous variables within the study included participants ages, hours spent working in the public sector and the private sector, as well as the number of years they have been practicing as psychologists. The mean and standard deviation for individual groups as well as the overall sample are presented in Table 12.4 for the continuous variables.

Table 12.4 Comparison of Means and Standard Deviation of Continuous Variables Separated by Group and Overall Sample

	Group 1 Aboriginal Psychologists (n = 15)		Group 2 Non- Indigenous Psychologists, with experience with Indigenous Clients (n = 73)		Group 3 Non- Indigenous Psychologist, with no experience with Indigenous clients (n = 20)		Total Sample (n=108)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age								
Range in years	24-65		22-83		23-60		22-83	
Average in years	42	12.8	40.1	13.1	41.3	10.5	40.7	12.8
Sector work (hours)	27.3	11.5	28.4	10.3	23.2	14.4	27.7	10.8
Public	23.4	14.7	20.6	11.8	20.7	9.7	20.7	11.9
Private								
Years worked as psychologist	8.3	7.3	12.8	11.1	10.9	5.1	10.9	10.1

Making no assumptions about the distributions, a Kruskal-Wallis test revealed a statistically significant difference in the number of years the participants had worked in psychology between the three groups, ($\chi^2(2) = 8.705, p = .013$). Pairwise comparisons on the age and years worked in psychology variables indicated a significant difference between group 3 and group 2 respectively ($\chi^2=18.731, p=.018$; $\chi^2=22.680, p=.004$). The Kruskal-Wallis showed no significant group differences between age and hours worked by participants across the public and private sectors.

Outside the demographic information collected, all participants regardless of group allocation were asked how the clinic or organisation that they work for identify if their clients are Aboriginal or Torres Strait Islander. This was collected through an open-ended question with a box for free text in the survey that participants completed. Six main themes emerged from the responses, these are displayed in Table 12.5.

Table 12.5 Psychology Clinics and Organisations Methods to Identify Aboriginal and Torres Strait Islander Clients

Main Themes	%	Quote Example
Intake or administration	36.6	"A screening question is asked at intake"
Self-reported	20.8	"Clients self-identify"
File or referral	13.9	"Via medical records"
Initial assessment	15.8	"I ask about all my client's cultural identity in my initial session."
Network connections	5.9	"Word of mouth, family-connections"
Unsure or do not collect	6.9	"They don't"
<i>n=101 missing = 7</i>		

Table 5 depicts the six main themes that emerged from undertaking content analysis on the open-ended questions aimed to explore how psychology clinics and organisations identify

their Aboriginal and Torres Strait Islander clients. The findings suggest 36.6% of participants suggested their clients' identities are captured using intake or admin forms, 20.8% of participants indicated they rely on the clients to self-report their identity during sessions, while 15.8% of participants suggested they ask clients as part of their initial assessment process. 13.9% of participants suggested they rely on the referral information or the clients' files that is compiled usually as part of the system they work in (e.g., justice, hospital). Another 6.9% of participants indicated they do not collect this information or are unsure of their organisations practice in collecting this information. While 5.9% of participants reported that their services are sought out due to their identity, or community connections. This 5.9% consists majority of Aboriginal participants.

Understanding how clients presenting for psychological services identify is believed to be crucial to inform the choices for intervention and practices that psychologists undertake. To understand psychologist's beliefs about the need to adjust their practice when working with Aboriginal and Torres Strait Islander clients, all participants were asked if they believed practice adjustments were necessary when working with Aboriginal and Torres Strait Islander clients.

Figure 1 displays these results.

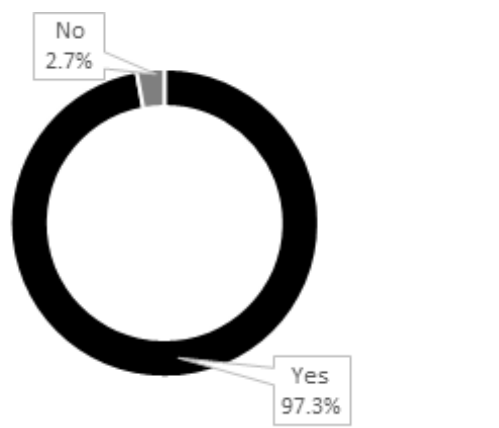


Figure 12.1

Participants' Perspectives of the need for Psychological Practice Adjustments When Working With Aboriginal and Torres Strait Islander Clients

Figure 1 highlights that 97.3% of participants believe psychologists need to change their clinical practice when working with Aboriginal and Torres Strait Islander clients. Importantly, 100% of the Aboriginal participants agreed that psychological practice adjustments are needed when engaging with Aboriginal and Torres Strait Islander clients. Of the 2.7% that reported ‘no’ in Figure 1 (n=3), two participants justified their answers.

“If they are good clinicians.” (Participant A, Group 2)

“I treat all people like ‘people’. Aboriginal identity is no more unique than any other cultural subset.” (Participant B, Group 2)

The majority of participants indicated the need for psychologists to adjust their practice when working with Aboriginal and Torres Strait Islander clients. However, 64% of non-Indigenous participants reported that they did not or were unsure if they had enough cultural awareness to provide competent psychological therapy to Aboriginal and Torres Strait Islander clients. Further, participants were asked if they thought they had enough knowledge and understanding about the Aboriginal and Torres Strait Islander culture to provide competent psychological therapy to a client who identified within the culture. Fifty percent of participants indicated they did not or were unsure if they had enough knowledge and understanding to provide competent psychological therapy to a client. These findings are depicted in Figure 2.

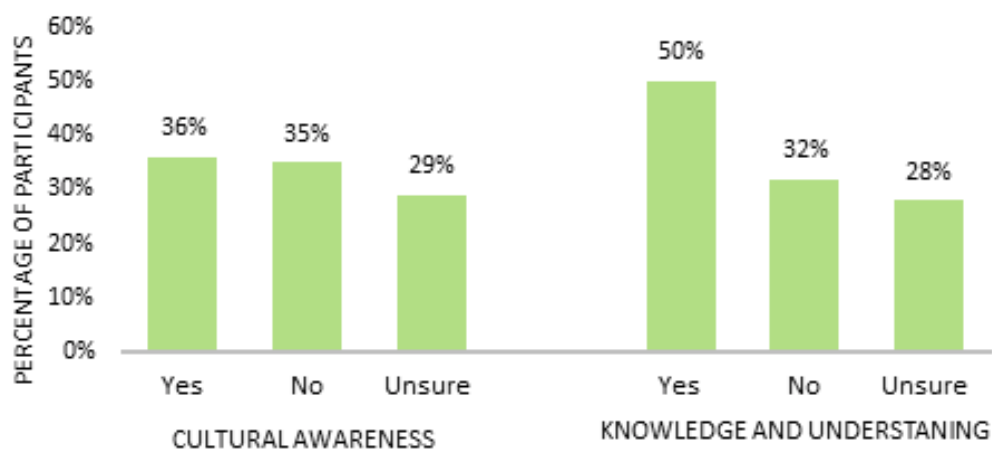


Figure 12.2

Non-Indigenous Participants Reported Ability to Provide Competent Psychological Therapy to Aboriginal and Torres Strait Islander Clients based on current Cultural Knowledge, Understanding, and Awareness.

All participants allocated to either group 1 or 2 were asked about the challenges they have experienced when working with Aboriginal and Torres Strait Islander clients. Aboriginal participant's responses in group 1 were combined into 3 main themes with 100% of the participants referencing at least one systematic and/or organisational barrier in their response. Four main themes emerged from non-Indigenous psychologists who have experience working with Aboriginal and Torres Strait Islander clients in group 2. The main themes of *Complex Presentation*, and, *Systemic and Organisational Barriers* were mentioned in participants responses the most with 52.5% and 54% of participants referencing a challenge within these themes respectively. Aboriginal psychologists' main theme of *Ethical Implications* (33%) was not shared by non-Indigenous psychologists, although some reported ethical challenges experienced were shared and combined into other main themes. Contrastingly, only non-Indigenous psychologists reported the challenges that encompassed the main themes *Under Resourced* (29%) and *Lack of Knowledge* (25.5%) apart from one challenge that participants

indicated the need for more Aboriginal and Torres Strait Islander psychologists or health professionals. Table 12.6 displays the participant's reported challenges.

Table 12.6 Challenges Experienced by Psychologists when Working with Aboriginal and Torres Strait Islander Clients

	Main Themes	Percentage*	Challenges Experienced
Aboriginal psychologists (n=15)	Ethical Implications	33%	• Initial contact or engagement • Dual relationships • Informed consent • Confidentiality • Interface of cultural and ethical practices not aligning
	Complex Presentation	40%	• Complex multilayered presentations • Complex environmental factors • High levels of intergenerational trauma • Client experience resonates with personal experience.
	Systemic or Organisational Barriers	100%	• Lack of personal/government funding to continue. • Layered systemic disadvantage • Negative past experiences in the health system • Lack of Indigenous knowledge requirements by regulatory bodies • Client mistrust of systems • Lack of Aboriginal psychologists and staff in the systems • Lack of culturally safe mental health services

Non-Indigenous psychologists (n=59 missing = 14)	Complex Presentation	52.5%	• More neurodevelopmental challenges than non-Indigenous • Complex trauma presentations • Historical impacts • Getting a thorough history from clients • Parental involvement with younger clients • Difficulty engaging clients • Difficulty interpreting non-verbal cues • Diversity within acculturation • Comorbid health issues • Family and community obligations impacting engagement and progress • Rapport building • Absence of basic human rights
	Systemic or Organisational Barriers	54%	• Clients deep mistrust of systems • Inadequate diagnostic procedures (overdiagnosed) • Interface of culture and ethical practice • Receiving conflicting best practice training • Difficulty attending appointments • Lack of flexibility in organisation policies • Reduced mental health literacy • Working appropriately within multi-disciplinary teams • Restrictions imposed by the Medicare model • Interface of implementing best practice within funding models • Strict and unethical justice system policies and procedures • Negative past experiences in the health system • Service engagement
	Under Resourced	29%	• Less access to services • Less opportunity • Less resources • Less evidence-based therapies/interventions • Less services for referral and support • Limited interpreter services • Additional time burden on psychologists to educate themselves and find appropriate resources • Lack of Indigenous AHPRA professionals • Lack of appropriate supervisors
	Lack of Knowledge	25.5%	• Not understanding cultural values/traditions • Not understanding the connection to Country • Fear of perpetuation of unintentional burden or harm • Not familiar with culture-bound syndromes • Uncertainty of how to gather information appropriately • Unsure of correct language and terminology • Lack of confidence

- Inadequate university education/training for psychologists
- Impact of Aboriginality in presentation
- Applying a Cultural lens
- Feeling ill-equipped to respond to revelations so far removed from professional knowledge or experience.
- Language barriers
- Being conscious of personal bias, privilege, and assumptions

**Note - There was no limit on how many themes participants could address in response to this open-ended question, therefore, the percentage will not equal 100, and rather reflects the percentage of participants who referenced the theme in their open-ended response.*

Bolded responses represent a commonly report theme across both groups.

Both Aboriginal and non-Indigenous psychologists in groups 1 and 2 were asked about the psychological practices they have found to be successful when working with Aboriginal and Torres Strait Islander clients. Table 12.7 displays these results.

Table 12.7 Thematic Comparison of Suggested Successful Psychological Practice Adjustments when Working with Aboriginal and Torres Strait Islander Clients Between Aboriginal and Non-Indigenous Psychologists

Participant Group	Theme	Percentage*	Suggested Successful Practice Adjustments
Aboriginal psychologists (n=15)	Shared Knowledge	33%	Understanding how culture shapes Aboriginal and Torres Strait Islander peoples • Identity • Trauma • Systemic barriers • Historical barriers
	Indigenous Worldviews	86%	Applying: • Strengths-based approach, • Working holistically, • Incorporating the SEWB framework • Ensuring self-determination, • Working collaboratively with family, community, or services, when necessary, • Incorporating a trauma-informed approach. Removing (when appropriate): • Diagnostic lens • Westernised epistemologies, • Scientist-practitioner model when appropriate.
	Community Focused	20%	Incorporating and addressing: • Community healing • Local supports

			• Social determinants of health
	Therapeutic Process	73%	Participants suggested: • Need to move more slowly. • Build deeper trust and a secure therapeutic relationship. • Increased self-disclosures. • Establishing shared community connections • Carefully exploring how the community relationships differ from the therapeutic relationships. • Take a horizontal, collaborative, and informal approach. • Address diversity within the Aboriginal and Torres Strait Islander communities to understand acculturation. • Sessions outside in nature. • Daddiri (Deep listening) • Make information simple and manageable. • Use visual cues. • Undertake cultural mapping. • Considering the language used to communicate psychological information. • Utilising narrative and storytelling approaches. • Walking alongside the clients, meeting them where they are at.
Non-Indigenous psychologists (n=57, missing=16)	Personal Characteristics	30%	Important Characteristics: • Empathy • Honesty • Humility • Openness • Curiosity • Advocacy • Flexibility • Willingness to learn • Respect • Non-Judgemental • Genuine • Integrity • Humour
	Interventions and Approaches	58%	Successful outcomes after implementing: • Systemic/Group therapies • Narrative therapy • Art and play therapy • Using SEWB frameworks • Less formal and structured sessions • Reflexivity to changing needs of clients

		• Cultural mapping • Daddiri (deep listening) • A mindful state • Trauma-informed care • Acceptance • Client-centred approach • Collaborative formulation with client and wider community of appropriate
Therapeutic Processes	87%	Participants suggested: • Increase self-determination • Increased self-disclosures • Walking alongside the clients • Holistic, bigger picture approach • Strengths-based approach • Moving at a slower pace in session • Establish and explore common ground more • Remove diagnostic lens • Yarning style communication • Less reflective feedback • Extended Information gathering • Extended time spent rapport building • Explicit communication of roles • Explicitly addressing confidentiality and consent • Open invitation for community to attend sessions if the client grants permission • Invite feedback and corrections from client • Explaining reasoning behind questions asked • Adjust language used • Explore client's past experiences with psychologists • Sitting next to the client as opposed to opposite • Consider cultural norms around eye contact • Increased awareness of psychologist's non-verbal cues
Knowledge and Professional Development	56%	Understanding, exploring, and/or addressing: • Connection to culture • Historical and continuing impact of historical events • Underlying assumptions • Generalised information in cultural competency training • Increased exposure to grief and loss • Placing caveats in assessment reports addressing scientific and ethical implications • The use of invalid psychometric assessment tools. • Unlearning Westernised education and relearning decolonised practice methods

		• Seek Aboriginal supervision, cultural consultants, or Aboriginal colleagues in the workplace for guidance on cultural aspects of clients • Professional development opportunities • Reduce power imbalance by “dressing down” • Increase accessibility (e.g., provide taxi vouchers) • Aboriginal and Torres Strait Islander worldviews • Importance of Country • Cultural identities are individual and diverse
Cultural and Environmental Considerations	35%	Consider: • Flexible locations for sessions (e.g., outside) • Accounting for spirituality • Connecting with community elders • Work collaboratively with Aboriginal services • Cultural engagement as a protective factor • Display Aboriginal art in the office • Aiding connection to community for clients who have relocated • Offer home visits • Engage with community outside of individual clients to deepen knowledge and strengthen personal connections

**Note - There was no limit on how many themes participants could address in response to this open-ended question, therefore, the percentage will not equal 100 and rather reflects the percentage of participants who referenced the theme in their open-ended response.*

Bolded responses represent a commonly report theme or suggestion across both Aboriginal and non-Indigenous psychologist groups.

Table 12.7 displays the participants’ suggested successful psychological practice adjustments when working with Aboriginal and Torres Strait Islander clients. Aboriginal participants responses were coded in four main themes (*Shared Knowledge, Indigenous Worldviews, Community Focused, Therapeutic Process*), while non-Indigenous participants responses were coded in five main themes (*Personal Characteristics, Interventions and Approaches, Therapeutic Processes, Knowledge and Professional Development, Cultural and Environmental Considerations*). Unsurprisingly, considering the topic being explored in this paper, the Therapeutic Processes theme was shared across both groups. Similarly, both Aboriginal and non-Indigenous psychologists suggested successful practice adjustments that

aligned with the Therapeutic Processes theme more so than any other theme. No other themes were shared, however, there were some similarities between the remaining main themes presented between the two groups such as knowledge and culture.

The practice adjustments that were mentioned across both groups were bolded for easy identification. There was the most overlap between the two groups suggestions within the Therapeutic processes (group 1 and 2), Indigenous worldviews (group 1), and Intervention/approach (group 2). The practice adjustments endorsed by both groups included deep listening, narrative therapy, self-determination, being trauma-informed, practicing holistically, from a strengths-based approach, moving slowly in session, and removing the diagnostic lens.

Some successful practice adjustment suggestions between groups contradicted each other. Examples of this include non-Indigenous psychologists suggesting a list of personal characteristics such as “empathy”, “curiosity”, and “openness” to be a successful practice adjustment when working with Aboriginal and Torres Strait Islander clients, which was inconsistent with Aboriginal psychologists’ suggestions. Further, Aboriginal psychologists placed great emphasis on undertaking a community approach to healing. For the differences between groups, it is important to privilege Aboriginal voices and suggestions as the custodians of the culture and lived experiences within it ensure Aboriginal people are the best sources of knowledge when it comes to understanding, exploring, and meeting our own needs.

To further explore the differences between groups, the participants were also asked what practice adjustments they have not found to be successful when working with Aboriginal and Torres Strait Islander clients. The results are displayed in Table 12.8.

