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Social and Emotional Wellbeing: a Review

Pat Dudgeon [Bardi], Chontel Gibson [Gamilaraay], Roz Walker, Abigail Bray, Rama Agung-Igusti, Kate Derry, Paul Gray [Wiradjuri], Rob McPhee [Aboriginal], Stewart Sutherland [Wiradjuri], and Graham Gee [Aboriginal]

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About the artwork

Cover artwork by Jordan Lovegrove, Karko Creations

The artwork by Ngarrindjeri artist Jordan Lovegrove shows that health and mental health are interconnected and how our connection to Culture and Country is fundamental. The large meeting place in the centre shows the connection of health and mental health. The smaller meeting places represent First nations community, ACCOs, policy makers and academics working together with SEWB to promote a well-known Indigenous concept of wellness, acknowledging the influences of external factors such as social determinants, and history on Indigenous people's wellbeing.

LOWITJA INSTITUTE

THE UNIVERSITY OF WESTERN AUSTRALIA

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Abbreviations and acronyms

ACCHS	Aboriginal community controlled health services
ACCHO	Aboriginal community controlled health organisations
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
AIPA	Australian Indigenous Psychologists Association
AMS	Aboriginal Medical Services
APAR	Aboriginal Participatory Action Research
CoA	Commonwealth of Australia
CDoHAC	Commonwealth Department of Health and Aged Care
DPMC	Department of Prime Minister and Cabinet
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIHO	National Aboriginal and Islander Health Organisation
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NHMRC	National Health and Medical Research Council
QHRC	Queensland Human Rights Commission
SEWB	Social and emotional wellbeing
SEWB Framework	National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing
SHRG	Social Health Reference Group
TIMHWB	Transforming Indigenous Mental Health and Wellbeing
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WHO	World Health Organization

Executive summary

Social and emotional wellbeing (SEWB) is a concept that describes a whole-of-life, relational, harmonious worldview that has guided Aboriginal and Torres Strait Islander peoples and communities for millennia. The SEWB concept is embedded within and strengthens the broader holistic definition of Aboriginal and Torres Strait Islander health. Seminal work by Aboriginal psychologists (Gee [Aboriginal][1] et al. 2014) to develop a model of SEWB has been influential in consolidating understandings of SEWB, in that it has greatly shaped research, policy, and practice concerned with Aboriginal and Torres Strait Islander health and wellbeing. Since the development of the SEWB model and its inclusion in national policy frameworks, both empirical and grey literature on the theoretical and practical applications of SEWB have grown exponentially, expanding the existing evidence base and the depth of how SEWB is understood and operationalised across various contexts.

SEWB is now a committed priority in Closing the Gap policy reforms, due to the ongoing impact of colonisation, including the pervasiveness of health inequities experienced by Aboriginal and Torres Strait Islander peoples and communities and the failure of mainstream interventions to shift these and other inequities (Australian Government 2020). There is an urgent need to maintain the national policy commitment and strengthening the evidence base regarding Aboriginal and Torres Strait Islander understandings of SEWB. The rationale for that need is culturally responsive SEWB strategies, programs, services, and interventions that can be developed at regional, state, and national levels, along with appropriate monitoring and evaluation frameworks.

1 We have included authors' nation/Country/language group where known. For some authors, the terms Aboriginal and/or Torres Strait Islander were listed if this was the preference or if the author did not know their nation/Country/language group.

The purpose of this paper is to provide an overview of the expanded literature on SEWB, since the publication of the SEWB model in 2014, and to highlight efforts to develop and strengthen these shared understandings through the effective application of SEWB research and policies. The key aims of the paper are to:

1) utilise a narrative review approach to explore, validate, and further expand understandings of the SEWB model and other theoretical elements such as conceptions of selfhood, self-determination, and human rights, that contribute to healing, restoration, flourishing, and thriving, individually and collectively.

2) review the role of policy and services in contributing to SEWB and suggest best practice approaches for operationalising, strengthening, and implementing the SEWB model in policy development, service delivery, community, and clinical practice.

Overview

The paper first introduces the SEWB model and provides an overview of its key features, including Aboriginal and Torres Strait Islander selfhood, SEWB domains, determinants of health, and expressions and experiences of SEWB. The challenges that have been faced in the effective implementation of the model across research, policy, and practice are then presented. The review then examines the extent literature focused on the SEWB model, to understand how the models' components have been understood and operationalised, both in the academic literature and within policy and community practice contexts. Lastly, the review presents some recommended best practice approaches.

Approach

The paper takes a narrative review approach which incorporates both peer reviewed and grey literature, drawn from database searches, and the authors' knowledge of recent SEWB scholarship and initiatives. Underpinning the review is a strengths-based and decolonising approach. These approaches include privileging literature with Aboriginal and Torres Strait Islander authors and Aboriginal and Torres Strait Islander research methodologies. Futhermore, the review team established Aboriginal and Torres Strait Islander leadership and governance across the process.