Table 12.8 Thematic Comparison of Experience of Unsuccessful Psychological Practice Adjustments when Working with Aboriginal and Torres Strait Islander Clients Between Aboriginal and Non-Indigenous Psychologists

Participant Group	Theme	Percentage*	Experience of Unsuccessful Practice Adjustments
Aboriginal psychologists (n=15)	Therapeutic Process	40%	• Rushing • Not spending enough time building rapport • Exploring Emotions too quickly • Being too direct • Sterile therapeutic environments
	Intervention or Approaches	26.5%	• Adjustments to cultural practice when clients are seeking a diagnosis. • A pedagogical approach • Surface level changes to Western ways of working
	Systemic or Organisational Barriers	20%	• Inflexible systems and policies to provide best practice.
Non-Indigenous psychologists (n=51 missing = 22)	Therapeutic process	39%	• Not adjusting for cultural differences • Speaking too much • Spotlighting during training and education contexts • Communicating poorly, increasing client's shame • Blank face acceptance • Ignoring the power imbalance • Being impatience • Waiting for clients to attend the clinic • Being too fearful to attempt adjustments • Not checking in with clients for clarity • Not building enough rapport before progressing • Not giving clients choices in their care • Directly explaining Indigenous frameworks (questions work better) • Being too conservative • Confined/small counselling spaces.
	Identity	23.5%	• Being ingenuine as the psychologist • Generalised group assumptions based on identity • Not addressing psychologist's white privilege • Imposing personal views and stereotypes
	Systemic or Organisational Barriers	25.5%	• Referring directly to Indigenous services once identified • Not addressing social/systemic issues • Formal paperwork

		• Accepting and applying DSM definitions or criteria • Assuming referral reason is the only challenge they are experiencing • Differing perceptions of confidentiality • GP referrals for medical intervention without client having a relationship with the GP • Using inappropriate resources • Not understanding the services available to clients • Not understanding roles of people involved with clients • Emphasising organisational policy and procedure • Clients having to educate psychologists about culture
Interventions or Approaches	12%	• Short-term therapies addressing symptoms. • Using CBT • Applying Westernised attachment theories • Using a deficit approach and language

**Note - There was no limit on how many themes participants could address in response to this open-ended question, therefore, the percentage will not equal 100, and rather reflects the percentage of participants who referenced the theme in their open-ended response.*

Bolded responses represent a commonly reported theme by both groups.

Table 12.8 illustrates the participant's experiences of unsuccessful practices that they have experienced working with Aboriginal and Torres Strait Islander clients. Aboriginal psychologists' suggestions were compiled into three main themes (*Therapeutic process, Intervention of Approaches*, and, *Systematic or Organisational Barriers*), with 26.5% of participants suggesting they had not experienced any unsuccessful practice adjustments. Non-Indigenous psychologists' reports were combined into four main themes. With 17.5% of participants in group 2 also reported they had not or were unsure if they experienced any unsuccessful practice adjustments. Interestingly, these four themes were the same as the three main themes that emerged from Aboriginal psychologists' findings with the addition of an *Identity* theme. However, despite the similarities in main themes, the underlying unsuccessful practices suggested by the participants do not overlap as much as previously experienced in other questions in this research.

12.7 Discussion

The paper provides insights into successful, and unsuccessful ways psychologists have tried to improve their cultural responsiveness in clinical practice with Aboriginal and Torres Strait Islander clients. More specifically, this research compared Aboriginal and non-Indigenous psychologists' experiences and suggestions around what they thought was challenging, successful, and not successful when engaging in psychological practice with Aboriginal and Torres Strait Islander clients, thus contributing to the small body of literature available to guide non-Indigenous psychologists toward more culturally responsive psychological practice.

Collectively the findings revealed that the majority of participants believe psychological practice adjustments are necessary when providing psychological support to Aboriginal and Torres Strait Islander clients. However, the practice adjustments suggested by participants were diverse and at times contradicted one another between groups which may reflect the diversity within the Aboriginal and Torres Strait Islander communities. However, it may also be underpinned by the suggested lack of Indigenous cultural education and understanding by non-Indigenous psychologists.

Notable differences between the Aboriginal psychologists and non-Indigenous psychologists reports exist in the findings. Given the inherent cultural knowledge held by Aboriginal psychologists, the non-Indigenous psychologists having a commonly occurring additional main theme such as "*Lack of Knowledge*" was a clear point of difference. The lack of cultural training for psychologists makes this difference unsurprising (Dudgeon et al., 2014; Gee et al., 2014; Geerlings et al., 2018, Mcconnochie et al., 2012; Mullins and Khawaja, 2020; Westerman and Dear, 2023). To address the challenges and bridge the gaps between the shortcomings evidenced in the education systems the onus is placed on the psychologists to

upskill. Despite some non-Indigenous psychologists displaying explicit and implicit racial bias in their responses, it was accompanied by the majority of participants in this group recognising their knowledge and cultural gaps, as well as an intrinsic desire to improve their clinical and cultural responsiveness. Kilcullen et al., (2018) suggested engaging in critical reflection to understand individual limitations as a psychologist is important to improving clinical practices. Further, Westerman (2010) advocated for the use of cultural consultants to guide non-Indigenous psychologists through complex cultural clients and to improve culturally responsive engagement styles, and hopefully increase service uptake by Aboriginal and Torres Strait Islander clients.

The themes from the research mostly align with the body of literature that exists exploring this topic. The challenges experienced by non-Indigenous psychologists highlighted in previous literature, such as the need to understand historical and current influences of wellbeing, cultural norms, worldviews, communities, specific contexts, misdiagnosis, and service engagement (Clark and Hirvonen, 2022; Dudgeon et al., 2014; Dudgeon and Walker, 2015; Gee et al., 2014; Westerman, 2003, 2010; Westerman and Dear, 2023) were reinforced several times throughout this research. These findings further add to the challenges that Aboriginal psychologists face when working with Aboriginal and Torres Strait Islander clients, which highlighted the problematic systemic and organisational barriers that exist to provide culturally responsive services to Aboriginal and Torres Strait Islander peoples as highlighted by the participants in this research.

Specific psychological interventions that were suggested by participants are featured throughout the findings of this study. In line with Ponturo and Kilcullen's findings (2021) narrative therapy, was strongly reinforced by both Aboriginal and non-Indigenous psychologists to be a culturally responsive useful intervention when working with Aboriginal and Torres Strait

Islander peoples. Also similar to Ponturo and Kilcullen's (2021) findings, only non-Indigenous psychologists mentioned the use of acceptance-based therapies. Dudgeon et al., (2014) questioned Ponturo and Kilcullen's (2021) suggestion of CBT being applicable cross-culturally. Some non-Indigenous psychologists suggested CBT to be an unsuccessful practice adjustment. These findings align with Dudgeon and Kelly's (2014), commentary supporting the need to use CBT in conjunction with other interventions and worldviews when working with Aboriginal and Torres Strait Islander clients. Future research should explore the utility of CBT within an Aboriginal and Torres Strait Islander context further to understand the impacts, as well as explore ways in which CBT can be adapted to be culturally informed and responsive.

The common and consistent psychological practice adjustments found in previous literature such as applying Indigenous frameworks, worldviews, community-based approaches, relational, holistic, strengths, and values-based approaches (Bullen et al., 2023; Clark and Hirvonen, 2022; Coombs, 2023; Dawson et al., 2023; Dudgeon et al., 2014; Gee et al., 2014; Gee et al., 2023; Kilcullen et al., 2018; Krakouer et al., 2022; Mullins and Khawaja, 2018; Murrup-stewart et al., 2019; O'connor et al., 2015; Rhodes and Langtiw, 2018; Westerman 2004, 2008, 2010; Westerman and Sheridan, 2020). However, these concepts can still at times remain ambiguous about how to be applied. For example, research suggests applying a strengths-based approach when working with Aboriginal and Torres Strait Islander clients to be more effective in enhancing SEWB (Kilcullen et al., 2018), however, there is less research that explores the practical application of a strengths-based approach. Further research should explore how to appropriately apply these practices when working with Aboriginal and Torres Strait Islander clients.

More specifically, Mullins and Khawaja's (2018) findings from their study were mostly supported by this research. Practices such as engaging community, being flexible, honest, transparent, and empowering clients, having an understanding of intergenerational trauma, using culturally validated assessment tools, and culturally sensitive communication strategies were all mentioned by both Aboriginal and non-Indigenous psychologists. However, the findings are strengthened by Aboriginal psychologists reporting the practices to be successful to use within an Aboriginal and Torres Strait Islander context. This paper, therefore, addressed Mullins and Khawaja's (2018) study limitation by including Aboriginal psychologist's voices.

12.7.1 Limitations

Firstly, there were no Torres Strait Islander psychologists who participated in this study. Therefore, the applicability of these findings without specific expertise and insights from Torres Strait Islander psychologists should be done with appropriate caution. This limitation could act as a point for future research. Additionally, the parameters of group allocation should have been considered further. For example, a participant in group 2 had previously engaged an Aboriginal client in only one. Therefore, their contribution to the data was limited, and would likely have made a more meaningful contribution if allocated to group 3. While no limit currently exists as to how much is "enough" experience with Aboriginal and Torres Strait Islander clients, further consideration, and more relevant allocation alignment with skills and experience could have been made. Further to the limitation based on group allocation, a significant difference was calculated for the demographic variables of registration type. This is due to the high number of provisional psychologists that comprised groups 1 (40%) and 3 (50%). While this significant difference is not surprising given the basis for group allocation, it should be noted that provisional psychologists are still considered to be in training which should be considered when interpreting

the results. Further research could address these considerations and replicate this study to explore these research questions with experienced psychologists to add more validity to the findings.

When requesting participants to draw upon their experiences to suggest successful and unsuccessful practice adjustments, this could have been better defined. The lack of defined indicators of success introduced error through the participants subjective interpretation of what they considered successful and unsuccessful. Evidenced in the responses from non-Indigenous participants was conscious and unconscious bias, discrimination, and a suggested lack of understanding around culturally responsive practice, therefore the individual participant perception of what they viewed as successful, may be problematic. This provides a further rationale for the need for the current research and will be explored in greater depth in the following associated paper. Consequently, the suggestions from the non-Indigenous cohort should be further considered before implementation if they do not overlap with the Aboriginal participant's suggestions or are not already validated within the existing body of literature. Future research could address this study limitation by taking the findings from the non-Indigenous participants that do not overlap with the Aboriginal participant's suggestion to the Aboriginal and Torres Strait Islander community members for further consideration and validation.

A clear strength of the study is depicted in the demographic makeup of the participants. There is a strong Aboriginal presence in this study (13%) in comparison to the 0.7% of the psychological workforce in Australia. This displays strong support for the need for this research from the Aboriginal community. Further, in line with privileging Aboriginal voices, the findings from this study should be considered deeply as it represents one of the most significant reports of Aboriginal psychologist voices in published literature. The significant findings highlighted in Table 12.1 on the age, state of employment, registration type, and area of endorsement are not

unexpected given the very large difference between the number of participants. Therefore, while these findings are not an accurate representation of the psychology population they still offer deep insights into how non-Indigenous psychologist can improve their psychological practice.

The current findings may be important to influence policy and practice. A clear cry for policy reform in systems, university training programs, clinics, and organisations has been consistently reinforced throughout this paper. Aboriginal and Torres Strait Islander peoples are at risk of being misdiagnosed at higher rates due to the lack of culturally validated psychometric tools, as well as the clinician's inability to consider the culture and the context of the individuals (Clark and Hirvonen, 2022; Dudgeon et al., 2014; Dudgeon and Walker, 2015; Gee et al., 2014; Westerman, 2003, 2010; Westerman and Dear, 2023). The current paper's findings reiterate the similarities and differences between Aboriginal and non-Indigenous psychologists' approaches to working with Aboriginal and Torres Strait Islander clients. To address the disparities and improve Aboriginal and Torres Strait Islander SEWB current non-Indigenous psychologists should engage with professional development, cultural supervision, and critical reflection. Further, to better prepare the future psychological workforce, higher education systems need to be adequately funded to decolonise the psychology curriculum and upskill educators.

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Chapter 13 Empirical Study 3 - Toward culturally responsive psychology higher education courses: Psychologists' perspectives on preparedness to work with Aboriginal and Torres Strait Islander clients

13.1 Preamble to Empirical Study 3

Chapter 13 builds upon the body of literature that has been presented in previous chapters. More specifically, the paper presented in this chapter leverages the same methodology as the previous paper in Chapter 12 to build upon the findings through

My lived experience during my 10 years as a student navigating psychology higher education course and the system overall have shown me firsthand how the curriculum privileges western ideologies. Despite the increasing recognition of this, there remains a significant gap in understanding the adequacy of current psychology higher education training programs in preparing practitioners to work effectively with these communities. A growing body of research highlights the need for culturally competent mental health professionals who can provide culturally responsive and effective care and understand and work within Aboriginal and Torres Strait Islander people's unique SEWB perspectives.

This formed the rationale for undertaking this exploration that informs Chapter 13 of this thesis. By exploring psychologists' experiences and perceptions of their training, this research aims to highlight the apprehensions that psychologists hold as a result of not being adequately prepared by psychology higher education training to working with Aboriginal and Torres Strait Islander clients. Moreover, it seeks to identify areas for improvements from participants responses to inform the development of more culturally responsive training programs. This research is crucial to improving the quality of mental health services for Aboriginal and Torres Strait Islander peoples to enhance our SEWB and address the ongoing health disparities that exist.

This empirical paper is currently under review with The Psychology Journal of Australia. This journal is internationally peer-reviewed and the flagship publication of the Australian psychological society. It publishes empirical research across a range of topics relating to psychological science (3.4 five-year impact factor, Quartile 1 Impact Factor). The ‘Author Indication Form’, which details the nature and extent of the candidate and co-authors’ contributions to this empirical paper is included in Appendix iii. The complete citation is as follows;

Darnett, E., Peters, A., & Theilking, M (2024). Toward culturally responsive psychology higher education courses: Psychologists’ perspectives on preparedness to work with Aboriginal and Torres Strait Islander clients. *The Australian Journal of Psychology* (Under Review).

13.2 Abstract

Background: Psychology course regulatory standards for Australian universities have evolved in that universities are required to include cultural responsiveness in psychology curriculum and demonstrate graduate competencies for working with Aboriginal and Torres Strait Islander clients.

Aim: This study aimed to explore psychologists' perspectives about the higher education (HE) psychology curriculum in relation to their preparedness to practice with Aboriginal and Torres Strait Islander clients and share their suggestions for improving cultural responsiveness and preparedness.

Method: Psychologists (N=108, Female 83.2%, Male 16.8%, Aboriginal 13.9%, non-Indigenous 86.1%, age range 22-83) responded to an electronic mixed method survey. Statistical and content analyses were undertaken to address the study aims and explore themes.

Findings: The majority of participants (91.43%, including all Aboriginal psychologists) reported that their psychology HE training did not adequately prepare them to work with Aboriginal and Torres Strait Islander clients. Moreover, 87.5% (Group 3 n=16) reported apprehensions about working with Aboriginal and Torres Strait Islander clients for the first time. Limited understanding of culture, concerns for their competence, or worry about perpetuating harm underpinned psychologists' apprehensions. Most participants (90.5%, n=85) indicated they plan to increase their knowledge in this area. Non-Indigenous participants suggested psychology curriculum should incorporate increased exposure to lived experiences (28%), Indigenous-specific information (e.g., the impact of intergenerational trauma; 24%), more practical exercises (20%), and guidelines for adapting existing clinical interventions (28%). The study also revealed indicators of racially motivated biases in some participants' responses.

Conclusion: All Aboriginal and the majority of non-Indigenous participants reported that HE psychology training did not adequately prepare them to work with Aboriginal and Torres Strait Islander clients.

Keywords: *Curriculum Reform; Cultural Responsiveness; Indigenous Psychology; Higher Education*

Key Points

What is already known about this topic:

- Psychology as a discipline has perpetuated harm toward Aboriginal and Torres Strait Islander peoples due to its colonial heritage.
- Psychology higher education courses have typically taught a Westernised curriculum, often excluding Aboriginal and Torres Strait Islander content, however this is changing.

- The current psychology workforce experiences a lack of preparedness to meet the needs of Aboriginal or Torres Strait Islander peoples.

What this paper adds:

- All Aboriginal participants and the majority of non-Indigenous psychologists reported their higher education courses were inadequate in preparing them to work culturally responsively with Aboriginal and Torres Strait Islander clients.
- Most non-Indigenous psychologists reported apprehensions about working with Aboriginal and Torres Strait Islander clients for the first time.
- There is a need to build educators' capacity to Indigenise the psychology higher education curriculum to better prepare the psychology workforce to work with Aboriginal and Torres Strait Islander clients.

Positionality Statement

As a majority Aboriginal-led research team working within higher education (HE) institutes, we recognise that our individual privileges, perspectives, backgrounds, and lived experiences shape our approach to exploring cultural responsiveness in the psychology workforce. This project reflects our shared commitment to fostering respectful, culturally responsive practices within the discipline of psychology and HE, especially in relation to Aboriginal and Torres Strait Islander communities. Together, we are united in our dedication to increasing the ability and training of the current and future psychology workforce to enhance Aboriginal and Torres Strait Islander people's social and emotional wellbeing and mental health. We aim to contribute research that upholds Indigenous rights, values, and wellbeing, recognising that true progress requires honest reflection, critical engagement, and a commitment to action.

13.4 Introduction

Aboriginal and Torres Strait Islander peoples in Australia continue to resist the ongoing impacts of colonisation to ensure the continuation of culture. However, the ongoing impacts of policies and practices related to colonisation, including racism, mean Aboriginal and Torres Strait Islander peoples are more likely to experience poorer social and emotional wellbeing (SEWB) in comparison to their non-Indigenous counterparts (Dudgeon et al., 2020). Connection to culture is a vital ingredient of SEWB, and studies have found that being engaged and connected with culture has a beneficial impact on our SEWB (Paradies, 2016; Waterworth et al., 2015). Despite this knowledge, healthcare services continue to apply a Western lens to supporting Aboriginal and Torres Strait Islander people, and this lack of cultural safety and responsiveness within Australian ‘mainstream’ systems has resulted in further perpetuation of harm through racisms, misdiagnosis, continued mistrust, and further oppression (Clark & Hirvonen, 2021; Durey & Thompson, 2012).

The Westernised discipline of psychology has contributed to the perpetuation of harm toward Aboriginal and Torres Strait Islander peoples. This harm has occurred through exploiting our oppression through pathologising the Indigenous experience and endorsing non-Indigenous, culturally-biased psychological approaches, as well as failing to recognise and incorporate Indigenous knowledges and perspectives (Clark & Hirvonen, 2021). The Australian Psychological Society (APS) acknowledged the discipline’s contribution to the perpetuation of harm and the benefit that non-Indigenous psychologists gained from this: “*Conducting research that has benefitted the careers of researchers rather than improved the lives of the Aboriginal and Torres Strait Islander participants*” (APS, 2016, p. 1). As such, the APS committed to reconsidering the approach in an apology issued in 2016 (APS, 2016).

“We, as psychologists, have not always listened carefully enough to Aboriginal and Torres Strait Islander people. We have not always respected their skills, expertise, world views, and unique wisdom developed over thousands of years. Building on a concept initiated by Professor Alan Rosen, we sincerely and formally apologise to Aboriginal and Torres Strait Islander Australians.” (APS, 2016, p. 1).

The APS apology in 2016 helped to spearhead the call to include Aboriginal and Torres Strait Islander cultural responsiveness into the field of psychology (Dudgeon et al., 2020). However, without meaningful engagement and intent from the broader psychology discipline, the words in the apology may be considered just that; only words, and the symbol of another unmet promise to the Aboriginal and Torres Strait Islander peoples.

Only one year earlier, O’Connor and colleagues (2015) interviewed eight Australian non-Indigenous psychologists to identify the necessary professional and personal skills that enable effective psychological practice when working with Aboriginal and Torres Strait Islander clients. Having credibility, centering relationships, understanding contexts, taking a holistic approach and being flexible were reported as the keys to good practice (O’Connor et al., 2015). However, O’Connor and colleagues (2015) asserted that these factors were not at the time incorporated into the standard psychology curriculum in HE institutions, with the authors advocating for ongoing adjustments to the university curricula in order to graduate culturally responsive psychologists.

Historically, the legacy of Aboriginal and Torres Strait Islander peoples has been either missing or misrepresented within primary, secondary and HE in Australia (Bond et al., 2020; Brown, 2019; Gillan et al., 2017). University curricula has reproduced colonial epistemologies as the only necessary worldview, ignoring Aboriginal and Torres Strait Islander knowledges, perspectives, learnings, theories and methodologies (Bond et al., 2020; Gillan et al., 2017; Smith,

2023). This in turn has contributed to the continuation of the colonial project, entrenching education about Indigenous people through a deficit discourse (Vass, 2012).

In this context, a discourse is suggested to encompass thoughts that are communicated through physical writing and practices, or by verbal means which contribute to shaping ideas, concepts or materials that reinforce power inequalities (Fogarty et al., 2018). A deficit discourse is a discourse that positions individuals or groups in the frame of deficiency (Fogarty et al., 2018). In psychology HE courses, all too often we have heard how sick, disadvantaged, or in need Aboriginal and Torres Strait Islander peoples and communities can be, often disregarding the strength, resistance, healing, belonging and pride that can come from being part of the oldest living culture in the world. Including different strengths-based cultural perspectives into curriculum involves stepping outside of the monocultural view of psychology and psychological wellbeing and recognises that holding on to such views and practices continues to privilege the dominant social group at the expense of the inclusion of psychologically effective and informative knowledges and perspectives of marginalised groups (Moncrieffe et al., 2020).

Without the inclusion of critical Indigenous knowledges and perspectives in psychology training, it is likely that many non-Indigenous psychologists may struggle to understand the challenges and protective factors of Aboriginal and Torres Strait Islander clients, reducing their capacity to provide effective and culturally responsive support. This disconnection can lead psychologists to perceive their 'monocultural' training as 'the norm', - the idea of 'mainstream' psychological care - in turn, further perpetuating psychologists' limited competencies to work with, and unhelpful attitudes towards Aboriginal and Torres Strait Islander clients (Wright et al., 2021). However, HE can be an effective tool to challenge and dismantle students' biases prior to graduation and professional practice with clients (Wester et al., 2022).

Fortunately, although in its infancy (first iteration began in 2013), a national movement to address the whitewashed psychology curricula is occurring across Australian HE institutions, with projects like the Australian Indigenous Psychology Education Project (AIPEP) headed by Professor Pat Dudgeon, a Bardi woman from the Kimberley region in Western Australia. AIPEP, now in its second iteration, works towards increasing cultural responsiveness in psychology HE and the mental health workforce, as well as increasing the number of Aboriginal and Torres Strait Islander psychology students who graduate (Ohan et al., 2023).

In 2016, AIPEP responded to the recognition within HE that Aboriginal and Torres Strait Islander content had been conceptualised as an 'add-on,' to the existing curricula (Dudgeon et al., 2016). AIPEP created three frameworks. One to guide educators to integrate Indigenous knowledges and perspectives into the psychology curriculum with the aim to enhance the cultural responsiveness of psychology graduates; the second to guide stakeholders towards retaining and supporting Aboriginal and Torres Strait Islander psychology students; and the third to build the capacity of the current psychology workforce to practice safely and effectively with Indigenous clients (Dudgeon et al., 2016).

Similar work in the cultural responsiveness space is being conducted by Indigenous-led organisations like Indigenous Allied Health Australia (IAHA). IAHA is a national, member-based organisation that, amongst other things, supports Aboriginal and Torres Strait Islander allied health students and graduates, and contributes to building a culturally safe and responsive allied health workforce (IAHA, 2019). Due to these Indigenous-led initiatives and the relentless disruption from Aboriginal and Torres Strait Islander peoples and our allies in the HE institutions, we are seeing change. Most notable for psychology, is the work of AIPEP.

Smith and colleagues (2024) have recently developed and validated a Cultural Responsiveness Assessment Measure (CRAM), which they describe as a self-reflection tool for mental health practitioners and students to evaluate their culturally responsive practices when working with Aboriginal and Torres Strait Islander peoples. A model of cultural responsiveness for mental health professionals underpins the CRAM, which centres reflexivity and incorporates nine surrounding domains: awareness, knowledge, inclusion, relationships, cultural respect, cultural safety, social justice/human rights, self-reflection, cultural humility, and cultural competencies (Smith et al., 2024). The CRAM has demonstrated good face and construct validity, strong overall internal validity and test-retest reliability (Smith et al., 2024). This tool can serve as a reliable instrument to introduce into the psychology HE curricula so that students can become familiar with reflective practice and the elements of cultural responsibility. Further, the nine underlying domains can serve as a starting point for educators to explore and learn ways to incorporate them throughout the psychology subjects.

New Accreditation Standards to Assess Student Competencies in Cultural Responsiveness

There has been a call for more culturally responsive psychologists, leading to a review and update of the accreditation standards for HE psychology courses. The Australian Psychology Accreditation Council (APAC) responded to the good work that has been done to raise awareness of the gaps in HE psychology training. APAC, in collaboration with AIPEP, recognised:

“Non-Indigenous students of psychology need to understand the historical context of colonization and the ongoing legacy of that history in a contemporary space. Potentially more important is understanding the role played by the discipline and profession of psychology in contributing to solutions to address the inequities faced by Aboriginal and

Torres Strait Islander peoples. This requires reflexive analysis of self as well as of the knowledge base and practices of the discipline.” (APAC, 2023, p. 4).

Therefore, in 2019, APAC introduced Criterion 3.8 in their psychology course accreditation standards which requires psychology HE providers to demonstrate how they assess student competencies related to cultural responsiveness (APAC, 2023). In 2021, APAC acknowledged that HE providers were finding it challenging to incorporate cultural responsiveness into their curricula as they did not understand the definition and purpose of Criterion 3.8. Further, they found that HE educators also did not know how to assess student competencies related to Criterion 3.8 and found many educators to not be culturally responsive themselves due to this Criterion being so newly mandated (APAC, 2023). This led to the formation of a Working Party, consisting of senior Indigenous and non-Indigenous psychology academics, who were tasked with exploring how best to provide guidance and support to educators in demonstrating alliance with Criterion 3.8, resulting in the creation of the 'Annexure to the APAC evidence guide: Standard 3 Program of study criterion 3.8' (Bucks et al., 2023). This illustrated a genuine effort on behalf of APAC to support educators through this transition.

Another example of a national shift in this space is the Australian Universities Accord Final Report (Department of Education, 2024). The report created by the Commonwealth Department of Education presented 47 recommendations for HE reform, one being that Australia needs to establish a high-quality, equitable HE system (Department of Education, 2024), with five priority actions to operationalise this target. Two of the priority actions explicitly recommend ways to decrease inequity experienced by Aboriginal and Torres Strait Islander

peoples within the HE system: “*First Nations people to be at the heart of Australia’s higher education system*” (Department of Education. 2024, p. 237).

Australian Health Practitioner Regulation Agency (AHPRA, 2024) regulates the psychology profession in Australia and is following suit. AHPRA recently updated the competencies needed for provisional psychologists to become registered as generalist psychologists and placed: “*a greater emphasis on professional reflection and reflexivity, purposeful and deliberate practice and self-care...to practise professionally and safely in a sustainable way*”. More specifically, competencies 7 and 8 have been “*enhanced to better address the diversity in the Australian community*” (AHPRA, 2024, Competency 7) and “*to emphasise culturally safe care with Aboriginal and Torres Strait Islander Peoples, families and communities*” (AHPRA, 2024, Competency 8).

I (the first author) am an Aboriginal woman coming to the closing of my ten-year university career as a psychology student. This paper was created in partial fulfilment to meet the requirements of the Doctor of Philosophy (Clinical Psychology). It was born due to my experiences across my several years of studying psychology degrees at several universities situated in Gold Coast, Sydney, and Melbourne. I found it remarkable the way in which Aboriginal and Torres Strait Islander peoples are taught about and talked about in the classroom. Like we were the problem and needed to be saved. Unfortunately, I have witnessed little improvement in the curriculum across the last decade. I often found myself taking on the colonial burden of educators within the classroom to educate my peers and teachers, challenging the harming narrative and discourses being taught, and advocating for change within the system. It is not by coincidence that my doctoral thesis focuses on incorporating Aboriginal and Torres Strait Islander culturally responsive practices in both psychological practice and HE. From my

personal experiences and yarning with other mob studying psychology at HE institutions, I can confidently say that we need to adequately train future psychologists to be culturally responsive to the needs of Aboriginal and Torres Strait Islander clients if we are to work towards closing the mental health gap. Understanding the barriers faced by non-Indigenous psychologists in working with Aboriginal and Torres Strait Islander clients may be particularly important to address their general lack of preparedness.

Therefore, this study explores psychologists' perspectives on the degree to which they feel their HE prepared them to work with Aboriginal and Torres Strait Islander clients. Furthermore, this study aims to contribute to the solution by gathering participants' suggestions about how psychology HE training could be improved to better develop students' cultural responsiveness when working with Aboriginal and Torres Strait Islander clients.

13.5 Method

13.5.1 Research Design

This study employed an electronic mixed-method survey to explore psychologists' perspectives about how well their HE courses prepared them to work with Aboriginal and Torres Strait Islander clients. Further, participants provided suggestions for improvements to the psychology HE curriculum. This study was part of a more extensive study exploring cultural responsiveness in psychology practice and HE. More details can be found in Darnett and colleagues (2024).

13.5.2 Participants Recruitment

The participant recruitment methods have been reported in great depth in the associated study (Darnett et al., 2024). However, briefly, participants were recruited using targeted social media and online platforms, as well as university affiliations through email invitations and poster

advertisements. Prospective participants were informed that the research explored how psychologists supported Aboriginal and Torres Strait Islander client's wellbeing. Participants followed the Qualtrics link in the recruitment materials.

Group allocation occurred to respect and privilege Indigenous voices and perspectives. More details about the group allocation method are available in supplementary file 1.1. This article mainly reports on the findings from Group 3 (non-Indigenous psychologists that have not worked with Indigenous clients). Due to Group 3's lack of experience working with Aboriginal and Torres Strait Islander clients they were directed the questions exploring their HE experiences.

This is the second paper published based on the data collected using this research methodology. Therefore, the questionnaire development, overall sample demographics and between-group differences have been previously reported (Darnett et al., 2024). Furthermore, Darnett and colleagues (2024) also explored the comparison between the study's overall participant sample and the reported psychological workforce demographics in the Australian Health Practitioner Regulation Agencies (AHPRA, 2023) annual report 2022/2023. Outside of the demographic questions, additional questions posed to participants can be found in supplementary file 1.2.

13.5.3 Mixed-method Survey.

This is the second paper published based on the data collected using this research methodology. Therefore, the questionnaire development, overall sample demographics and between-group differences have been previously reported (Darnett et al., 2024). Furthermore, Darnett and colleagues (2024) also explored the comparison between the study's overall

participant sample and the reported psychological workforce demographics in the Australian Health Practitioner Regulation Agencies (AHPRA, 2023) annual report 2022/2023. Outside of the demographic questions, additional questions posed to participants can be found in supplementary file 1.2.

13.5.4 Data Collection

The data collection process has been described elsewhere (Darnett et al., 2024). In brief, an anonymous Qualtrics electronic survey with both open and closed questions was distributed to collect qualitative and quantitative data from participants. Additional information can be found in supplementary file 1.3.

13.5.5 Data Analysis

The complete data analysis process has been documented elsewhere and for a complete exploration of the participants' demographics and analysis, see Darnett and colleagues (2024). An inductive approach to conventional content analysis was employed on the open-ended qualitative responses provided by participants (Hsieh & Shannon, 2005; Vears & Gillam, 2022).

13.5.6 Ethics

Ethics approval was granted by Swinburne University's Human Research Ethics Committee (ref: 20235840-14219). Further information pertaining to the ethics can be found in supplementary file 1.4.

13.6 Findings

13.6.1 Participant Demographics

One hundred and eight people comprised the final sample: 89 females, 18 males, and 1 non-stated gender. Of the 108 participants, 15 identified as Aboriginal, 93 reported to be non-Indigenous, and the ages ranged from 22 to 83 years ($M=40.7$, $SD=12.84$). See supplementary

file 2.1 for the demographics of each group post allocation. The participants' demographics were originally published in the linked study (Darnett et al., 2024). With permission from the journal, the demographics table has been replicated and can be viewed in supplementary file 2.2. Most notably, there was a large difference identified between groups in the registration type category. Groups 1 and 3 comprised a greater percentage of provisional psychologists than Group 2.

13.6.2 Participant Preparedness

All participants (N=108) were asked if, from their perspective during their tertiary education, they and their peers were provided with enough education to adequately adjust their psychological practice to work with Aboriginal and/or Torres Strait Islander clients. Overall, 91.43% (n=105, including all Aboriginal participants) reported feeling that their HE training inadequately prepared them to work with Aboriginal and Torres Strait Islander clients. Figure 1 depicts the results.

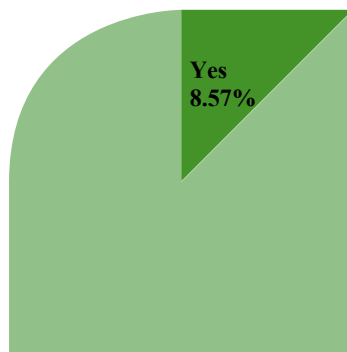


Figure 13.1. *Participants' Perspectives if their Psychology Higher Education Training Adequately Prepared them to work with Aboriginal and Torres Strait Islander Clients.* (n = 105, missing = 3).

All 9 participants who indicated they had been provided enough education were non-Indigenous (Group 2 n = 7, 4 females, 3 males; Group 3 n = 2, 1 female, 1 male). Interestingly,

male psychologists comprised 16.8% of the total participant sample and yet accounted for approximately 44.5% of participants who indicated that their HE in psychology adequately prepared them to work with Aboriginal and Torres Strait Islander peoples.

Overall, the majority of participants agreed that there was minimal training provided by their HE institutions. All participants were provided the opportunity to explain their responses. Participants from all groups commonly suggested that some universities' attempts to educate students about culture have been unsuccessful and, at times, offensive.

These sentiments are evidenced by Participants 8 and 54 in Group 3 who wrote *“sometimes seemed like an “add on” without the chance to delve deeply”* and *“I don’t feel the training was sufficient and I still don’t feel confident to work with this demographic”* respectively. Participants in Group 2 had similar comments reporting *“I can’t recall a single lecture let alone a course or placement dedicated to this. Profoundly inadequate”* (Participant 74). As well as *“we had a two-day workshop that was offensive and highly inadequate. If I took at face value what I felt they were pushing, I would have believed I should never try to support Indigenous clients because we could never comprehend them sufficiently to have even the most fundamental understanding”* (Participant 65).

Finally, and possibly most concerning, Participant 29 who is an Aboriginal psychologist from Group 1 reported:

“The so-called ‘Cultural Awareness’ 1-day workshop was traumatising as an Aboriginal person. I had my identity invalidated by 12 of the 13 other students who attended at the start of the course and the facilitators were not even Psychologists or knowledgeable about culturally competent practices within the clinical/therapeutic setting - so much that I complained to have the workshop ceased. The School of

Psychological Science then liaised with the School of Indigenous Studies to engage an Indigenous Clinical Psychologist with appropriate knowledge. I was my uni's first Indigenous Postgraduate student - the cohort in year before had complained about the workshop and one facilitator was removed. One of the 2 facilitators in my workshop said "Suicide is just a call for help"..... I received a number of micro/macro aggressions from my student peers - so 100% no they are not equipped. For example, on my first day in postgrad one insisted it was ok for her to have female participants learn the didgeridoo and told me I was wrong when I advised her it was culturally inappropriate."

More qualitative responses can be found in supplementary file 2.3.

13.6.3 Participant Apprehensions

Participants in Group 3 (n=20) were asked if they held any apprehension about working with Aboriginal and Torres Strait Islander clients for the first time. Out of the total 16 responses, two people (12.5%) indicated they did not hold apprehensions, reporting *"they are individuals, like all other clients"* (Participant 33, Group 3), and *"I'd like to think my approach to working with clients is accommodating to all and can be (and is) adjusted to work best for my individual clients."* (Participant 14, Group 3).

Of the 14 participants in Group 3 (87.5%) who reported holding apprehensions about working with Aboriginal and Torres Strait Islander clients for the first time, many provided qualitative responses that suggested the apprehension was due to their limited understanding of cultural differences *"having a limited understanding of different cultures and practices. Limited knowledge of additional requirements such as retention of records."* (Participant 8, Group 3) and *"my understanding is that First Nations people have a somewhat different belief system*

regarding mental ill-health and I'm not confident our western tools for psychological treatment are appropriate" (Participant 9, Group 3).

While other participants questioned their capabilities suggesting they had a *"lack of experience and training"* (Participant 44, Group 3), and *"I have heard it can be difficult to be accepted as a practitioner, and this role requires a lot more rapport building"* (Participant 63, Group 3), and *"I have done some training and quite a bit of reading but worry that I would not be competent"* (Participant 70, Group 3). It was found that some participants were worried about perpetuating harm, *"I am apprehensive to work with any client for the first time, especially ones that are from diverse backgrounds as I am worried, I may say something inadvertently (through my own ignorance) that may be taken to be offensive"* (Participant 12, Group 3), and *"mainly, I would be afraid that I might inadvertently perpetuate historical wrongdoings. I want to create safe spaces and my apprehension would be driven from worry that if I was not successful that I might perpetuate harms"* (Participant 28, Group 3). These findings are important as they signify a recognition of the power a psychologist holds, as well as the harm that can be done when working clinically with clients.