Key findings

- The SEWB model represents a paradigm for holistic health and wellbeing, which has transformed policy and practice.
- Approaches that consider the interconnectedness of SEWB domains and determinants of health, contribute most to strengthening SEWB for Aboriginal and Torres Strait Islander peoples and communities.
- The social, cultural, political, and historical determinants of health are key factors in strengthening or compromising the interrelated domains.
- Aboriginal and Torres Strait Islander selfhood is relational and formed through connections across SEWB domains, especially between self, family, community, and ancestors; it also recognises that an individuals' hopes, motivations, and capacities, are all shaped through multiple roles and responsibilities.
- Self-determination and upholding the human rights of Aboriginal and Torres Strait Islander peoples are essential to healing, strengthening SEWB, and sustaining flourishing and thriving communities. These processes all fundamentally entail recognising the holistic SEWB model and Aboriginal and Torres Strait Islander conceptions of selfhood and manifesting them, both structurally and symbolically.
- Strength-based SEWB approaches are necessary for health practitioners and services that work with Aboriginal and Torres Strait Islander peoples and communities. Strategies include listening respectfully; building genuine relationships; using appropriate communication skills; critically reflecting on Australia's political, historical, and social context; ensuring cultural safety and responsiveness; applying an ethical and human-rights based approach, and evaluating the processes and outcomes.

Section 1: Background

Introduction

Social and emotional wellbeing (SEWB) is a term that has been utilised to broadly represent a culturally grounded holistic and relational aspects of Aboriginal and Torres Strait Islander health and wellbeing. SEWB is distinct from non-Indigenous conceptualisations of health and wellbeing to the extent that it is specifically intended to reflect related Aboriginal and Torres Strait Islander ways of knowing, being, and doing. In their seminal chapter, Gee et al. (2014) describe a model of SEWB where Aboriginal and Torres Strait Islander wellbeing is shaped by connections to the interrelated domains of family, community, culture, Country, and ancestors, as well as body, mind, and spirit. The SEWB model takes a situated or place-based knowledge approach that encompasses the social, political, cultural, and historical determinants of health, including the ongoing experiences and impacts of colonisation. Moreover, it recognises the diverse expressions and experiences of the domains and determinants across individuals, time, and place. Importantly, the SEWB model centres culture and describes a whole-of-life, collective worldview and a sense of self that is grounded in family and inseparable from the cultural wellbeing of the whole community.

The SEWB model was developed in 2012 by members of the Australian Indigenous Psychologists Association (AIPA; Gee et al. 2014). The SEWB model built the definition of Aboriginal and Torres Strait Islander health adopted by the National Aboriginal and Islander Health Organisation (1979) and used in the first National Aboriginal Health Strategy (1989; see Table 1), and the nine guiding principles that underpin SEWB that were developed during the Ways Forward national consultation and first listed in the Ways Forward Report (see Table 2; Swan [Kamilaroi] and Raphael 1995), as well as understandings of health and wellbeing across many Aboriginal and Torres Strait Islander communities and organisations. The SEWB model incorporates feedback from extensive community consultations and was presented to, collectively discussed with, and supported by over 300 community members (Gee et al. 2014). The SEWB model encompasses these shared understandings and cultural values and provide both a strength- and systems-based approach to addressing structural drivers of inequity and promoting health and wellbeing in Aboriginal and Torres Strait Islander peoples and communities.

Holistic approaches to health and wellbeing akin to SEWB are upheld by other Indigenous peoples (Dudgeon [Bardi] and Bray 2023). For example, Native American conceptualisations of wellbeing centre a strong sense of spirituality alongside domains of body, mind, and environment; whereby balance and harmony among these four areas is crucial to good health (Hodge et al. 2009). Māori academic Sir Mason Durie developed a wellbeing framework that reflects Māori worldviews and the interconnectedness between people and the environment (Durie [Ngāti Kauwhata/Ngāti Raukawa Te Au ki Te Tonga] 2004; 2006). Indeed, the last decade has seen a growing national and international impetus to articulate the conceptions of wellbeing held by Indigenous peoples, so that the ongoing negative impacts of colonisation on health can be addressed by implementing culturally appropriate evidence-based health and wellbeing interventions. These culturally grounded Indigenous wellbeing paradigms, along with their associated practices, are becoming prominent and sometimes referred to as the culture-as-health model. A systematic literature review of Indigenous culture-as-health models identified four distinct modalities – Indigenous epistemologies, practices, place-based/sacred sites, and spirituality, which contribute to self-determination and healing (Yamane [Kanaka Maoli] and Helm 2022). Culturally grounded wellbeing paradigms based on evolving Indigenous knowledge systems are being reclaimed by Indigenous peoples across the world. These paradigms are integral to the development of strengths-based Indigenous frameworks, including those found in Indigenous psychology (Dudgeon et al. 2020c). To improve wellbeing, these paradigms focus on interrupting the intergenerational transmission of historical and ongoing traumas, building collective resilience, and repatriating power to respectfully self-determine across the social determinants of everyday life (LaBoucane-Benson [Métis] et al. 2012). Similarly, Milroy [Palyku] et al.'s (2014: 424) Pathways to Recovery from Intergenerational Trauma illustrates three key actions: i) self-determination and community governance; ii) reconnection & community resilience, and, finally, iii) restoration and community resilience.