13.6.4 Participants' Suggestions Toward Improving Higher Education Psychology Courses

Group 3 (Non-Indigenous Psychologists with no experience with Indigenous clients) were asked a follow-up question to contribute their perspectives regarding information they would find helpful to guide their psychological practice with Aboriginal and/or Torres Strait Islander clients. From the content analysis participants responses could be categorised under four headings (*Lived Experience, Education, Practice Exercises, Intervention Guidelines*).

Participants reported they wanted access to more Indigenous peoples with *Lived Experience*; a deeper *Education* of Indigenous history and the implications this has for psychology; more

Practice Exercises to apply their understanding; and specific *Intervention Guidelines* informing the adaption of therapies. Themes and example quotes are available in supplementary file 2.4.

13.6.5 Participants' Plans to Increase Cultural Knowledge

Participants from Groups 2 and 3 were asked if they planned to increase their knowledge and understanding of Aboriginal and Torres Strait Islander culture. The majority of participants (90.5%) indicated they planned to undertake further professional development in this area (see Figure 2). This illustrates psychologists' desire for culturally responsive education to allow them to practice more effectively with Aboriginal and Torres Strait Islander clients.

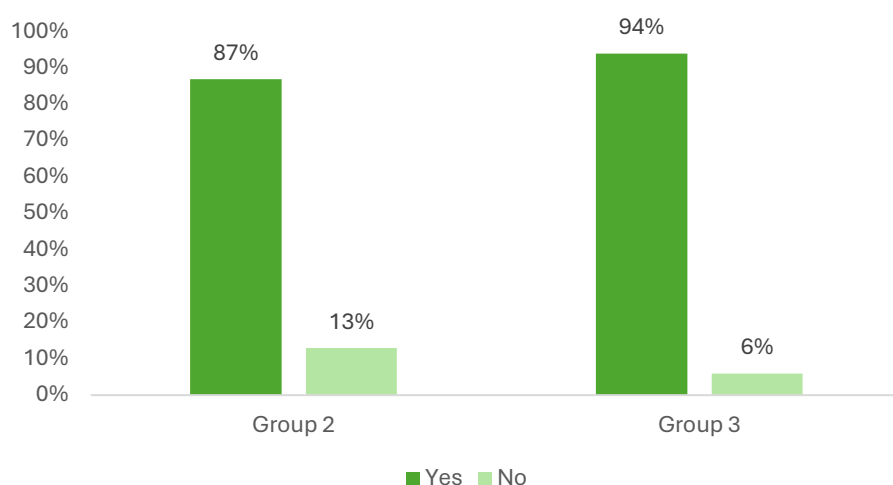


Figure 13.2. *Percentage of Non-Indigenous Participants Planning to Increase their Knowledges and Understanding of Aboriginal and Torres Strait Islander Culture by Group.*

Note. Group 2 non-Indigenous psychologists with experience working with Aboriginal and Torres Strait Islander clients $n = 69$, Group 3 non-Indigenous psychologists with no experience working with Aboriginal and Torres Strait Islander clients $n = 16$.

Both Groups 2 and 3 were asked to provide examples of how they plan to increase their cultural knowledge and understanding. There were five themes that emerged from the content analysis, which were, *Supervision*, *Workshops or conferences*, *Participate in Indigenous focused*

activities, *Learning from Indigenous peers or clients*, and *Exploring academic research and grey literature*. Supplementary file 2.5 contains some examples of the participants' responses.

13.6.6 Participants' Cultural Questions

Participants from both Groups 2 and 3 were also asked if they had any specific cultural questions that they would like answered regarding psychological practice with Aboriginal and/or Torres Strait Islander client/s. Some of the responses would be easily addressed through an internet search, for example, *“what language/terminology is preferred, and are there aspects of standard psychological practices that might be ill-fitting or mismatched to culture??”*

(Participant 8, Group 3), *“how do these preferences differ between First Nations populations, noting that, for example, the Wurundjeri people are different from the Ngunnawal people.”*

(Participant 9, Group 3). Lastly, *“how do I treat an ATSI client differently from all clients? I am unsure if I need to do different things to be culturally aware when I feel I already do so for every client and don't discriminate positively or negatively based on culture”* (Participant 48, Group 2).

Some participants had specific questions about the practical aspects of psychology, like how to adapt interventions and culturally appropriate psychometrics. For example, Participant 23 in Group 2 said: *“I think I have good training and understanding in history, experiences of Aboriginal and/or Torres Strait Islander clients, etc etc but very little training in practically, how to adapt practice to be more culturally safe (e.g., what do I actually do in the session)”*, Participant 60 in Group 2 asked *“how mainstream psychotherapeutic practices are best adapted to assist Aboriginal clients. How this can be taught. How such resources can be built”*, while Participant 37 in Group 3 echoes these sentiments and said, *“how best to use/adapt psychological knowledge to best support them”*. Participants 74 and 81 in Group 2 were focused on neuropsychology assessment tools, *“I would very much like a framework for neuropsychology to*

work with Aboriginal and Torres Strait Islander peoples.” and “culturally appropriate neuropsychology assessment” respectively. Participant 108 in Group 2 also agreed that “more information on the validity and utility of neuropsychology tests in this population would be helpful.”

Other participants asked more culturally specific questions; for example, Participant 10 in Group 2 said, *“I would like to know more about cultural practices like men’s business and women’s business, etc. It’s like the practices are named but not explained”*. Participant 25 in Group 2 added, *“more about things that actually show up in the room, like family structures and gender roles and ways to build or explore identity as an Aboriginal or Torres Strait Islander person. Ways of healing, ways to approach elders, culturally normative experiences that could be mistaken for mental ill-health”*. Participant 45 in Group 2 added, *“I think I would like to be told clearly “this is how you ask someone about their dreaming/totem, cultural healing practices, etc”*.

Group 2 were curious about more existential questions, with Participant 11 asking,

“how can a ‘white person’ ever hope to be able to provide meaningful therapy when there is such a divide. It feels like appropriation to use words like ‘mob’ or try ‘yarn’. We are taught these words and even suggested that we try yarnning, but how do we do that in a way that is respectful rather than inappropriate?”.

Also, Participant 56 questioned, *“when will universities stop pretending that Western psychology, and particularly psychiatry is, without significant change, appropriate for Aboriginal people?”*

Lastly, some participants in Group 2 asked questions that were specific. For example, Participant 62 asked, *“how to combat racism from other clients?”*. While, Participant 73 requested information about,

“how to show I'm different? I'd like to be able to make it clear that I'm a supporter and an ally, but I worry about touting myself because I know so many people say one thing but do another, and so many of my clients experience that before they get to me”

Participant 59 added, *“why perpetrators of (Domestic and Family Violence) DFV are often protected by the community and the survivor is often further abused for trying to leave.”*

Participant 84 was curious, *“how to deal with the normalisation of violence, abuse in communities”*. Supplementary file 2.6 has a more extensive list of questions qualitative responses.

13.6.7 Participant Biases

The implicit and explicit bias apparent in the qualitative responses indicates that some psychologists may not be adequately trained to work with Aboriginal and Torres Strait Islander clients. On the flipside, several participants displayed an understanding of the need to be conscious of their biases. For example, in response to being asked to explain why they think psychologists need to adjust their practice when working with Aboriginal and Torres Strait Islander clients Participant 13 stated:

“yes, we need to be aware of what is culturally appropriate as we would with any client group. However, for Aboriginal and Torres Strait Islander clients I think it is particularly important to be aware of the ways in which health services and particularly psychology may have been used to further disadvantage them, and the complex interactions that we as clinicians may be part of when supporting someone who is Aboriginal and Torres

Strait Islander in health services. We also need to be aware of our own implicit biases and aware that much of what we have been taught does not necessarily hold true for Aboriginal and Torres Strait Islander people, as many of our historical research has been racially biased or has excluded other perspectives.” (Group 2, Participant 13).

Participant 85 in Group 2 stated, *“potentially; like all clients there is no one size fits all - collectivist culture, respect for elders, need to be present for significant events, past lost opportunities due to inequities and biases”*. Further, Participant 87 in Group 3 wrote, *“we need to check our own biases and assumptions. We also need to understand that our training was delivered through a white/western lens and cannot assume that this is therefore appropriate for all backgrounds”*.

Other participants displayed their consciousness of biases when asked to explain any challenges they have experienced when Aboriginal and Torres Strait Islander clients by stating, *“being more conscious of my own bias has been challenging and continues to be. Meaning I have to make less assumptions and the client is in much more of the driver’s seat...”* (Participant 106, Group 2). While Participants 70 in Group 3 suggested *“decolonisation training. Building awareness of implicit bias. Training in appropriate communication, measures & therapeutic approaches”* when responding to the question that asked what information they would find useful to guide their psychological practice with Aboriginal and Torres Strait Islander clients. However, without explicitly asking about participants’ understanding of bias, we cannot report on the participants understanding of their biases.

All participants responses, besides one, were interpreted by the research team to contain little to no intention to overtly display their biases and so some responses were considered to contain implicit bias. However, the following examples of bias was perpetuated by the same

member of Group 2 who stated, *“I treat all people like 'people'. Aboriginal identity is no more unique than any other cultural subset”*; and *“honest truth - most people will never actually need to know this because Aboriginal people make up 3% of Australia's population – i.e. they are not a majority of the workload”*; and *“I prefer to use my professional development time upskilling in things that can help ALL of my patients - not focusing on things that make a small difference to a very small minority”*; and *“I had a family member who tried to demand information about someone that I was supporting. They said [very mistakenly] their cultural protocols could override my patient's privacy protections. The family member was very aggressive. I was very close to calling the cops to have them escorted out”* (Participant 39, Group 2).

These responses from Participant 39 were considered to be explicit bias due to the conscious nature of the deficit perception of Aboriginal and Torres Strait Islander peoples and an attitude that minimised the need to upskill to provide a culturally safe experience for Aboriginal and Torres Strait Islander clients.

13.7 Discussion

Overall, this study's findings highlighted that psychology HE training did not adequately prepare participating psychologists to work with Aboriginal and Torres Strait Islander clients. This is evidenced by their self-reported apprehensions, as well as evidence of biases that were found in participant responses during analysis. These biases give way for more harm to be perpetuated on Aboriginal and Torres Strait Islander peoples, which in turn contributes to the increased mental health disparities that we experience. To address these biases, participants presented many ideas about improving the curricula to develop psychologists' cultural responsiveness when working with Aboriginal and Torres Strait Islander clients.

The majority of participants in Group 3 indicated that they held apprehensions about working with Aboriginal and Torres Strait Islander clients for the first time. Participants reported that they feel unequipped to work with Aboriginal and Torres Strait Islander peoples because of their lack of cultural knowledge. Participants were concerned that they might inadvertently perpetuate more harm, which is a legitimate concern, as a lack of cultural knowledge on behalf of the psychologist is a real risk for Aboriginal and Torres Strait Islander people's mental health and wellbeing. Participants' answers suggest that the respondents understand the power they hold as psychologists, and are willing to engage in critical self-reflection to identify personal gaps in their knowledge and abilities aligning with Smith et al's., (2021; 2024) reported findings that emphasised necessary capabilities of a culturally responsive mental health professional.

Biases were present in some participants' responses. The presence of biases in the qualitative responses provides further evidence that some psychologists are not adequately trained to work with Aboriginal and Torres Strait Islander clients. However, the majority of the participants showed motivation toward providing a culturally safe psychological service for Aboriginal and Torres Strait Islander clients. For example, 87.5% of participants reported holding apprehensions about working with Aboriginal and Torres Strait Islander clients for the first time, with one of the main reasons being a fear of perpetuating harm. This fear results from deficits in the psychology HE training, in that 91.43% of participants reported their HE training in psychology did not adequately prepare them to work with Aboriginal and Torres Strait Islander clients.

As custodians of the world's oldest living culture, Aboriginal and Torres Strait Islander peoples possess a wealth of wisdom and knowledge that can enrich the discipline of psychology. These findings reveal that Indigenous knowledges, perspectives and SEWB resources are

missing from psychology HE training that may be useful to enhance all people's mental health and wellbeing. The rationale for HE psychology courses to make space for Indigenous psychology perspectives is strengthened as more empirical evidence emerges from outside of the psychology discipline, supporting the applicability of Indigenous models for non-Indigenous populations having positive outcomes (see, Throsby & Petetskaya, 2016; Jiao et al., 2009; Wilson, 2009).

To work towards improving the current psychology HE curricula, participants suggested they would like more exposure to Aboriginal and Torres Strait Islander people and to hear from lived experiences. They also suggested that they would like to learn more about intergenerational trauma and how it continues to impact Aboriginal and Torres Strait Islander clients. Participants also acknowledged they would like to engage in practical exercises that include critical self-reflection to explore biases, appropriate assessment tools and psychometrics for Indigenous clients, and communication techniques. Lastly, participants suggested that manualised guidelines of how to adapt interventions to be more culturally responsive when used with Aboriginal and Torres Strait Islander clients would be useful.

The elements highlighted by participants as to what they thought might enhance their cultural responsiveness (e.g., understanding historical impacts and awareness of bias) overlapped with suggestions in the AIPEP curriculum framework (Dudgeon et al., 2016) as well as the CRAM, and domains of cultural responsiveness (Smith et al., 2024). Moreover, none of the participants' responses aligned with O'Connor et al.'s (2015) findings that credibility, centering relationships, understanding contexts, taking a holistic approach and being flexible are important when practicing with Aboriginal and Torres Strait Islander clients. This misalignment adds

further support to the main findings of this study, being that HE is not adequately training future psychologists to work with Aboriginal and Torres Strait Islander clients.

Most participants (90.5%) indicated that they plan to engage in additional training to increase their knowledge and better understand Aboriginal and Torres Strait Islander culture, demonstrating a great desire from psychologists to learn. Participants' growing willingness to learn should be celebrated and reinforced by including Indigenous knowledges and perspectives into psychology HE. Furthermore, integrating Aboriginal and Torres Strait Islander knowledges and perspectives into psychology higher education curricula may foster greater feelings of respect and belonging for Aboriginal and Torres Strait Islander students. This in turn, may positively contribute to increasing the numbers of Aboriginal and Torres Strait Islander psychologists and psychology academics who are in high need (Dudgeon et al., 2016; Ohan et al., 2023). Collectively, this creates an even stronger rationale for educators to include Aboriginal and Torres Strait Islander knowledges and perspectives into the psychology curriculum.

Participants indicated a number of ways to increase their knowledge, including through supervision, workshops or conferences, participation in Indigenous activities, academic and grey literature, and finally learning from their Indigenous peers or clients. Two concerns are highlighted by participant responses. Consulting academic literature was the least mentioned strategy by participants for improving their understanding of culturally responsive practices. This could be interpreted as a gap in the type of information seeking that one would expect of a university graduate, especially a psychologist whose competence to practice should be evidence-based and informed by the scientist-practitioner model (Jones & Mehr, 2007) that expects the profession to consult high-quality academic literature. Further limitations of the scientist-

practitioner model include a bias to centre whiteness and subjectiveness to publication bias (Dudgeon et al., 2016; Luke et al., 2022 Parter et al., 2021). HE institutes and psychology educators may benefit from expanding beyond scientific databases for educational resources. Adding more culturally grounded and responsive resources into psychology subjects' reading lists could start to bridge a gap, as would evidence-based professional development for psychologists (Hutchings et al., 2019).

Forty-eight percent of respondents suggested that they would learn from their Indigenous clients or peers. Non-Indigenous psychologists need to ensure that they are not just shifting the colonial burden onto their Indigenous peers to educate them. It is important to think critically about the knowledge and insight being requested from Indigenous peers, as it is not our job to educate our colleagues. A similar sentiment can be applied to Indigenous clients, as we are not there to educate non-Indigenous psychologists about our culture and how it impacts worldviews; this is the responsibility of the HE institutions and the individual practitioners. It is important for non-Indigenous psychologists and educators to revisit the commitments made in the APS (2016) apology, and action them as meaningfully and regularly as possible.

The cultural questions that participants asked were diverse, reflecting the varied levels of cultural responsiveness and knowledges held by psychologists. Some straightforward questions about terminology were posed suggesting some psychologists may not have a basic understanding of Aboriginal and Torres Strait Islander cultures which is of concern, and at the same time reinforces the rationale for this study. The more fundamental questions reported by participants (e.g. correct terminology) could be a starting point for first year psychology educators to introduce an appropriate terminology guide. Moreover, it could be a consideration for tertiary and primary school educators to consider developing students' understanding of our

culture earlier. There were more practical topics raised in the questions that educators could incorporate across the psychology subjects and degrees, increasing in complexities as the students' experiences increase. Lastly, not all questions posed by participants had easy straightforward answers, and responses may differ based on community place. Therefore, psychologists and psychology educators need to be equipped with the necessary skills to independently find the answers to questions about culturally responsive practice.

Reflecting on power dynamics as an element of cultural responsiveness for mental health professionals (Smith et al., 2024). The findings revealed males were more likely to endorse a statement of competence to work with Aboriginal and Torres Strait Islander clients than females. Male psychologists comprised 16.8% of the total participant sample and yet accounted for approximately 44.5% of participants who indicated that their HE in psychology adequately prepared them to work with Aboriginal and Torres Strait Islander clients. These findings have partially been supported in a systematic review undertaken by Vajapet et al., (2020) who found male medical trainees and health professionals self-reported higher levels of clinical knowledge, skills, procedural confidence, operative experience, and other competencies = in comparison to their female counterparts. This is despite no evidence to support differences in actual performance or skills between men and women at any level of training in medicine. This finding, and the potential implications it has both broadly and within an Aboriginal and Torres Strait Islander context warrants further research.

Within the context of Australian psychology HE, more needs to be done to address the systemic racism that is highly concentrated at the intersection of the discipline of psychology and HE institutions to develop future psychologists' general awareness of the Indigenous experience. The APS (2016) made their apology to Aboriginal and Torres Strait Islander peoples over 8

years ago. This highlights a disappointing truth; as a discipline, psychology appears to be committed to creating change, however in practice this commitment is actioned by the few, leaving Indigenous communities once again bearing the burden of empty promises. Since the APAC (2023) accreditation standard change came into effect in 2019, the small amount of action is particularly clear as many participants in Group 3 were provisional psychologists currently at different stages of their psychology HE training. In theory, after five years, the current students should be experiencing the benefits of innovation that currently exist. Therefore, it would be beneficial for future research to explore the differences in cultural responsiveness of psychology graduates based on the year of graduation.