The ecocentric relational worldview of Indigenous concepts of wellbeing at a global level is disrupting the hegemony of Western understandings of Indigenous health and wellbeing (O'Keefe [Cherokee and Seminole Nations] et al. 2022; Sutherland [Wiradjuri] and Adams [Yadhiagana/Wuthathi and Gurindji] 2019). Western individualistic biomedical approaches to health and wellbeing are i) of limited benefit to Indigenous peoples, ii) risk entrenching a deficit approach, and iii) marginalise Indigenous knowledges and practices that contribute to good health and wellbeing (McKean [Waljen] et al. 2022; Haynes et al. 2021). Currently there is a turn towards

revitalising Indigenous health systems through the implementation of Indigenous frameworks and approaches, which is being supported by a growing evidence base on SEWB benefits of whole-of-community self-determination (Dudgeon et al. 2021; Rigney [Narungga, Kaurna and Ngarrindjeri] et al. 2022; Australian Institute of Health and Welfare 2021). Thus, in Australia it is essential that Aboriginal and Torres Strait Islander conceptualisations of SEWB are embedded within health and mental health systems.

There is now substantial evidence that colonisation has long-term adverse impacts on Aboriginal and Torres Strait Islander peoples' collective health and wellbeing (Paradies [Wakaya] 2016; Sherwood [Wiradjuri] 2013). Disproportionately high incidence of suicide and suicide related behaviours among Aboriginal and Torres Strait Islander peoples in Australia and other countries indicates chronic levels of trauma, grief, and despair (AIHW 2022). The ongoing racism that Aboriginal and Torres Strait Islander peoples endure on their own lands has been linked to impaired SEWB across generations (Kairuz et al. 2021; Thurber et al. 2021; Uink [Noongar] et al. 2022). Systemic and structural racism within the health and mental health systems, which are perpetuated by dominant Western understandings of health and wellbeing, operate as barriers to accessing care (Awofeso 2011; Watego [Mununjali Yugambeh] et al. 2021). Health is viewed as a fundamental human right and includes the right to access health services that are free from racial discrimination (Calma [Kungarakan / Iwaidja] 2009). The ***United Nations Declaration on the Rights of Indigenous Peoples*** (United Nations General Assembly 2007) explicates the right of Indigenous peoples to self-determination across the health system, and the right to freely access health services designed and operated based on cultural values and healing systems.

In the 1970s, Aboriginal and Torres Strait Islander peoples reclaimed health service provision by developing Aboriginal Medical Services (AMSs). AMS are community-led and controlled health services that enable Aboriginal and Torres Strait Islander approaches to health service provision and are accountability to the community being served. AMSs were revered as pioneers of comprehensive community-based primary health care service providers, both preceding and influencing the Alma-Ata Declaration made by the World Health Organization in 1978 (NACCHO n.d.). These community-led developments allowed the SEWB concept to flourish. Today SEWB is recognised across Australia as a significant contribution to the ongoing project of self-determination, health justice, and the decolonisation of health and mental health systems. Indeed, evidence has shown that Indigenous self-determination across the health system is linked to improved SEWB, including physical and mental health (Verbunt 2021). Importantly, cultural continuity has emerged as an evidence-based solution to Aboriginal and Torres Strait Islander suicide and the collective flourishing of SEWB (Dudgeon et al. 2021; 2022a).

Rationale

The term SEWB encapsulates holistic and multidimensional understandings of Aboriginal and Torres Strait Islander health and wellbeing, and the SEWB model provides a map of the domains, determinants, and, finally, both the expressions, and experience of SEWB that contribute to this culturally grounded concept. The SEWB concept as first defined by Aboriginal and Torres Strait Islander peoples differs in notable ways to dominant non-Indigenous definitions of social and emotional wellbeing which 'refers to the way a person thinks and feels about themselves and others. It includes being able to adapt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life' (AIHW 2012: 8). Applied dominant non-Indigenous approaches to wellbeing and mental health generally adopt a narrower, deficit framed view, focusing on measuring personal and social problems from an individualistic approach (for example, disruptive behaviour, drug use, hyperactivity, anxiety, and depression). Consequently, culture and other critical domains and determinants of holistic health and wellbeing are ignored (AIHW 2012). By way of contrast, SEWB is an all-encompassing whole-of-life paradigm where both physical and mental dimensions of health are inextricably influenced by interconnections across the other SEWB domains. SEWB is significantly affected by social, economic, historical, and political determinants of health. The SEWB model exists alongside other conceptualisations and dimensions of Indigenous wellbeing and holistic health, across the diverse nations in Australia and globally (Dudgeon et al. 2020b; Salmon [Yuin] et al. 2019). Furthermore, since the development of the seminal SEWB model and its inclusion in national policy frameworks, the literature pertaining to the theoretical and practical applications of SEWB has grown exponentially, expanding the existing evidence base and the depth of knowledge as to how SEWB is understood and operationalised across various contexts. Given the pervasiveness of health inequity experienced by Aboriginal and Torres Strait Islander peoples, along with the recent commitment of SEWB as a priority in Closing the Gap policy reforms, there is an urgent need to maintain the national policy commitment and empirical consensus regarding Aboriginal and Torres Strait Islander understandings and applications of SEWB. This commitment should result in culturally responsive SEWB strategies, programs, services, and interventions embedded at regional, state, and national levels, along with monitoring and evaluation frameworks that include SEWB measures, screening, and assessment tools.

Aims

The purpose of this discussion paper is to strengthen both the theoretical and practical applications of the Aboriginal and Torres Strait Islander SEWB model. In doing so, this paper aims to:

1) utilise a narrative review approach to explore, validate, and further expand on understandings of the SEWB model and other theoretical elements such as conceptions of selfhood, self-determination, and human rights, that contribute to healing, restoration, flourishing, and thriving, individually and collectively.

2) review the role of policy and services in contributing to SEWB and suggest best practice approaches for operationalising, strengthening, and implementing the SEWB model in policy development, service delivery, community, and clinical practice.

While a key concern across policy, research and practice arenas has been conceptual clarification of SEWB for the purpose of measurement and assessment, this sits outside the scope of this paper. However, we recognise the various tools that have been developed that measure components of SEWB (AIHW 2009; Centre of Best Practice in Aboriginal & Torres Strait Islander Suicide Prevention n.d.) or frameworks, like Garvey [Kamilaroi] et al.'s (2022) conceptual model, which contributes to contexts that should be considered when measuring SEWB. Additionally, we note critical work in this area, like Newton et al's (2015) review, and key developments like the SEWB Measurement Consortium (TIMHWB 2023).

The development and realisation of an Indigenous SEWB model

The understanding of health and wellbeing articulated by the SEWB model (Gee et al. 2014) is grounded in the National Aboriginal and Islander Health Organisation's (1979) holistic definition of Indigenous health (Table 1 presents a brief historical overview of the emergence of this definition and its recognition in key policy documents).

Table 1. Towards recognition of Indigenous concepts of health and wellbeing

WHO definition of health (1946)	• Holistic concept of health. • Defines health as a state of complete physical, mental, and social wellbeing. • Emphasises wellbeing, not just the absence of disease. • Moves away from medical models, includes mental and social dimensions. • Reflects Western understandings of health and wellbeing.
Aboriginal services and their role in definition of health (1970s)	• Aboriginal communities develop and govern own health services and establish the first Aboriginal Medical Service (AMS) in Redfern in 1971. • Formation of peak body the National Aboriginal and Islander Health Organisation (NAIHO), later the National Aboriginal Community Controlled Health Organisation. NAIHO's definition of Aboriginal and Torres Strait Islander health: *Aboriginal health does not (just) mean the physical wellbeing of an individual, but refers to the social, emotional, cultural wellbeing of the whole community... Health care services should strive to achieve this state where every individual is able to achieve their full potential as human beings and must bring about the total wellbeing of their communities.* • Holistic, self-actualising view of health, including a whole-of-life perspective recognising culture as critical, and individual wellbeing intrinsically linked to community wellbeing.

Alma-Ata Declaration (1978) and Ottawa Charter (1986)	• Alma-Ata Declaration reaffirms WHO holistic definition of health. • Health is a fundamental human right. • Expands health understanding to include social determinants. • Ottawa Charter proposes health promotion model focused on advocacy, equity, and coordinated action. • Fundamental conditions for good health include peace, shelter, education, food, income, stable ecosystem, sustainable resources, and social justice. • Critiques suggest Eurocentric biases and omission of Indigenous perspectives.
National Aboriginal Health Strategy (1989)	• Landmark policy for short- and long-term improvements in Aboriginal health. • Includes NAIHO definition of health. • Advocates for socially and culturally acceptable health care methods and technology. • Acknowledges challenges in implementing Aboriginal concepts of health by Western service providers. • Recommends development of an Aboriginal health framework recognising culture and history.
Ways Forward Report (1995)	• National Aboriginal and Torres Strait Islander mental health policy plan. • Holistic understanding of health encompassing mental, physical, cultural, and spiritual aspects. • Land is central to wellbeing. • Recognises interrelations such as spiritual, environmental, ideological, political, social, economic, mental, and physical. • Emphasises disruption of interrelations, resulting largely from processes of colonisation, as the driver of Aboriginal ill-health. • Sets forth nine principles guiding understanding of Aboriginal and Torres Strait Islander health and wellbeing.