To make meaningful change this needs to be approached from several directions. Aligning with the commitments suggested in the Universities Australia's Indigenous Strategy 2022-2025, including developing Indigenous-specific SEWB-enhancing strategies to promote change, could also act as a useful tool to facilitate reform (Universities Australia, 2022). Further reforms are necessary to the discipline of psychology and the HE institutions to address the systemic and individual barriers perpetuated onto minority groups including Aboriginal and Torres Strait Islander clients. Therefore, the research team have constructed some recommendations based upon the outcomes of this paper to help facilitate change across the psychology discipline and HE institutions. Key recommendations that have come from this work are reported in supplementary file 3.

13.7.1 Limitations

Some of the methodological limitations that have been previously identified (see Darnett et al., 2014) and are also relevant to this paper include no Torres Strait Islander representation, the parameters of group allocations needed further consideration, and the overrepresentation of

provisional psychologists. The absence of Torres Strait Islander representation in this study means the application of these findings to this group should be carefully considered.

Additionally, the parameters used for group allocation resulted in a lack of Indigenous voices and perspectives on the psychology HE curriculum. Furthermore, it resulted in a small sample size to draw upon. Undertaking this study again with only Aboriginal and Torres Strait Islander psychologists and psychology students could provide more nuanced insights and suggestions to improve the current HE curriculum.

This study's large representation of provisional psychologists (50% of Group 3) should be noted. The study depicts psychologists who are apprehensive and uncertain of their abilities. This is often the case for most provisional psychologists as we continue through our HE degrees, gathering theoretical knowledge and starting to undertake placements in the workforce. However, this is likely an inaccurate indication of the psychology workforce as a whole. AHPRA requires psychologists to engage in continued professional development to maintain our registrations, and often, as our exposure to diverse clients and presentations increases, so do our abilities and confidence levels.

It was previously noted that the research team are limited by the methodological design in regard to examining participants' responses for biases. The participants were not explicitly asked about their biases or their intent that contributed to these themes, and therefore this may not be an accurate reflection of the participants' intent or levels of biases. Therefore, we acknowledge that this theme was only lightly engaged with from an Indigenous perspective and could only be suggested and not confirmed. Based on our interpretations in this article, consideration should be given to the potential for participant biases representing broader attitudes within the psychology profession.

13.7.2 Future Implications

A strong implication from this research is for universities and psychology educators to invest in incorporating Aboriginal and Torres Strait Islander knowledges and perspectives into the curriculum to enhance the cultural responsiveness capabilities of psychology graduates. To do so, universities need adequate resourcing for educators to engage in the learning journey and feel confident in their ability to teach the redeveloped curriculum. Community consultations and partnerships should be integrated into the psychology HE curriculum to expose students to diverse populations, worldviews, and opinions on wellbeing. This would facilitate sharing learnings from people with different lived experiences and becoming familiar with undertaking critical self-reflection and identifying biases. Lastly, a pathway for practising psychologists to gather cultural information to support their Aboriginal and Torres Strait Islander clients is needed to ensure clients receive a culturally safe and effective psychological service.

The potential presence of biases among the psychology workforce could have detrimental implications for Aboriginal and Torres Strait Islander clients. It was hoped, that by highlighting these biases, psychology educators might be compelled to address this through reforming the psychology curriculum. Due to the methodological limitations to explore bias present in this study, this should be explored in future research. However, the result of this study provides a snapshot of the current psychology workforce, that emphasises the historic and current gaps within psychology HE training that need to be addressed.

13.8 Conclusion

Overall, participants, including all Aboriginal psychologists in the sample, reported that HE institutions are not adequately trained to work with Aboriginal and Torres Strait Islander clients. The findings indicate HE institutes and educators need to incorporate more culturally

responsive content into the curriculum. Doing so is crucial in developing future psychology students' abilities to work in a culturally responsive manner with Aboriginal and Torres Strait Islander clients. This in turn will likely contribute to improving Aboriginal and Torres Strait Islander SEWB.

13.9 References

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Chapter 14: Discussion and Conclusion

14.1 Chapter Guide

This chapter reviews and discusses the findings from this thesis and how they have answered the research questions. This Chapter is constructed as a synthesis of the previous chapters that make up this thesis. It proceeds to discuss the implications of the findings and offers recommendations for future research as well as the limitations of this project.

14.2 Overview of Thesis Aims

This thesis' overarching research aim was to explore the cultural responsiveness of psychologists and psychology higher education training to work towards promoting SEWB when working with Aboriginal and Torres Strait Islander clients. This thesis has provided a comprehensive review of the literature pertinent to the research questions and aims addressed. Specifically, Study 1 (Chapter 6) was conducted to address the aim of systematically reviewing, critically appraising and summarising the past literature exploring associations between the SDoH and Aboriginal and Torres Strait Islander people experiencing psychological distress. This review highlighted the disparities in mental health and SEWB that Aboriginal and Torres Strait Islander peoples compared to the broader Australian population due to the systematic disenfranchisement. Additionally revealing that social support is a crucial factor associated with promoting our SEWB. Furthermore, the review underscored the diversity of research methodologies and the unique, varied experiences of Aboriginal and Torres Strait Islander communities.

The mental health disparities experienced by Aboriginal and Torres Strait Islander peoples coupled with our unique associations to the SDoH collectively suggested that colonial roots of the psychology discipline have impacted the current psychology workforce and has not equipped them to work in culturally responsive ways with Aboriginal and Torres Strait Islander peoples to

enhance our SEWB. Therefore, these insights formed the foundation for the subsequent methodological approach undertaken to explore these issues in depth. This contribute to the development of Study 2's aim which was to explore psychologists' experiences working culturally responsively with Aboriginal and Torres Strait Islander clients.

The findings from empirical study 2 (Chapter 12) provided insights into successful, unsuccessful, and challenges reported by psychologists when they have tried to work culturally responsively in clinical practice with Aboriginal and Torres Strait Islander clients. These findings made a significant practical contribution to the small body of literature that is currently available guiding non-Indigenous psychologists towards more culturally responsive psychological practice. Aboriginal psychologists' voices were privileged throughout this study to respect our embodied Blak knowing and aligning with Indigenous research principles (Chapter 1).

A common difference that emerged in the findings between the Aboriginal and non-Indigenous psychologists was the commonly reoccurring theme of 'lack of knowledge' reported by the non-Indigenous psychologists. This finding was reinforced by an addition findings of the majority of participants (97.3%) reported that they change their practice when working with Aboriginal and Torres Strait Islander clients, however over half of the non-Indigenous participants (64%) reported they were unsure of how to work in a culturally responsive way with Aboriginal and Torres Strait Islander clients. These findings, while disappointing, were unsurprising and emphasised the need to further improve psychology higher education courses to ensure psychologists can work in a knowledgeable and cultural safe way with Aboriginal clients

The third and final study of this thesis contained two aims, firstly to explore psychologists' perspectives about the psychology higher education curriculum in relation to

preparedness to practice with Aboriginal and Torres Strait Islander clients. This aim was explored to help define the problem in psychology higher education and reinforce the already dense body of literature calling for change in the higher education sector, and also within the less research areas of psychology courses specifically. In an effort to provide practical suggestions or for psychologists, the second aim, was to understand psychologists' suggestions toward improving the current psychology higher education training. This was done with the hopes of aiding psychology educators working in higher education with ideas and recommendations of ways in which they can start to make incremental changes within their subjects, to contribute to overall systemic change.

The thesis has provided evidence as to how the historically Westernised conceptualisation of psychology and its practices can be altered to consider the different needs of the Aboriginal and Torres Strait Islander communities to improve our SEWB. Through achieving the aims, has contributed substantially to the current scientific understanding of improving cultural responsiveness of the current and future psychology work force through skill and knowledge development.

14.3 Summary of Findings

This section presents a summary of the findings from all three empirical papers. The findings from each study are discussed individually, offering a focused analysis of specific variables and populations explored in this thesis. Following this, there will be a collective synthesis of findings across all three empirical studies provided in this thesis. Through this sequential presentation, the thesis offers a comprehensive view that respects the diversity of experiences while contributing to a cohesive understanding of the broader factors impacting Aboriginal and Torres Strait Islander people's mental health and SEWB.

14.3.1 Study 1

Overall, the review investigated 25 papers that met the inclusion criteria. Of those 25, the critical appraisal methods employed revealed differing levels of quality within the papers. According to the QAT, four papers were considered to be of high cultural quality, 17 medium and four were considered low cultural quality. On the CASP Qualitative checklist, all four papers were considered high scientific quality. On the CASP Cohort checklist, 18 papers were high quality and two were ranked medium quality. While the one mixed methods paper was of high quality also. The results from the cultural and western scientific quality appraisal tools were mapped on a timeline explore trends. An increase in the quality of cultural protocols of the published papers illustrated an increase as time progressed. Whereas the quality appraisal scores resulting from the CASP checklists depict no change overtime.

This chapter reviewed the literature relevant to the thesis, specifically examining research on the links between SDoH and psychological distress among Aboriginal and Torres Strait Islander peoples. Study 1 highlighted the disproportionate burden of mental health challenges faced by these communities compared to the broader Australian population, alongside the diverse methodological approaches used to investigate these issues. This review underscored the complexity and variability in the lived experiences of Aboriginal and Torres Strait Islander peoples, affirming the need for psychologists to develop culturally responsive practices to more effectively support their mental health and wellbeing. When summarising the impact of SDoH when they were grouped by outcome, higher levels of income, education, employment, social support, and community safety were generally associated with improved wellbeing among Aboriginal and Torres Strait Islander peoples. In contrast, factors such as housing overcrowding and limited social support are linked with poorer mental health outcomes. Depression emerged as the most frequently examined mental health outcome, while education and social support were

the most commonly reported SDoH, each explored in 13 studies. Community safety, however, received the least attention among the determinants. Certain outcomes, including Post-Traumatic Stress Disorder, depression and stress, psychological distress, risk of self-harm, and suicide ideation and attempts, were each addressed in only one study, which limited the analysis of trends across these specific variables.

When exploring the impact of SDoH when grouped by participant characteristics (e.g., pregnant women or new mothers, adolescents, incarcerated populations and chronic disease), social support showed a strong, positive association with wellbeing over time for all groups. Within the pregnant or new mother cohort, employment was also positively associated with wellbeing in two out of the five studies. While in adolescent populations, additional determinants like income, education, food security, and reduced housing crowding were also associated alongside social support with improved wellbeing. However, employment was reported as negatively associated with wellbeing in this adolescent group. Among the incarcerated populations, social support was the most frequently mentioned determinant (n=3), although Heffernan et al. (2015) uniquely reported a negative association between social support and wellbeing within. For Indigenous individuals with chronic diseases, findings were inconsistent across the two studies which highlights an area for additional research to take place.

Additionally, findings were explored and varied according to geographical location. While no state-specific trends emerged, studies were predominantly focused on populations within Western Australia (n=5), followed by Victoria and Queensland (n=4 each), followed by Northern Territory and New South Wales (n=3 each), then South Australia (n=1). No studies individually explored Australian Capital Territory or Tasmanian populations which could indicate an area for future research. Regional distinctions were observed, with studies on

populations outside of capital cities generally demonstrating positive associations between wellbeing and higher levels of income, education, social support, and community safety. Conversely, while capital city findings aligned similarly, the limited number of studies (n=3) made it difficult to identify clear trends.

When taken together, this paper underscores unique variations in wellbeing determinants across distinct Aboriginal and Torres Strait Islander groups, revealing complex, sometimes contradictory trends. This review therefore adds an additional layer of specificity to the understanding of SDoH and how they impact Aboriginal and Torres Strait Islander SEWB in sub-populations across Australia. Further it identifies current gap for future research to address.

14.3.2 Study 2

Empirical study 2 (Chapter 12) undertook a multifaceted approach to explore the experiences in relation to culturally responsiveness of the current psychological workforce. Firstly, participants were asked how their clinic or organisation identifies clients who are Aboriginal or Torres Strait Islander. Content analysis revealed six themes, with the majority of participants (36.6%) indicated that clients' identities are recorded through intake or administrative forms; while 20.8% reported they rely on clients to self-report their identity during sessions. Moreover, 15.8% reported that identity information is gathered during the initial assessment process and 13.9% rely on information from referrals or existing client files, often sourced from systems like justice or hospital records. A smaller proportion (6.9%) either do not collect this information or are unsure of their organisation's practices while, 5.9% (primarily Aboriginal participants) noted that clients seek out their services due to their identity or community connections.

To explore psychologists' views on the necessity of adjusting their practice for Aboriginal and Torres Strait Islander clients, participants were asked if they believed such adjustments were essential. Findings reveal that 97.3% of participants (including 100% of Aboriginal participants) agreed while 2.7% ($n = 3$) disagreed. Despite the census from participants acknowledging the need to work differently with Aboriginal and Torres Strait Islander clients, 64% of non-Indigenous participants expressed a deficit in their cultural responsiveness to deliver effective therapy. When asked about challenges they had experiences, all Aboriginal participants identified systematic and organisational barriers as primary challenges, while 40% mentioned Complex Presentations. Whereas non-Indigenous participants similarly noted Complex Presentations (52.5%) and Systemic Barriers (54%) as significant obstacles. Unique to non-Indigenous psychologists were the themes of Under-Resourced (29%) and Lack of Knowledge (25.5%).

Participants were asked about practices they found effective when working with Aboriginal and Torres Strait Islander clients. Aboriginal psychologists highlighted four main themes (Shared Knowledge, Indigenous Worldviews, Community Focused, and Therapeutic Processes), and emphasised the need for a community-centered approach more so than their non-Indigenous counterparts. Non-Indigenous psychologists returned five themes (Personal Characteristics, Interventions and Approaches, Therapeutic Processes, and Knowledge and Cultural Considerations). The Therapeutic Processes theme was shared across both groups, with both endorsing adjustments like deep listening, narrative therapy, self-determination, trauma-informed care, holistic and strengths-based approaches, while moving more slowly in sessions, and the need to minimise diagnostic labels. Differences emerged between groups with non-Indigenous psychologists emphasising traits like empathy and curiosity.

To examine the differences in practice experiences between groups, participants were also asked to identify practices they found unsuccessful when working with Aboriginal and Torres Strait Islander clients. The results illustrated from an Aboriginal psychologists' perspective three main themes were important, Therapeutic Processes, Interventions and Approaches, and Systematic or Organisational Barriers, while 26.5% reporting no unsuccessful practices. Meanwhile, non-Indigenous psychologists identified the same three theme as Aboriginal psychologists, with the addition of a fourth main theme, Identity, while 17.5% participated expressed uncertainty in answering the question or stated they had not found any practices to be unsuccessful.

14.3.3 Study 3

Empirical study 3 (Chapter 13), leveraged the same methodology as the second empirical study reporting on cultural responsiveness within psychology higher education courses. Due to methodological limitations, this study only included non-Indigenous psychologists' experiences and suggestions within this context. Participants were asked about their preparedness to work with Aboriginal and Torres Strait Islander clients based on their tertiary education. The majority (91.43%) of participants reported that their higher education training was inadequate in this regard. Qualitative responses revealed that most participants indicated they received minimal cultural training, with some even describing the attempts at cultural education as 'offensive'.

When exploring the apprehensions of non-Indigenous psychologists (group 3) about working with Aboriginal and Torres Strait Islander clients for the first time, 87.5% expressed worries. These apprehensions reportedly stemmed from a limited understanding of cultural differences and a fear of causing unintentional harm. Participants voiced worries about their lack of experience and training, the potential difficulty in building rapport, and the risk of

perpetuating historical wrongdoings. On the back of this finding, participants unsurprisingly expressed a strong desire for more information and guidance. They identified four key suggestions to help address the current gap in psychology higher education courses which included exposure to Aboriginal and Torres Strait Islander peoples with lived experiences, more education incorporated into curriculum, practical exercises applying Indigenous frameworks, and adapted intervention guidelines. This desire for further education underscores the participants' recognition of their current limitations and their commitment to improving their practice. The majority of participants (90.5%) reported they planned to increase their cultural knowledge through various means, such as supervision, workshops, participating in Indigenous-focused activities, learning from Indigenous peers or clients, and exploring academic research. Additionally, participants also had numerous cultural questions, ranging from preferred terminology to practical aspects of adapting psychological interventions.

Content analysis revealed a theme of biases acknowledged by participants in their responses, as well as conveyed as an undertone of responses. While some participants were aware of the need to be conscious of their biases when working with Aboriginal and Torres Strait Islander clients and named this in their responses. The study also identified instances of implicit and explicit biases. One participant minimised the importance of Aboriginal identity and expressed a preference for focusing on skills that benefit all clients, rather than those specific to a minority group. This participant's responses were marked by sarcasm, repetition of the small percentage of the population that Aboriginal and Torres Strait Islander people represent, and negative connotations. Implicit biases were more commonly displayed, with some participants generalising and stereotyping Aboriginal and Torres Strait Islander peoples and communities, applying a deficit-based lens to the cultural group as a whole.

Applying an Indigenous lens to the participants' responses also revealed several attitudes and behaviors (deficit discourse, referral of clients, and cultural comparisons) that could negatively impact the SEWB of Aboriginal and Torres Strait Islander clients. Many participants framed their responses around a deficit discourse, emphasising intergenerational trauma and disability within Aboriginal communities. This framing often compared Aboriginal and Torres Strait Islander people's experiences to Western norms, implicitly positioning the latter as the standard. A recurring theme was the suggestion by participants to refer Aboriginal and Torres Strait Islander clients to other practitioners. This tendency to refer clients rather than directly addressing their needs reinforces their lack of confidence and preparedness among psychologists to work with Aboriginal and Torres Strait Islander clients.

14.3.4 Collective Study Findings

When taken together, the findings highlight several factors that are currently contributing to reducing Aboriginal and Torres Strait Islander peoples SEWB. These factors include the inequitable impact of the SDoH. As well as the Western systems and practices entrenched in the discipline of psychology and the services that deny our ways of knowing being and doing, while ignore our Indigenous conceptualisation of mental health and wellbeing. Which results in the psychology workforce holding biases about us and our cultural as well as being unprepared and unable to work in a culturally responsive way with Aboriginal and Torres Strait Islander clients. Collectively, these findings provide insights into the maintenance of the cycles of disadvantage that disproportionality impact Aboriginal and Torres Strait Islander peoples.