It was NAIHO's definition that formed the basis of discussions through the Australian Indigenous Psychologists Association (AIPA) in 2008 and 2009, alongside the nine guiding principles detailed in the *"Ways Forward": National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report* (Swan and Raphael 1995; see Table 2). These discussions were led by Professor Pat Dudgeon as chair of AIPA and built on previous work by AIPA members to further conceptualise the SEWB model (Kelly et al. 2009). The proposed model was presented to, and endorsed by, over 300 participants attending a national and state conference on the topics of SEWB and SEWB workforce support (Dudgeon and Kelly 2012; Dudgeon and Schultz [Gamilaroi] 2013). It was further endorsed through consultations with over 30 Aboriginal and Torres Strait Islander communities and 180 organisations, service providers and expert groups (Commonwealth of Australia 2017). These consultations confirmed that Aboriginal and Torres Strait Islander physical, mental, and spiritual health is strongly related to historical and cultural factors of connections to family, community, culture, Country, spirituality, and ancestors. In many ways, and for many Aboriginal and Torres Strait Islander peoples, physical, mental, and spiritual health are inextricably linked to having balanced, harmonious connections to kinship and culture and to the total wellbeing of their community and Country.

Table 2. Nine guiding principles of social and emotional wellbeing

1 Health as a holistic concept: Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural, and spiritual health. That land is central to wellbeing.
2 The right to self-determination: Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
3 The need for cultural understanding: Culturally valid understandings must shape the provision of services and must guide assessment, care, and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems in particular.
4 The impact of history in trauma and loss: It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have intergenerational effects.
5 Recognition of Human Rights: Human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (versus mental ill-health). Human rights relevant to mental illness must be specifically addressed.
6 The impact of racism and stigma: Racism, stigma, environmental adversity, and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
7 Recognition of the centrality of kinship: The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility, and sharing.
8 Recognition of cultural diversity: There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urban, rural, or remote settings, in urbanised, traditional[2], or other lifestyles, and frequently move between these ways of living.
9 Recognition of cultural strengths: It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, and endurance and a deep understanding of the relationships between human beings and their environment (Swan and Raphael, cited in Dudgeon et al. 2014c: xxiv).

The SEWB model, informed by the nine guiding principles (see Table 3), presents a multifaceted concept acknowledging that a person's wellbeing is determined by harmonious connections to body and behaviours, mind and emotions, family and kinship, community, culture, Country and land, and spirituality and ancestors (Gee et al. 2014; see Figure 1). Expressions and experiences of the SEWB domains refers to 'the diverse ways in which people experience and express these various domains of SEWB throughout their lives' (Gee et al. 2014: 58). Each domain, either individually or collectively, is constantly impacted by social, cultural, historical, and political determinants of health, and subsequently require societal and system responses. Good health is not purely a result of individual thoughts, emotions, and behaviours. Lived experiences vary according to demographic factors, individual circumstances, collective experiences, time, and place, subsequently the risk and protective factors of SEWB vary tremendously across individuals, community, and nations, reflecting the diversity of Aboriginal and Torres Strait Islander peoples and cultures. The conception of self-articulated within the framework is inseparable from and embedded within family/kinship, community, and ancestors, reflecting collectivist perspectives. The diagram below depicts these relationships between determinants, domains, and self.

2 Although we have used the word 'traditional' in this literature review, we do so sparingly and with caution. We kept the term here to reflect the original reference and the meaning placed on it by Aboriginal and Torres Strait Islander people. It is important to note that colonial-settlers often use the term 'traditional' as a mechanism to decide, without any cultural authority or understanding, the authenticity of Indigenous identity, contexts, lifestyles, and more. That settler-colonial mechanism serves a political agenda to control and create tensions among Indigenous people.

SEWB Diagram adapted from Gee et al., (2014)

Figure 1. SEWB diagram

Table 3. The seven SEWB domains

(Gee et al. 2014: 58-61)

Connection to body and behaviours	Connection to body is about physical wellbeing and includes all the normal biological markers and indices that reflect the physical health of a person (i.e., age, weight, nutrition, illness and disability, mortality).
Connection to mind and emotions	Connection to mind and emotions refers not only to an individual's experience of mental wellbeing (or mental ill-health) but also the whole spectrum of basic cognitive, emotional, and psychological human experience, including fundamental human needs such as: the experience of safety and security, a sense of belonging, control or mastery, self-esteem, meaning making, values and motivation, and the need for secure relationships.
Connection to family and kinship	Family and kinship systems have always been central to the functioning of Aboriginal and Torres Strait Islander societies. These systems are complex and diverse and serve to maintain interconnectedness through cultural ties and reciprocal relationships.
Connection to community	The concept of community has been described as fundamental to identity and concepts of self within Aboriginal cultures. Community represents a collective space, where building a sense of identity and participating in family and kinship networks occurs, and where personal connections and sociocultural norms are maintained.
Connection to culture	Connection to culture refers to Aboriginal and Torres Strait Islander peoples' capacity and opportunity to sustain and (re) create a healthy, strong relationship to their Aboriginal and/or Torres Strait Islander heritage. This includes all the associated systems of knowledge, law and practices that comprise this heritage. Culture is, of course, a complex concept to try and define or articulate.
Connection to Country and land	For many Aboriginal and Torres Strait Islander peoples, spirituality is closely tied to their connection to land or 'Country'. Country or land has been described as an area to which people have a cultural or spiritual association, and the sense of connection as a deep experience, belief, or feeling of belonging to Country. The SEWB literature documents the importance of Country across the whole spectrum of diverse Aboriginal and Torres Strait Islander cultural groups around Australia.
Connection to spirituality and ancestors	Spirituality broadly refers to a cultural group's systems of knowledge left by the ancestral beings that typically include all the stories, rituals, ceremonies, and cultural praxis that connect person, land, and place. In ceremony, the critical transitions from childhood to adulthood, and other life stages, are marked through specific rites of passage. It is through ceremony and everyday cultural praxis that children, women, and men of the community learn about their culture's systems of moral and ethical practices that guide behaviour, and determine their personal, familial, and cultural rights, obligations, and responsibilities.

SEWB domains and interrelatedness

While the seven SEWB domains are described separately for theoretical clarity, they are interrelated and interact in complex ways depending on an individual's experiences and circumstance, and within the context of their family, kin, and community connections, and the social, historical, political, and cultural determinants of wellbeing (Gee et al. 2014). The interrelation and harmony of these connections are impacted by the diverse ways in which individuals and families experience and express aspects of the SEWB domains according to their different needs or in response to external circumstances and determinants of health. Gee et al. (2014: 58) have observed that 'many experience healthy connections and a sense of resilience in some domains, while experiencing difficulty and/or the need for healing in others'. Further, Dudgeon and colleagues note that 'the experience and expression of the domains of SEWB can vary across the life span and between communities' (Dudgeon et al. 2017: 317). This is especially the case given the historical and contemporary legacies of colonisation, including widespread trauma inflicted on Aboriginal and Torres Strait Islander individuals, families, and communities. These traumas are transmitted down generations through biological, cultural, social, and psychological mechanisms (Atkinson [Jiman/Bundjalung] et al. 2014; Wesley-Esquimaux and Smolewski 2004). The impacts of settler colonial violence, for many, has disrupted or severed connections with family, community, culture, Country, and spirituality; and settler systems continue to create conditions of ill health and establish barriers that result in unequal access to health, education, employment, and housing (Atkinson et al. 2014).

Determinants of SEWB

To understand what produces inequitable distributions of health and wellbeing for individuals and populations, global frameworks of health have incorporated a range of causational factors, produced through socioeconomic and political contexts (WHO 2008). Known collectively as social determinants, these causational factors have provided an important lens to understand health inequities across and within countries and populations. However, many influential social determinants frameworks, while being broadly applicable, do not wholly address the contexts and experiences of specific populations (Zubrick et al. 2014). The SEWB model provides an understanding of the protective and risk factors of health that is reflective of Aboriginal and Torres Strait Islander experiences. A holistic view of health is achieved by delineating the political, cultural, historical, and social factors (see Table 4) and identifying them as: historical determinants such as historical contexts of colonisation and dispossession from land; political determinants related to sovereignty and self-determination, access to resources and land, and the continuity of culture; cultural determinants as relating to the cultural contexts that can either marginalise or strengthen Aboriginal and Torres Strait Islander people, and culture; and social determinants that refer to social inequities that result in disparity of health outcomes (Gee et al. 2014; Marmot and Wilkinson 2005). These interrelated determinants of health impact both positively and negatively on Aboriginal and Torres Strait Islander people's lives across the life-course from conception to late life (Gee et al. 2014; Marmot 2005).

Table 4. Social, historical, political, and cultural determinants

(Gee et al. 2014: 62)

Historical determinants	Historical determinants refer to the impact of past government policies and the extent of historical oppression and cultural displacement experienced by individuals, families, and communities or, conversely, the extent to which communities have managed to accommodate cultural displacement (that is, communities consisting of many language groups), and build capacity for self-governance that helps to maintain or renew cultural continuity and control.
Political determinants	Political determinants refers to: the unresolved issues of land, control of resources, cultural security, and the rights of self-determination and sovereignty, which are recognised as contributing to health and wellbeing and reducing health inequities for Aboriginal and Torres Strait Islander peoples. These individual and collective rights of Indigenous peoples are provided under the *United Nations Declaration on the Rights of Indigenous Peoples*.
Cultural determinants	Cultural determinants shape the environment and circumstances in which Aboriginal and Torres Strait Islander peoples are born into. These critical factors – such as a community's local history of colonisation and the extent to which a cultural group is able to resist assimilation, maintain cultural continuity, retain the right of self-determination and sovereignty, and freely maintain cultural knowledges and practices – will all significantly influence a community's capacity to embody and transmit cultural values, principals, practices, and traditions. This, in turn, will differentially empower or impinge upon individual and family SEWB.
Social determinants	Social determinants of mental health and SEWB for Aboriginal and Torres Islander peoples include such things as socioeconomic status and the impact of poverty, unemployment, housing, educational attainment, racial discrimination, exposure to violence, trauma and stressful life events, and access to community resources. Importantly, these social determinants do not occur in isolation, but rather impact SEWB concurrently and cumulatively.