The findings also display a strong recognition within the psychology profession of the importance of culturally responsive practice with Aboriginal and Torres Strait Islander clients to support our SEWB. In addition to a desire expressed by participants to be better prepared during

psychology their training to be culturally responsive with their practice to work safely with Aboriginal and Torres Strait Islander clients. While this lack of effective higher education psychology training is concerning, addressing these issues goes beyond hiring an Indigenous academic to conduct all of the guest lectures, or a tokenistic 'cultural considerations' lecture in week 12, but require the capacity building of psychology higher education lectures.

The current findings in this thesis consistently highlights the urgent need for reform in healthcare systems as well as psychology university training programs, clinics, and organisations. While the findings revealed that the current psychology workforce should engage with professional development, cultural supervision, and critical reflection outside of the Westernised lens to improve their cultural responsiveness and support Aboriginal and Torres Strait Islander clients SEWB. Higher education psychology teachers have emerged as the key component to effectively increase the cultural responsiveness of the future psychology workforce. However, to support the higher education psychology teachers to meet their collective responsibilities, they need to be provided access to opportunities where they can safely and meaningfully engage with upskilling, as well as be adequately supported and funded to redevelop the psychology curriculum and create safe spaces in classroom for students.

14.4 The Findings in Context of the Prior Research

This thesis' overarching research goal was to explore methods to enhance culturally responsiveness of psychologists and psychology higher education to promote SEWB when working with Aboriginal and Torres Strait Islander clients. The literature review undertaking in the introduction chapters felt necessary to provide insights into some of the that experiences that shape the worldview of Aboriginal and Torres Strait Islander peoples. Furthermore, it may also be useful as a learning tool within the psychology discipline to contextual our experiences that

are too commonly reported as deficits, as opposed to being recognised as the strength and healing that Aboriginal and Torres Strait Islander culture is.

Some of the findings from this in thesis reiterated the inequitable impact of the SDoH on Aboriginal and Torres Strait Islander peoples. It was discussed throughout this thesis that our conceptualisation of health and wellbeing which encompasses mental health, is more commonly referred to as SEWB and is holistic, including physical, spiritual, social, cultural, and ecological components (Gee et al., 2014; Gee, 2016). This perspective of SEWB held by many Aboriginal peoples coupled with our non-Western cultural values (e.g., collectivism in Section 7.3.1; belonging in Section 7.3.3; and relationality in Section 7.3.4) and perspectives make it challenging for us to remain strong and access the colonial healthcare or education systems.

Recently the Australian Human Rights Commission in collaboration with First Nations Consultations (2024) have engaged with members of Aboriginal and Torres Strait Islander communities to explore these systemic barriers. Their key objectives including identifying communities' issues and concerns, to gather recommendations to inform policy and practices, and ensure our voices are heard in the matters that impact us (First Nations Consultations, 2024). Unsurprisingly the key findings included the identification of systemic racism (Section 4.4.2) as a theme linked to causing adverse impacts upon our SEWB (First Nations Consultations, 2024).

Accountability was highlighted as a significant concern by the Aboriginal and Torres Strait Islander communities during consultations, as the past accountability mechanism to address aspects like racism, have been wildly inadequate (First Nations Consultations, 2024).

Accountability is a key mechanism of IAHA's Cultural Responsiveness Capability Framework (IAHA, 2019), which adds further supports for the need to build cultural responsiveness in all of our workforces. More specifically, the domain of IAHA's cultural responsiveness framework is

titled ‘accountability and responsibility’ (IAHA, 2019). This also overlaps with key findings and recommendations in this thesis.

The findings from empirical paper’s 2 in Chapter 12 highlighted that 97.3% of the participants reported that there is a need to adapt their psychology practice when working with Aboriginal and Torres Strait Islander peoples. However, 64% of the non-Indigenous participants reported they were unsure of they had enough cultural awareness to competently work with mob. Moreover, 50% of the same cohort reported feeling unsure if they knew enough about our culture to provide competent psychological therapy to an Aboriginal or Torres Strait Islander client.

These findings alone raise red flag for discipline of psychology, however, when coupled with the findings from empirical paper 3 (Chapter 13) the urgency for reform grows. Empirical paper 3 presented in Chapter 13 explored psychologists experiences of their higher education psychology training. Unsurprisingly, 91.43% reported that their psychology higher education training did not adequately prepare them to work with Aboriginal and Torres Strait Islander clients. Moreover, 87.5% of non-Indigenous psychologists who had not yet worked with Aboriginal and Torres Strait Islander clients held apprehensions about working with us for the first time. Both psychologists who had and had not worked with Aboriginal and Torres Strait Islander clients acknowledged their lack of cultural knowledge or understanding to be a perceived barrier to providing services. Collectively these findings alongside similar literature suggest that the current psychology workforce is not currently working in a culturally responsive way.

Given the findings, empirical paper 1 and 2 in Chapters 12 and 13 both advocate for their respective target audiences (psychologists in Chapter 12, and psychology educators in Chapter 13) to recognise their responsibility within their respective roles and rise to meet this

responsibility. Whether it be through seeking additional professional development or taking the additional time to incorporate more information into their education materials, the findings are clear. More works accountability and responsibility need to be taken by psychologists and educators to embed cultural responsiveness into their practice with and education about Aboriginal and Torres Strait Islander peoples.

It is clear from the thesis findings and broader literature discussed throughout this thesis, that one cannot research within an Indigenous context without researching within a systemic one. Systemic issues were continually highlighted through the literature review chapters, and the publications findings and they also align impact wholistically our social, political and historical determinants space in the SEWB framework (Chapter 8; Gee et al., 2014). Healthcare issues (Section 8.6), educational issues (Section 3.3.1), psychology discipline issues (Section 2.3), policy issues (Section 5.3.3), cultural disruptions issues on identity (Section 4.3), racism and discrimination issues (Section 4.4) are all discussed in depth and attributed to overall systemic violence and institutionalised racism. This is a very important point to highlight, and if the readers of this thesis, take only one thing away, let it be this next sentence. Contrary to popular belief reinforced by white research conducted on mob and common media misrepresentations, Aboriginal and Torres Strait Islander cultures are precious, they operate as a protective factor for most of us that increases our SEWB and enables healing (Section 9.3, Dudgeon & Bray, 2021; Dudgeon & Kelly, 2012; Dudgeon & Schultz, 2013; Gee et al., 2014).

To promote Aboriginal and Torres Strait Islander SEWB, the psychology discipline needs to do better. The APS made a start by recognising their faults and committing to do better. However, the limited progress that is being made (Smith, 2024) it is not funneling down to our front-line psychologist and health workforce. It seems not even a change to psychology APAC

accreditation standards (Section 3.4.3.2) can overcome the systemic barriers that are continually perpetuated through the colonial narrative and reinforced daily through systems. Through the continued denial of our knowing and the framing of being ‘the other’ in comparison to the ‘norm’ by educational institutions contributes to the development of all students’ biases (Pate, 2020). Then shows up in all areas that human beings operate, including the psychology workforce as evidenced by the findings from this thesis. This includes Aboriginal and Torres Strait Islander students who begin are continually exposed to the racist representations of ourselves, often internalising them (Section 4.4.1) which creates lasting SEWB impacts. Therefore, the education system as whole, from early childhood through to higher education, needs significant reform.

To psychology higher education more specifically, the need for curriculum reform (Section 3.4), and capacity building of educators (Section 3.4.2) is clear from the research findings and the body of literature. While psychology accreditation standards (Section 3.4.3.2) are changing, First Nations cultures are being recommended to be central to university reform (Section 3.4.3.1), and more Indigenous psychologist are graduating and enter the workforce (AHPRA, 2023). Further curriculum reforms are needed with by a larger proportion of psychology higher education teachers to consider. Some of the findings in Chapter 13 offer suggestions from psychologists for higher education teachers to consider. However, providing psychology educators with Indigenous knowledges and perspectives is only one piece of the puzzle. Educators fears towards incorporating Indigenous knowledges and perspectives need to be addressed to create widespread change.

Thankfully, the proactive attitudes participants displayed in empirical study 2 and 3 towards upskilling and willingness to take steps toward improve their cultural responsiveness is a

positive sign. Many resources currently exist in this space to help psychologists to become more effective and culturally responsive practitioners. Therefore, if this proactivity, and willingness was genuine, actioning it should be quite achievable for the current psychology workforce. This will ultimately lead to better outcomes for Aboriginal and Torres Strait Islander clients, as we move towards fostering trust and improving therapeutic relationships.

The need to expand the Aboriginal and Torres Strait Islander psychology workforce has been discussed (Section 9.7.3). This sentiment was further supported by some of the findings in empirical paper 2 (Chapter 12) when we explored the how psychologists identify their Aboriginal and Torres Strait Islander clients. The diversity of responses suggests the need for a standardised way informed by Aboriginal and Torres Strait Islander peoples to ensure best practice. Another interesting aspect of this finding revealed Aboriginal psychologist services are being targeted by Aboriginal and Torres Strait Islander clients, specifically seeking them out due to their identify, and or community connections. This further reinforces the importance of connection to culture and community that are domains within the SEWB framework (Gee et al., 2014; Chapter 8). It also offers support to the need to expand the Aboriginal and Torres Strait Islander workforce to create more safe space for mob to enhance their SEWB. This needs to be done concurrently, as higher education psychology educators are upskilled to feel comfortable building the cultural responsiveness of the future psychology workforce through incorporating Aboriginal and Torres Strait Islander ways of knowing, being, and doing safely into the curriculums and classrooms.

14.5 Implications, and Future Directions

The findings carry significant implications for psychology services and higher education psychology training, particularly in improving culturally responsive practices when working with

Aboriginal and Torres Strait Islander clients towards enhancing SEWB. Moreover, implications also exist for research which will lead to the discussion about directions for future research.

14.5.1 Clinical Implications and Future Directions

The findings from this research highlight several critical implications for clinical psychology practice with Aboriginal and Torres Strait Islander clients. Firstly, there is a pressing need for all psychologists to adopt culturally responsive practices. The thesis highlights several models that may be helpful to guide current clinicians towards developing their cultural responsiveness to support Aboriginal and Torres Strait Islanders SEWB. Moreover, the models presented in this thesis can also aid current psychology educators to develop a deeper understanding of cultural responsiveness, upskill in the practices, and then translate them onto the future psychology cohorts that pass through their classrooms.

Our client's identity is and should be considered essential to providing culturally responsive practices as it informs aspects of practice such as tailoring psychological interventions, providing evidence-based practices, and taking a person-centered approach which was positively reinforced by participants in study 2 (Chapter 12). Therefore, the findings underscore the importance of understanding your client's background. However, the influences of identity on psychological treatment outcomes, is yet to be explored in great depth. Furthermore, there is limited research that exists aligning with best practice principles guiding the collection of Aboriginal and Torres Strait Islanders identity information. Therefore, these could be areas for future research.

The gap in the psychology workforce skills, emphasise the necessity for more comprehensive training. The overall theme of biases that emerged in the qualitative responses from psychologists was of concern. Addressing both implicit and explicit biases is crucial for

developing culturally responsive practitioners (Waxman, 2021). It is a psychologist's duty to engage in continuous professional development to maintain their registration with AHPRA. AHPRA should seize this as an opportunity to create compulsory cultural responsiveness professional development requirements for non-Indigenous psychologists to meet their registration requirements. The need to prove professional development has been undertaken in cultural responsiveness within an Aboriginal and Torres Strait Islander context will increase the capabilities of the psychological workforce. By doing so, psychologists can more safely support Aboriginal and Torres Strait Islander clients.

The findings highlight the need for a shift in how psychologists are trained to work with Aboriginal and Torres Strait Islander clients. The prevalence of deficit discourse and the tendency to refer clients taken together with the majority of participants reporting that their higher education training was inadequate in teaching them to work with Aboriginal and Torres Strait Islander clients (Study 3, Chapter 13) the messaging becomes clear. This highlights a critical gap in the current educational framework for psychologists, as well as may suggest a gap in the current psychology workforces' capabilities. To address these issues, training programs should incorporate a strengths-based approach that recognises the resilience and strengths of Aboriginal and Torres Strait Islander communities.

A very strong finding from the studies highlighted the uncertainty of psychologists, and the good intent to want to not subconsciously and unknowingly perpetuate further harm. Since cultural responsiveness is underpinned by reflexiveness, and critical self-awareness, future psychologists need to be explicitly taught these skills. AHPRA (2024) have recently updated the professional competencies for psychology general registration for the first time since 2010. The new competencies are due to come into effect December 1st 2025 and the main changes are to

competencies seven, and eight, as well as the introduction of competency three (AHPRA, 2024). The changes to competency three includes a greater emphasis on professional reflection and reflexivity, purposeful and deliberate practice and self-care to enhance practitioners professional, safe and sustainable practices (AHPRA, 2024). Competency seven has been adapted to better address the diversity in the Australian community, requiring psychologists to work respectfully with the diverse clients, and colleagues (AHPRA, 2024). Finally, competency eight emphasises the culturally safe care of Aboriginal and Torres Strait Islander Peoples, families and communities (AHPRA, 2024).

To ensure the higher education graduates are equally prepared to work with Aboriginal and Torres Strait Islander clients, APAC (Section 3.4.3.2) should deeply consider the changes made during the next review of the psychology accreditation standards. The next APAC review is due in 2026, and to retain consistencies across psychology registration pathways, APAC is required to map the standards onto AHPRA's (2024) updated professional competencies. On the surface, the changes to AHPRA (2024) competencies may indicate that psychologists of the future will develop a deeper awareness of cultural safety and providing culturally responsive care to Aboriginal and Torres Strait Islander clients in clinical settings. However, without the upskilling of psychology educators, any new accreditation standards could be only lightly engaged with, or worse create an unsafe classroom environment for Aboriginal and Torres Strait Islander students.

14.5.2 Research Implications and Future Directions

The findings from the first study really highlight the diversity in findings between SDoH, and how they are associated with Aboriginal and Torres Strait Islander people's experiences of psychological distress. This diversity in other contexts may raise many questions from the

scientific community. However, within Aboriginal and Torres Strait Islander context, it is likely reflective of the diversity within our communities, as well as the differing levels of impact external factors have had on us, our ancestors, and our communities, culture, customs, and traditions. Therefore, future research within this context should deeply consider their research questions and the availability of empirical literature to guide their review, opting for a localised place-based approach where possible.

The review also emphasised the disproportionate impact that SDoH have on Aboriginal and Torres Strait Islander wellbeing. To address these completely systems and policy reforms would need to be significant, compare to the incremental advancements or regressions that we are current seeing within the Australia Government (Chapter 5). However, in the meantime advocating for increased funding to access community governed and led services and programs will increase our social support and connection to community that is so strongly associated with our SEWB. Future research should continue to prioritise culturally responsive practices and support structures to bridge the mental health gap and enhance social support for Aboriginal and Torres Strait Islander peoples.

While studies 2 and 3 center Indigenous perspectives, it does not extensively differentiate between the implications for distinct cultural groups or identities within Indigenous communities (e.g. Aboriginal or Torres Strait Islander distinctions). This reflects both the limitations of the data and the methodological focus on psychological practice barriers and enablers rather than on identity-based analyses. The cultural identity distinction-based implications of the study, particularly those relating to the diversity of Aboriginal and Torres Strait Islander identities and experiences, should be acknowledged as an area for deeper exploration through future research.

The gaps in psychology higher education training included a deficit in classroom safety for Aboriginal and Torres Strait Islander peoples, as well as gaps in educators' knowledge, and confidence. To make our classrooms safer, we must develop effective interventions, to do this, we need to first understand the impacts that racism is having on Aboriginal and Torres Strait Islander students' educational outcomes, and overall SEWB. This is an area for future research. Furthermore, psychology educators need to be supported to up skills in cultural responsiveness to improve their ability to manage racism within the classroom, as well as incorporate Indigenous knowledges and perspectives.

Without a structured program upskilling psychology higher education staff about cultural responsiveness that is guided by Aboriginal and Torres Strait Islander peoples in place, the psychology classrooms will continue to privilege Western biases, and be unsafe places for mob. This is an area for future research exploration. As I currently understand, the schools of psychology in each university, are responsible for actioning this. However, due to the diversity in university policies, regulations, funding, and staff experience levels among other factors, the upskilling of staff and incorporation of Indigenous knowledges and perspectives are being actioned at different rates, and levels, if at all. Therefore, a multi-institutional higher education research exploration into the enablers and barriers to action the above points would provide good insights. From here, the feasibility of a cultural responsiveness program for psychology higher educators across the country could be explored. This would standardise training and may collectively reduce educators' barriers and improve the experience of Aboriginal and Torres Strait Islander peoples within the classrooms.

Similar to the First Nations Consultations (2024) report, accountability mechanisms will need to be considered to improve both psychology higher education and practice, as currently

there are limited, if any in place. This can lead to educators resisting and ignoring their responsibilities to their student's development (See Chapter 13). Or psychologists continuing to refer Aboriginal and Torres Strait people on to other clinicians, often resulting with us getting lost in the system. Worst of all, for many psychologists they may continue to perpetuate harm through their unconscious biases, either way without accountability the likely results will include Aboriginal and Torres Strait Islander people experiencing racism at the hands of psychologists which is having serious implications for our SEWB (Bailey, 2020; Brinckley & Lovett, 2022; Gee et al., 2014; Moodie et al., 2019).

Future research should also explore the effectiveness of culturally adapted therapeutic approaches as the literature is very diverse and unclear about the current approaches (Chapter 12). The findings from study 2 (Chapter 12) could provide the foundation literature base to facilitate this exploration, privileging Aboriginal psychologists knowing as a priority. Furthermore, it would be beneficial to conduct longitudinal studies that examine the long-term impacts of culturally responsive practices on client wellbeing, given its relatively new introduction into the literature and higher education accreditation standards. Moreover, examining the experiences of Aboriginal and Torres Strait Islander clients within various organisational systems (e.g., justice, health) could help inform tailored approaches for different contexts. Future directions may also include developing policy frameworks that guide clinics in implementing culturally respectful identity practices and supporting further training initiatives to build a culturally competent workforce.