The ongoing experience of colonisation is a cross-cutting feature within this conceptualisation of historical, political, economic, and cultural determinants, demonstrating both the multifaceted harms associated with colonisation, and the interrelated nature of these determinants. Colonisation as a determinant of health is central to understanding SEWB. The impacts of colonisation are ongoing and felt and experienced in everyday life, and these impacts shape the other determinants. Colonisation encompasses historical determinants such as genocide and the frontier wars (Lyndall et al. 2017-2022) as well as ongoing policies of dispossession of Aboriginal and Torres Strait Islander peoples and communities from Country, the forcible removal of children from families, and the structural violence sanctioned and enforced by organisations and institutions that continues to this day. These policies also constitute political determinants which have denied sovereignty, self-determination, and access to power and resources. Together they also inform the cultural determinants which mediate communities' 'capacity to retain their cultural values, principals, practices, and traditions' (Gee et al. 2014: 62), and contribute to myriad social determinants that concurrently and cumulatively impact SEWB.

Other conceptualisations of Aboriginal and Torres Strait Islander SEWB exist in the literature. For example, connections to the domains of family, community, culture, and body were identified as protective by the Victorian Aboriginal Health Service (2000). Another example is the cultural determinants of health model (Salmon [Yuin] et al. 2019). There are significant overlaps between the cultural determinants of health model and the domains of SEWB: strengths-based protective connections to and between many of the domains of SEWB have been identified as the cultural determinants (or protective factors) of Indigenous health (Arabena [Meriam] 2020). A succinct description of the importance of cultural determinants of health approach was also offered by Yuin Professor Ngiare Brown, the former executive manager of research for the National Aboriginal Community Controlled Health Organisation (NACCHO):

> *The cultural determinants of health originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and Country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Exploring and articulating the cultural determinants of health acknowledges the extensive and well-established knowledge networks that exist within communities, the ACCHS [Aboriginal Controlled Community Health Service] movement, human rights, and social justice sector.* (Brown 2013).

Determinants and interrelatedness

It is important to recognise the interrelatedness between the determinants and how they impact each other. As Brown (2013) suggests, improving the cultural determinants of health (and, implicitly, healthy and harmonious connections to the domains of SEWB) improves outcomes across the social determinants of health. To address the harms associated with social inequities, including those produced by colonisation, there is a need for health and mental health programs for Aboriginal and Torres Strait Islander individuals, families, and communities that are aligned to the SEWB model. Drawing on the work of Aboriginal and Torres Strait Islander scholars and practitioners using historical and contemporary healing approaches (see Atkinson et al. 2014; Peeters [Wailwan, Gamilaroi] et al., 2014) Wanganeen [Kaurna and Wirringu] (2014) and Dudgeon and Walker (2015) highlight the need for psychologists, mental health practitioners, program developers, and service providers to support individuals, families, and communities to engage in spiritual and cultural practices to heal and restore the connections to the SEWB domains. At the same time, it is necessary to mitigate the specific sources of stress due to social and political determinants of health, such as: racism, poverty, food insecurity, lack of just access to services, education, housing access and affordability, unemployment, and transgenerational and cumulative trauma. These determinants contribute to serious psychological distress including anxiety and depression, and poor physical health. Risk factors associated with SEWB domains and determinants increase the likelihood that some people will develop high levels of psychological distress, while protective factors can reduce that likelihood. However, strategies to manage risk and promote resilience are not straightforward:

> *The relationship between risk and protective factors is complex. It is not simply the presence of risk and protective factors but their interaction and accumulation of factors over time that effects the development of mental health problems and disorders. Resilience to mental health problems and mental disorders is not a static characteristic, but rather a process of coping. It consists of the balance between stress and adversity on one hand and the ability to cope and availability of support on the other: a complex and changing balance between risk and protective factors.* (CDoHAC 2000: 53).

The impact of colonisation, including both past and ongoing policies, like forced removal of children and over-policing, has disrupted Aboriginal and Torres Strait Islander cultural identity (Clark [Kokatha/Wirangu] 2010; Verbunt et al. 2021). This has in turn been linked to poor outcomes in education, employment, housing accessibility, incarceration rates, and health (Griffiths [Yawuru] et al. 2016), limiting the ability to thrive. And while strong connections to culture, Country, kinship, spirituality, ancestors, and language are protective and strengthen SEWB, living in a colonial state inevitably entails a plethora of social determinants including poverty, social exclusion, discrimination, racism, lack of access to resources, assimilation and identity issues, family and domestic violence, incarceration, child removal, grief and loss that negatively impact individual, family, and community SEWB (Dudgeon et al. 2014; Kelly et al. 2009).

Implementing the SEWB framework and associated policy frameworks

Since its conceptualisation, the SEWB model has become embedded in key policy frameworks that guide national reform and approaches to supporting health and wellbeing for Aboriginal and Torres Strait Islander peoples and communities (see Table 5).