Finally, the voices of Aboriginal psychologists and community members should be prioritised in research agendas to ensure their perspectives inform the development of effective, culturally appropriate practices. Due to methodological limitation highlighted in empirical study

3 (Chapter 13), only non-Indigenous psychologists' experiences and suggestions were included to inform suggestions for psychological curriculum reform. This would usually be an area suggested for future research, however, I have already undertaken this research and am in the current process of analysing the data and developing the manuscript, which will contribute to filling this gap, as well as one in the broader literature.

14.6 Concluding Remarks

This thesis has been about a journey of listening, learning, and development both on a personal level for me, as well as at a discipline level for psychology. Prior to these studies, it was well documented that the discipline of psychology has been harmful in the practices and inadequate in the training of psychologist to work with Aboriginal and Torres Strait Islander peoples. To address this, cultural responsiveness has been recently introduced as a concept, as well as an APAC accreditation standard. Given this recent shift, little research has been undertaken on the cultural responsiveness of psychologists. Therefore, this thesis was guided by the goal of improving the cultural responsiveness within psychology to promote SEWB with Aboriginal and Torres Strait Islander people.

A multifaceted approach emerged as the necessary way forward, highlighting the need to upskill the current psychology workforce, and the psychology higher education teachers, so that they in turn will feel comfortable sharing their learnings with future psychologist during their higher education training. Participants experiences of successful, and unsuccessful practices were diverse, while the systemic barriers were continually highlighted to largely impact psychologists practice with Aboriginal and Torres Strait Islander SEWB. These systemic barriers included inequitable access to the SDoH and involved several systems such as healthcare, education, and justice. Moreover, while on the education system, psychologist reported that the higher education

system did not adequately prepare them to work with Aboriginal and Torres Strait Islander clients. This likely impacted the participants high reported levels of apprehensions they held about working with Aboriginal and Torres Strait Islander clients for the first time, as well as psychologists' capability to work safely with us.

Taken together, findings from the studies indicate that more need to be done to address the increased impacts and exposure to systemic barriers the Aboriginal and Torres Strait Islander peoples experience which negatively contributes to our SEWB. Specifically in psychology practice and education accountability measures need to be considered to ensure educators engage with change within the university, and psychologists upskill in cultural responsiveness. For educators to meaningful engage with facilitating change, they will need to be supported to upskill in cultural responsiveness and adequately resourced to incorporate Indigenous knowledges and perspectives into the subject's respective curriculum.

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Appendix i: Chapter Six Authorship Indication Form



Swinburne Research

Authorship Indication Form

For HDR students

NOTE

This Authorship Indication form is a statement detailing the percentage of the contribution of each author in each submitted/published 'paper'. This form must be signed by each co-author and the Principal Supervisor. This form must be added to the publication of your final thesis as an appendix. Please fill out a separate form for each published paper to be included in your thesis.

DECLARATION

We hereby declare our contribution to the publication of the 'paper' entitled:
The Associations Between the Social Determinants of Health and Psychological Distress Experienced by
Aboriginal and Torres Strait Islander Peoples: A Scoping Review

First Author

Name: Emily Darnett Signature: 

Percentage of contribution: 80 % Date: 13/12/2024

Brief description of contribution to the 'paper' and your central responsibilities/role on project:

Study conceptualisation and design, systematic search development, screening procedures, quality analysis of included studies, data extraction, data extraction and analysis, prepared manuscript, manuscript submission duties.

Second Author

Name: Mailee Harrison Signature: 

Percentage of contribution: 10 % Date: 18/12/2024

Brief description of your contribution to the 'paper':

secondary systematic screener, and quality analysis of included studies, reviewed manuscript.

Third Author

Name: Justin Tounson Signature: 

Percentage of contribution: 5 % Date: 18/12/2024

Brief description of your contribution to the 'paper': Assisted with conceptualisation and design.

Fourth Author

Name: Andrew Peters Signature: 

_ Percentage of contribution: 2.5 %

Date: 17 / 12 / 2024

Brief description of your contribution to the 'paper': Reviewed Manuscript

Fifth Author

Name: Monica Thielking Signature: Monica Thielking

Percentage of contribution: 2.5 %

Date: / 16 / 19 2024

Brief description of your contribution to the 'paper': Reviewed Manuscript, provided supervision

Principal Supervisor:

Name: Monica Thielking

Signature: Monica Thielking

Date: 16 / 12 / 2024

In the case of more than four authors please attach another sheet with the names, signatures and contribution of the authors.

Authorship Indication Form

Study conceptualisation and design, systematic search development, screening procedures, quality analysis of included studies, data extraction, data extraction and analysis, prepared manuscript, manuscript submission duties.

Appendix ii: Chapter Twelve Authorship Indication Form



Swinburne Research

Authorship Indication Form

For HDR students

NOTE

This Authorship Indication form is a statement detailing the percentage of the contribution of each author in each submitted/published 'paper'. This form must be signed by each co-author and the Principal Supervisor. This form must be added to the publication of your final thesis as an appendix. Please fill out a separate form for each published paper to be included in your thesis.

DECLARATION

We hereby declare our contribution to the publication of the 'paper' entitled:
Psychologists' Experiences Towards Culturally Responsive Practices to Strengthen Social and Emotional Wellbeing with Aboriginal and Torres Strait Islander Clients.

First Author

Name: Emily Darnett Signature: 

Percentage of contribution: 80 % Date: 1 / 3 / 12 / 2024

Brief description of contribution to the 'paper' and your central responsibilities/role on project:

Study conceptualisation and design, literature review, survey development, data collection and analysis, prepared manuscript and completed all manuscript submission duties

Second Author

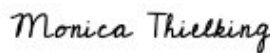
Name: Andrew Peters Signature: 

Percentage of contribution: 5 % Date: 17 / 12 / 2024

Brief description of your contribution to the 'paper':

provided input into study design and reviewed manuscript

Third Author

Name: Monica Thielking Signature: 

Percentage of contribution: 15 % Date: 16 / 12 / 2024

Brief description of your contribution to the 'paper':

Assisted study design and survey development, Reviewed manuscript

Fourth Author

Name: _____ Signature: _____

Percentage of contribution: ____% Date: __/__/____

Brief description of your contribution to the 'paper':

Principal Supervisor:

*Monica Thielking*Name: Monica Thielking Signature: _____

Date: __/12/2024

In the case of more than four authors please attach another sheet with the names, signatures and contribution of the authors.

Authorship Indication Form

Appendix iii: Chapter Thirteen Authorship Indication Form



Swinburne Research

Authorship Indication Form

For HDR students

NOTE

This Authorship Indication form is a statement detailing the percentage of the contribution of each author in each submitted/published 'paper'. This form must be signed by each co-author and the Principal Supervisor. This form must be added to the publication of your final thesis as an appendix. Please fill out a separate form for each published paper to be included in your thesis.

DECLARATION

We hereby declare our contribution to the publication of the 'paper' entitled:

Toward culturally responsive psychology higher education courses: Psychologists' perspectives on preparedness to work with Aboriginal and Torres Strait Islander clients

First Author

Name: Emily Darnett Signature: 

Percentage of contribution: 80 % Date: 13 / 12 / 2024

Brief description of contribution to the 'paper' and your central responsibilities/role on project:

Study conceptualisation and design, literature review, survey development, data collection and analysis, prepared manuscript and completed all manuscript submission duties

Second Author

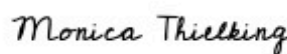
Name: Andrew Peters Signature: 

Percentage of contribution: 10 % Date: 17 / 12 / 2024

Brief description of your contribution to the 'paper':

provided input into study design and reviewed manuscript

Third Author

Name: Monica Thielking Signature: 

Percentage of contribution: 10 % Date: 16 / 12 / 2024

Brief description of your contribution to the 'paper':

Assisted study design and reviewed manuscript

Fourth Author

Name: _____ Signature: _____

Percentage of contribution: _____% Date: __/__/____

Brief description of your contribution to the 'paper':

Principal Supervisor:

Name: Monica Thielking _____ Signature: Monica ThielkingDate: 16/12/2024

In the case of more than four authors please attach another sheet with the names, signatures and contribution of the authors.

Authorship Indication Form

Appendix iv: Ethics Approval for Studies Two and Three

Swinburne University of Technology Human Research Ethics Committee

Approval certificate



08/04/2022

The ethics application for your project **Understanding Psychological Practice Adjustments for Working with Aboriginal and Torres Strait Islander Clients** has been approved.

Chief Investigator: Justin Trounson

Ref: 20225840-9611

Approved Duration: 08/04/2022 to 08/04/2023

I refer to the ethical review of the above project protocol by Swinburne's Human Research Ethics Committee (SUHREC) or its sub-committees.

I am pleased to advise that, as submitted to date, the project may proceed in line with standard on-going ethics clearance conditions outlined below.

- The approved duration is as shown above unless an extension request is subsequently approved.
- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the *National Statement on Ethical Conduct in Human Research (2018)* and with respect to secure data use, retention and disposal.
- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in Chief Investigator/Supervisor, and addition or removal of other personnel/students from the project, requires timely notification and SUHREC endorsement.
- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/clearance from SUHREC for approval. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.
- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project.
- A duly authorised external or internal audit of the project may be undertaken at any time.
- Please forward this approval certificate to relevant members of the project team.

This research project was approved during COVID-19 restrictions. The conduct of the research during this period should reflect any changes in relation to university and government COVID-19 mandates in the relevant jurisdictions. To ensure you have accommodated these mandates please refer to the Swinburne Ethics COVID-19 website [here](#).

The following investigators have been approved to work on the project:

Chief Investigator

Justin Trounson

Associate Investigators

Andrew Peters, Paul Rhodes

Student Investigators

Emily Darnett

Please contact the Swinburne [Research Ethics Office](#) if you have any queries.

Regards,

Dr Astrid Nordmann

on behalf of

Research Ethics Office

Swinburne University of Technology

P: +61 3 9214 3845 | E: resethics@swin.edu.au

Appendix v: Supplementary File

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1. Extension of Method Information

1.1 Group Allocation Method

If the participants identified as Aboriginal, they were allocated to group 1. If participants indicated they were non-Indigenous and currently or had previously worked in a psychological capacity with Aboriginal and Torres Strait Islander clients, they were allocated to group 2.

Participants who identified as non-Indigenous and indicated they had not engaged in work as a psychologist with Aboriginal and Torres Strait Islander clients were allocated to group 3. As group 3 participants did not have experience working with Aboriginal and Torres Strait Islander clients and could not contribute meaningfully to providing their perspectives in psychological practice, the questions asked of this group were altered to focus on their psychology higher education experiences.

1.2 Questionnaire

The questions posed to all participants included,

1. “During your tertiary education, do you feel you and your peers were provided with enough education to adequately adjust your psychological practice to work with Aboriginal and/or Torres Strait Islander clients? Please explain your answer.”

Questions posed to only groups 2 and 3 were done so to respect the Aboriginal participants knowing, these included,

1. “Do you have any specific cultural questions you would like answered in your formal or informal professional development regarding psychological practice with Aboriginal and/or Torres Strait Islander client/s?”
2. “Do you plan to increase your knowledge and understanding of Aboriginal and/or Torres Strait Islander culture? Please explain your answer.”

The additional questions posed only to participants allocated to group 3 included,

1. “Do you have any apprehension about working with Aboriginal and/or Torres Strait Islander clients for the first time? Please explain your answer”
2. “What information would you find useful to guide your psychological practice with Aboriginal and/or Torres Strait Islander clients?”

1.3 Data Collection

For a complete overview of the data collection process see Darnett and colleagues (2024). However, briefly, an anonymous Qualtrics electronic survey with both open and closed questions was distributed to collect qualitative and quantitative data from participants. The inclusion of open-ended responses allowed participants to elaborate on their numerical responses, and aligns with Indigenous research methods, and deepens the research teams understanding of participants’ perspectives, attitudes, and contexts. The quantitative results were exported to SPSS for analysis, while the open-ended responses were analysed using Microsoft word and excel programs.

1.4 Ethics

Ethics approval was granted by Swinburne University's Human Research Ethics Committee (ref: 20235840-14219). No Aboriginal ethics council was consulted during this process; however, the majority Aboriginal research team ensured careful oversight by drawing on their expertise. Further, the Swinburne ethics committee consulted Aboriginal and Torres Strait Islander experts when reviewing an ethics application aimed at conducting research within

an Aboriginal and Torres Strait Islander population, which provided another layer of cultural guidance.

2. Extension of Results Information

2.1 Participant Group Allocations

After group allocation took place, all 15 Aboriginal psychologists were placed in group 1 (Aboriginal Psychologists), 73 participants were allocated to group 2 (Non-Indigenous Psychologists with experience with Indigenous clients), and 20 participants were placed in group 3 (Non-Indigenous Psychologists, with no experience with Indigenous clients).

2.2 Participant Demographics

	Group 1 Aboriginal Psychologists (n = 15)		Group 2 Non-Indigenous Psychologists, with experience with Indigenous Clients (n = 73)		Group 3 Non-Indigenous Psychologist, with no experience with Indigenous clients (n = 20)		Total Sample (n=108)	
	n	%	n	%	n	%	n	%
Gender								
Female	13	86.7	59	81.9	17	85	89	83.2
Male	2	13.3	13	18.1	3	15	18	16.8
Missing	0		1		0		1	
Country of birth								
Australia	15	100	55	76.4	14	70	84	78.5
Overseas	0	0	17	23.6	6	30	23	21.5
Missing	0		1		0		1	
Main Language								
English	15	100	71	97.3	20	100	106	98.1
Other	0	0	2	2.7	0	0	2	1.9
Temporary Residency								
Yes	0	0	1	1.4	1	5	3	2.8
No	15	100	72	98.6	19	95	105	97.2
Primary Psychology Role								
Education								
Direct client services	1	6.7	7	9.6	5	25	13	12
Managerial	13	86.7	61	83.6	15	75	89	82.4
Not applicable	1	6.7	5	6.8	0	0	6	5.6
Secondary Psychology Role								
Education	0	0	0	0	0	0	0	0
Direct client services	5	33.3	18	24.7	8	40	31	28.7
Managerial	3	20	19	26	1	5	23	21.3
Not applicable	1	6.7	5	6.8	2	10	8	7.4
	6	40	31	42.5	9	45	46	42.6
Work across sectors								
Public	4	26.7	21	30	2	11.1	27	26.2
Private	7	46.7	20	28.6	5	27.8	32	31.1
Both	4	26.7	29	41.4	11	61.1	44	42.7
Missing	0		3		2		5	
States of Employment								
QLD	3	20	6	8.3	2	10.0	11	10.3
NSW	1	6.7	20	27.8	0	0	21	19.6
VIC	5	33.3	30	41.7	15	75.0	50	46.7
TAS	1	6.7	2	2.8	0	0	3	2.8
SA	0	0	1	1.4	0	0	1	0.9
ACT	0	0	1	1.4	2	10.0	3	2.8
WA	2	13.3	6	8.3	0	0	8	7.5
NT	1	6.7	2	2.8	0	0	3	2.8
Multiple states	2	13.3	4	5.6	1	5	7	6.5
Missing	0		1		0		1	
Geographical areas of work								
Metropolitan	7	46.7	50	68.5	18	90	75	69.4
Regional	2	13.3	6	8.2	1	5	9	8.3
Rural	1	6.7	3	4.1	0	0	4	3.7
Remote	0	0	3	4.1	0	0	3	2.8
Multiple	5	33.3	11	15.1	1	5	17	15.7
Registration or Endorsement type								
Provisional psychologist								
Registered psychologist	6	40	10	13.7	10	50	26	24.1
Clinical neuropsychology	2	13.3	28	38.4	3	15	33	30.6
Clinical psychology	0	0	10	13.7	0	0	10	9.3
Counselling psychology	7	46.7	18	24.7	6	30	31	28.7

Double endorsement	0	0	1	1.4	1	5	2	1.9
	0	0	6	8.2	0	0	6	5.6
Psychology training pathway								
Doctorate degree								
Master degree	3	20	20	27.8	10	52.6	33	311
5+1 Internship	9	60	31	43.1	7	36.8	47	44.3
4+2 Internship	0	0	4	5.6	1	5.3	5	4.7
Other	3	20	15	20.8	1	5.3	19	17.9
Missing	0	0	2	2.8	0	0	2	1.9
	0		1		0		2	

2.3 Qualitative Responses Exploring Participant Perspectives Toward Higher Education Preparedness to Work with Aboriginal and Torres Strait Islander Clients.

Responses by Groups	Examples Quotes
No: Group 1 Aboriginal Psychologists	- "Humility was not valued in the education. This is core to the work." - "Absolutely not. The so-called 'Cultural Awareness' 1-day workshop was traumatising as an Aboriginal person. I had my identity invalidated by 12 of the 13 other students who attended at the start of the course and the facilitators were not even Psychologists or knowledgeable about culturally competent practices within the clinical/therapeutic setting - so much that I complained to have the workshop ceased." - "I did my training a decade and a half ago. I receive a one hour lecture on Aboriginal people in 6 years of training. Zero training in cultural safety, zero training in culturally appropriate assessment, engagement, treatment, community care." - "We had one lecture on it, but it was not area specific and had few practical applications. Some elements of it were good though i.e., screening and considerations of racism etc." - "No, only 1–2-hour guest lectures in some subjects."
No: Group 2 Non-Indigenous Psychologists, with experience with Indigenous Clients	- "A free textbook was handed to me. There were no lectures or specific guidance, definitely nothing presented by an ATSI person." - "I had 1 lecture on working with Aboriginal and/or Torres Strait Islander clients." - "I don't recall specific training during my psychology course. I have received minimal training in my current roles and thus seek out training. A unit on culturally competent practice would have been beneficial." - "We had one 4-hour lecture by an Aboriginal woman, lack of follow through by universities on cultural diversity training overall." - "It was more tokenism than practical support or even development of cultural humility." - "We had cultural sensitivity training, but this did not actually teach us how to adjust clinical practice." - "There was some content, sparsely provided in different lectures across different subjects that often repeated the same information. However, there was some basic information about reconciliation and sewb framework etc. Some lecturers were less culturally appropriate, though some who had actually worked extensively with mob were great. None were mob though I recognise the burden it imposes if we want someone to present on their own culture. I think like many areas of psychology there wasn't enough about how to actually be with or work with aboriginal or torres strait islander clients - just some theory. When we live in a country where such inequality continues that we are on the human rights radar, we need more! And a space or place where we can ask questions." - "I don't recall specific training during my psychology course. I have received minimal training in my current roles and thus seek out training. A unit on culturally competent practice would have been beneficial." - "Not enough. We had one unit in our masters program. It was a start, but I would have appreciated my training in case formulation and intervention from a community and social systems approach." - "No. Theoretical information was provided but no firsthand experiences with working in remote areas was delivered. I feel that there is a misunderstanding by academics and researchers, unless you live and work in remote places you don't understand the gravity of the situations out here." - "We had one 4 hour lecture by an Aboriginal woman, lack of follow through by universities on cultural diversity training overall." - "It was more tokenism than practical support or even development of cultural humility." - "We had cultural sensitivity training but this did not actually teach us how to adjust clinical practice." - "No, based on the training I don't feel very confident in working with this population." - "I do not remember any part of my training looking at aboriginal experiences." - "Nothing was mentioned about cultural differences in psychology." - "No there was nothing. I have learnt on the job and self-education. It is a major gap in our education." - "Graduated in 1962 but taught to think critically and examine values." - "We had a two-day workshop that was offensive and highly inadequate. If I took at face value what I felt they were pushing, I would have believed I should never try to support Indigenous clients because we could never comprehend them sufficiently to have even the most fundamental understanding." - "Not mentioned at all in my course." - "I felt it was to at least some extent, dependent on a particular lecturer etc, including relevant info, tended to be "one-off" sessions/lectures etc, rather than more general integration into the curriculum etc." - "No training in education at all regarding anything regarding working with Aboriginal and or Torres Strait Islander clients." - "Absolutely not. We never went near the subject." - "I can't recall a single lecture let alone a course or placement dedicated to this. Profoundly inadequate." - "I did not receive any education. I learnt from working for an Aboriginal Health organisation in the NT." - "We did not get any specific information." - "I trained 20 years ago and it was very limited in the curriculum." - "Issues of cultural bias and a Cultural awareness component was included but how to appropriately adjust practice and communication etc was not." - "In the recent Master course I completed (2017-2020), while some acknowledgement was made to be 'culturally sensitive', no actual specific guidance was provided." - "Nil coursework only some brief acknowledgement." - "barely looked at indigenous needs unless it was a special area of interest." - "No a small amount of learning was dedicated to this (Lots of information with barely anything on how to put it into practise)."

	- "I have certainly seen an increase from when I did my undergraduate studies to my masters studies, but I still think greater education and practice as part of our training is needed." - "No. We had some training - about 3 days that included trauma informed practice with Aboriginal and Torres Strait Islander peoples. However I don't feel this was enough. I have sought more training outside of my Masters degree." - "Yes and no; I think that we received quite a bit of training in WA that ultimately focused on ensuring that we treat every client as an individual. I don't think there is enough resources / data available though to be able to put this into practice (e.g., lack of norms available for Aboriginal populations)." - "I was presented with one lecture on working with people from CALD backgrounds which included some information about Aboriginal and Torres Strait Islander people. This was presented by a non-indigenous person." - "One or two classes within the entire program mentioned the need to consider Aboriginal and/or Torres Strait Islander clients as well as other cultural or linguistically diverse clients but with little practical guidance on how."
Yes: Group 2 Non-Indigenous Psychologists, with experience with Indigenous Clients	- "Theoretically there were multiple classes across the undergraduate and postgraduate that offered useful information. However, sitting in the room with each new client is a different experience so I did not feel fully prepared in practice." - "We had lectures about working with this population and were always offered further training opportunities." - "Honest truth - most people will never actually need to know this because Aboriginal people make up 3% of Australia's population - i.e. they are not a majority of the workload." - "Cultural competence was a theoretical component of all subjects, providing an adequate foundation and appreciation of the need to provide culturally safe services. However, this can only be theoretical and broad. Clinicians then need to use this foundation to continually adjust their practice based on the local, specific clients they are working with." - "Not really. I feel like there was a lot of discussion of being aware of privilege (which is very important) but not a lot of really practical guidelines from there."
No: Group 3 Non-Indigenous Psychologist, with no experience with Indigenous clients	- "Sometimes seemed like an "add on" without the chance to delve deeply." - "I think tertiary education is time pressured and all areas are only touched on briefly, this is the responsibility of the individual to seek further education in this area." - "Provided with some but would benefit from learning to help better understand/become aware of the culture/s." - "We were not provided with any useful information for working with Indigenous patients." - "I don't feel the training was sufficient and I still don't feel confident to work with this demographic." - "There was no specific training for this client group. There was some general cultural awareness training but even this was minimal and not great." - "Undergrad only very briefly addressed cultural competence (two lectures over four years) and the post-grad is yet to dedicate any time, although I'm sure it will before we're don't." - "I remember they did have some education, though there was not much practical suggestions which came from the lecture/s. I found a PD given by the APS more helpful. Though maybe that was because I was actively working with clients at that point, so I could better see how to integrate the learnings into my clinical work." - "There wasn't much time spent on training to work with Aboriginal or Torres Strait Islander people. We were told about their concept of wellness and that was it." - "It was minimal, not even a whole subject." - "No education provided." - "There was no specific training for this client group. There was some general cultural awareness training but even this was minimal and not great." - "We had 1 lecture on it."
Yes: Group 3 Non-Indigenous Psychologist, with no experience with Indigenous clients	- "My university education consistently incorporated working with First Nation peoples throughout all classes. We were fortunate to have a lecturer psychologist who has worked in the Kimberley with Aboriginal young people." - "So far, after 6 months into the masters, we have already completed a two-day cultural immersion program learning about providing services to Aboriginal and/or Torres Strait Islander clients."

2.4 Additional Qualitative Responses Exploring Participants Desired Cultural Information

Themes (%)	Example Quotes
Lived Experience (28%)	- “A panel discussion involving First Nations people with a lived experience of social and emotional wellbeing concerns discussing their experiences engaging with services” (Participant 9, Group 3). - “lived experience perspectives.” (Participant 8, Group 3). - “Asking a Subject Matter Expert. Seeking another mental health professional (preferably one of Aboriginal or Torres Strait Island background) that I can seek support, ask questions to improve my practice.” (Participant 12, Group 3). - “More opportunities to hear from Aboriginal and/or Torres Strait Islander people about what they have found valuable and problematic in their mental healthcare experiences.” (Participant 28, Group 3). - “Speaking with lived experience clients would be very helpful to know what they found useful or what they disliked.” (Participant 63, Group 3).
Education (24%)	“I think it is important for everyone to have a better understanding of the specific impacts of the intergenerational trauma experienced by this population; I think most psych’s are aware this is a ‘thing’, though don’t actually understand what this looks like for the individual (e.g., fear and mistrust of accessing health care even if it is available, because of the risks faced when accessing these services in the past)” (Participant 11, Group 3) - “When it’s necessary to seek supervision from a psychologist who is experienced working with Aboriginal and/or Torres Strait Islander clients in order to ensure you are working within your competencies and working most effectively for that client. Also, I think it is important for everyone to have a better understanding of the specific impacts of the intergenerational trauma experienced by this population; I think most psych’s are aware this is a ‘thing’, though don’t actually understand what this looks like for the individual (e.g., fear and mistrust of accessing health care even if it is available, because of the risks faced when accessing these services in the past).” (Participant 14, Group 3) - “Learn more about the culture/s and how cultural norms and experiences may influence help seeking and therapeutic relationships/approaches.” (Participant 33, Group 3). - “What community structures can look like and the supports within the community.” (Participant 38, Group 3). - “Decolonisation training. Building awareness of implicit bias. Training in appropriate communication, measures & therapeutic approaches.” (Participant 70, Group 3). - “Useful language to use, but mostly the important foundations of cultural factors to consider when providing psychological services to Aboriginal and/or Torres Strait Islander clients.” (Participant 76, Group 3). - “general knowledge, not stereotyping (not everyone feels connected to Country) -e.g., how to work with young people vs older clients; clients living rural areas vs clients living in metropolitan areas; protocols.” (Participant 92, Group 3).
Practical Exercises (20%)	- “Building awareness of implicit bias. Training in appropriate communication, measures & therapeutic approaches” (Participant 65, Group 3) - “I would appreciate opportunities to consider how to apply models like the SEWB in practice and prompts that I might use to deepen my self-reflection to more thoroughly examine how my way of working may be able to be tailored to better support Aboriginal and/or Torres Strait Islander clients.” (Participant 28, Group 3)
Intervention Guidelines (28%)	- “Guidelines/recommendations about potentially useful adaptations” (Participant 33, Group 3). - “Whether or not approaches like CBT or EMDR are culturally appropriate. Or which modalities might be most culturally appropriate.” (Participant 44, Group 3). - “I’ve been to a few workshops on working with this group and it seems like there’s a lot that needs to be adapted in practice. Perhaps a bit of guide on where to start and different levels of competency that we can aim to achieve with this group.” (Participant 87, Group 3).

2.5 Additional Qualitative Responses Exploring Non-Indigenous Participants Responses Toward Develop their Cultural Knowledge

Main Themes	Example Quotes
Supervision	- "Continuing to seek supervision from ALOs" (Group 2) - "Continual supervision of practice" (Group 2) - "Peer supervision with Aboriginal and Torres Strait Islander peers" (Group 3)
Workshops or conferences	- "Will look into further professional development if/when I get a referral for indigenous client" (Group 3) - "Additional training in culturally appropriate assessments" (Group 3) - "Engage with online cultural training courses" (Group 2) - "I attended Lowitja conference" (Group 2) - "Always looking out for affordable training in this area." (Group 2) - "I've been doing some online training in Narrative Therapy recently. And there are often different research presentations about communication around so I go to those when they come up." (Group 2)
Learning from Indigenous peers or clients	- "Continue to listen to my Aboriginal and/or Torres Strait Islander clients and coworkers" (Group 2) - "In every encounter I have to learn something new" (Group 2) - "Being open to interaction in my "other" life." (Group 3) - "I seek out supervision from a local Indigenous psychologist" (Group 3) - "Informally via continuing to work with indigenous populations" (Group 2) - "I have an intern who works in this area and am learning from her" (Group 2) - "Ongoing discussions and consultation with Aboriginal peers and cultural liaison workers" (Group 2) - "Continuing to work in same remote communities for foreseeable future" (Group 3) - "I want to attend a workshop by an Aboriginal or Torres Strait Client" (Group 3) - "Through further remote work and learning from communities" (Group 2) - "More experience of working with and learning from this client group" (Group 3) - "Ongoing PD and peer supervision with Aboriginal & Torres Strait Islander peers." (Group 2) - "Through further remote work and learning from communities. I am also interested in growing the evidence base by completing my own research in the future." (Group 2) - "Culture mentorship." (Group 2) - "Yes - I want to attend a workshop by an Aboriginal or Torres Strait Client." (Group 2)
Participate in Indigenous focused activities	- "Ongoing involvement in Aboriginal cultural activities in my local area and in conjunction with my service" (Group 2) - "Engagement in cultural events at work such as Reconciliation week" (Group 2) - "Continue to participate in the Reconciliation Action Plan Working Group" (Group 3) - "No plan yet for how but hopefully some way to connect with actual mob on country." (Group 2)
Exploring research and grey literature	- "At this stage in my career my knowledge shift is coming more from reading research undertaken by Aboriginal Psychologists about Aboriginal consumers" (Group 2) - "Research of specific ideas" (Group 3) - "Academic research" (Group 2) - "By continuing to read relevant books, biographies, and movies" (Group 2)
Participants that responded 'no' or had no direct plans to increase their knowledge	- "I prefer to use my professional development time upskilling in things that can help ALL of my patients - not focusing on things that make a small difference to a very small minority." (Group 2) - "Don't overcomplicate things. If you ivory tower researchers want to make a buck for yourself you can write a thesis, but treating people like people is a basic skill." (Group 2) - "Hope I do but will not pursue that at the expense of working appropriately with whoever walks through my door." (Group 2) - "probably incidentally, not by attending any more workshops, etc, at this point as I already have enough to work on with my core business." (Group 2) - "I have completed some training on this as part of general orientation when starting my job as a psychologist. I do not plan to complete further professional development in this area unless I start working with such clients." - "I think I have enough." (Group 2) - "No, I have done substantial training already." (Group 2)

2.6 Additional Qualitative Responses Exploring Non-Indigenous Cultural Questions

Aligning with Paper	Example Quotes
Easily Addressed	“What language/terminology is preferred, and are there aspects of standard psychological practices that might be ill-fitting or mismatched to culture?” (Participant 8, Group 3). “How do these preferences differ between First Nations populations, noting that, for example, the Wurundjeri people are different from the Ngunnawal people.” (Participant 9, Group 3). “How do I treat an ATSI client differently from all clients? I am unsure if I need to do different things to be culturally aware when I feel I already do so for every client and don't discriminate positively or negatively based on culture.” (Participant 48, Group 2).
Specific questions about Indigenous psychology	“I think I have good training and understanding in history, experiences of Aboriginal and/or Torres Strait Islander clients, etc etc but very little training in practically, how to adapt practice to be more culturally safe (e.g., what do I actually do in the session).” (Participant 23 in Group 2) “How mainstream psychotherapeutic practices are best adapted to assist Aboriginal clients. How this can be taught. How such resources can be built.” (Participant 60 in Group 2). “How best to use/adapt psychological knowledge to best support them.” (Participant 37 in Group 3) “I would very much like a framework for neuropsychology to work with Aboriginal and Torres Strait Islander peoples.” (Participants 74, in Group 2). “Culturally appropriate neuropsychology assessment.” (Participants 81 in Group 2). “More information on the validity and utility of neuropsychology tests in this population would be helpful.” (Participant 108 in Group 2)
Culturally specific questions	“I would like to know more about cultural practices like men’s business and women’s business, etc. It’s like the practices are named but not explained.” (Participant 10 in Group 2) “More about things that actually show up in the room, like family structures and gender roles and ways to build or explore identity as an Aboriginal or Torres Strait Islander person. Ways of healing, ways to approach elders, culturally normative experiences that could be mistaken for mental ill-health.” (Participant 25 in Group 2). “I think I would like to be told clearly “this is how you ask someone about their dreaming/totem, cultural healing practices, etc.” (Participant 45 in Group 2).
Existential questions	“How can a ‘white person’ ever hope to be able to provide meaningful therapy when there is such a divide. It feels like appropriation to use words like ‘mob’ or try ‘yarn’. We are taught these words and even suggested that we try yarnning, but how do we do that in a way that is respectful rather than inappropriate?” (Participant 11 in Group 2). “When will universities stop pretending that Western psychology, and particularly psychiatry is, without significant change, appropriate for Aboriginal people?” (Participant 56 in Group 2).
Slightly outside of the scope	“How to combat racism from other clients?” (Participant 62 in Group 2). “How to show I’m different? I’d like to be able to make it clear that I’m a supporter and an ally, but I worry about touting myself because I know so many people say one thing but do another, and so many of my client’s experience that before they get to me.” (Participant 73 in Group 2). “Why perpetrators of (Domestic and Family Violence) DFV are often protected by the community and the survivor is often further abused for trying to leave.” (Participant 59 in Group 2). “Is your identification as an Aboriginal and/or Torres Strait Islander person part of the reason for your decision to seek psychological support? This would allow me to triage whether I am competent to work with them as I currently work, or whether I work with them and get an external supervisor more experienced in this area, or whether I refer them on to someone better suited” (Participant 14 in Group 3). “Many, but none specifically. This feels like a role that requires a large time commitment and could not be a transient role.” (Participant 63 in Group 3).

3. Key Recommendations

1. Australian psychology higher education training desperately needs to develop a plan to better prepare non-Indigenous psychology students to work with Aboriginal and Torres Strait Islander peoples. This should be addressed through a number of means including,
 - a. Employ Aboriginal and Torres Strait Islander peoples to sit within the school of psychology to support Indigenous psychology students and guide educators' learnings when possible.
 - b. Psychology educators cannot teach what they do not know; develop learning opportunities to enhance educators' cultural responsiveness through,
 - i. Fostering nourishing relationships with the local Aboriginal communities to enhance adequately reimbursed learning opportunities.
 - ii. Developing a dynamic learning process with psychology educators to minimise resistance behaviours.
 - iii. Providing opportunities for educators to develop critical self-reflection skills for greater insights into the biases that they hold, and inadvertently transfer to students.
 - iv. Being driven by student's desire to learn about Aboriginal and Torres Strait Islander mental health and wellbeing and be prepared to meet that desire.
 - v. Accessing the educational resources at your disposal (e.g. AIPEP and IAHA resources)
 - c. Psychology educators need to use these learnings to redevelop the curriculum considering the following aspects.
 - i. Consider incorporating Indigenous knowledges, theories, frameworks, perspectives and methods.
 - ii. Removing deficit discourses, generalisations, and stereotyping of Aboriginal and Torres Strait Islander peoples
 - iii. Ensuring the development of student's critical self-reflection tools
 - iv. Develop students critical thinking skills to the application of psychology ethical guidelines and interventions
 - v. Introduce the universities terminology resources in the early stages of student's university careers
 - vi. Incorporating Aboriginal and Torres Strait Islander peoples lived experiences and stories
 - vii. Ensuring the processors of colonisation and Australian history, as well as the continuing impacts and outcomes this has had on Aboriginal and Torres Strait Islander peoples is a core element of first year psychology subjects.
 - viii. Privileging Indigenous voices, expanding beyond a guest lecture by an Indigenous persons and purely academic literature. Preferencing a continual process which can be facilitated through the recommended readings provided (e.g. books, poems, artwork, and songs).
 - ix. Incorporate more practical exercises, for students to actively engage with Aboriginal and Torres Strait Islander content and frameworks.
 - x. Take a strengths-based approach when working with and teaching about Aboriginal peoples by framing our culture as a protective factors and privileging healing over trauma.
 - xi. Educating about the diversity within the Aboriginal populations is necessary to understand there are no universal guidelines or instructions manuals that will be sufficient to work with all Aboriginal and Torres Strait Islander clients. Learning to work reflexively is key.
 - xii. Reframing the impact of a client's race to the impact of racism on clients to normalise it as a human experience, in turn working to reduce the apprehension students hold about working with Aboriginal and Torres Strait Islander clients.
 - xiii. Ensure students know how to find appropriate mental health assessments for all clients, and the process to engage with in the absence of a valid and reliable measure.
 - d. Schools of Psychology, and educators working within it may find it useful to develop their own accountability measures. This ensures progress towards anti-racist higher education psychology student experiences.
2. Current psychology students and graduates' psychologists need to recognise the gaps in their higher education training, and address these gaps to become culturally responsive, and reflexive psychologists.