Table 5. Key policy documents

National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013
The National Mental Health Plan 2003-2008
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009
National Framework for Aboriginal and Torres Strait Islander Health Plan 2013-2023
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013
National Aboriginal and Torres Strait Islander Drug Strategy 2014-2019
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023.

These frameworks acknowledge the cultural and spiritual domains and sociopolitical contexts that impact upon and influence mental health (Calma [Kungarakan/Iwaidja] et al. 2017; Dudgeon et al. 2014; Dudgeon et al. 2017; Grieves [Warraimaay] 2009; Parker and Milroy 2014). The enduring and significantly detrimental impacts of colonisation upon the material circumstance and physical and mental wellbeing of Aboriginal and Torres Strait Islander peoples, and the critical need to address these injustices and inequities in health and wellbeing, has been presented to governments by Aboriginal and Torres Strait Islander leaders on many occasions since invasion (Gooda [Gangulu] 2010; Aboriginal & Torres Strait Islander Social Justice Commissioner 2005; 2007). However, even though some of these issues are acknowledged at a policy level (Zubrick et al. 2014), a systematic review of the effectiveness of evidence-based strategies to promote SEWB as an Aboriginal and Torres Strait Islander health model revealed they have generally not been structurally supported when translated into programs, services, or practice (Dudgeon et al. 2014). The review found that while programs that were aligned with the nine guiding principles had promising outcomes (for example, supporting self-determination and enhancing community governance; reconnection and strengthening connection to SEWB domains; addressing trauma and building community resilience), for other programs persistent discriminatory structural and systemic practices and a failure to recognise and implement the guiding principles of culture, holistic health, and Aboriginal and Torres Strait Islander viewpoints underpinning SEWB were also evident. As Dudgeon et al. (2014: 10) note:

> *The prevailing paradigms that inform mental health and wellbeing policy and service planning tend to be universal in their approach: they do not take into account Indigenous cultural and social circumstances. Failure to 'join the dots' can present a real obstacle to adequately responding to the many causes of poor mental health and wellbeing among Indigenous Australians. ...An ongoing silo mentality around mental health and wellbeing policy formulation, as well as in the implementation of programs, service delivery and practice, sees efforts being primarily focused on the individual, with limited regard for family or community contexts. There is also a strong focus on formulating policy and programs around risk and protective factors linked through a program logic to a set of measurable outcomes – an approach that seldom takes account of the broad range of interconnected factors contributing to the mental health and wellbeing of Indigenous people.*

Challenges for implementation

Aboriginal and Torres Strait Islander academics have established a conceptualisation and model of SEWB that aligns with Indigenous perspectives and values (Bainbridge [Gungarri/Kunja] et al., 2018; Dudgeon et al. 2017; Dudgeon and Walker 2015; Gee et al. 2014; Sutherland and Adams 2019). Despite the evident consensus among Aboriginal and Torres Strait Islander leaders, peak bodies, and communities across Australia as is encapsulated within the *National Strategic Framework on Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health (SEWB Framework)* and other key policy documents, governments have not yet established and funded a plan for implementation, monitoring, and evaluation. Further, funding to develop appropriate SEWB indicators and establish community and clinical guidelines is required to enable a blueprint to operationalise the SEWB Framework towards the achievement of SEWB outcomes. While ACCHOs have endeavoured to fill these gaps themselves, current funding models and resource capacity continue to constrain their opportunity to realise aspirations in these areas.

Aboriginal and Torres Strait Islander leaders and academics suggest that health for Aboriginal and Torres Strait Islander peoples is dependent on harmony and balance across all SEWB domains (Gee et al., 2014; Kelly et al., 2009). However, silos in health provision and funding models, grounded in non-Indigenous conceptualisations of health, result in some domains attracting more funding and attention while others remain relatively neglected.

As Sutherland [Wiradjuri] (2017: 49) notes, 'This compartmentalisation has resulted in some parts of SEWB gaining advantages over others within policy and funding models'. Shultz and Cairney (2017: 14) also point out 'the development of silos within and between government and different service agencies' means 'the relationship between peoples and their Country is rarely considered in policy or service development'. Moreover, both the benefits of Country to health outcomes (Schultz and Cairney 2017) and the meaning of health and wellbeing for Aboriginal and Torres Strait Islander peoples are often overlooked (Kingsley 2014). SEWB is holistic, 'encompassing everything in and around the person including their sense of self, identity and culture, family and kin, environment, land, sea, and waterways, as well as spirituality and ancestors' (Sutherland and Adams 2019: 49). Critically, the elements that tend to be overlooked or underfunded in policy and program development, implementation, evaluation, and mental health workforce development are the distinctive cultural, ethical, social, and environmental factors that support Aboriginal and Torres Strait Islander peoples to manage their lives, and that enable individuals, families, and communities to be resilient and to 'thrive not just survive' within the dominant culture (Kickett [Noongar] 2011: ii). This is inadequate and unacceptable if healthcare is to be culturally safe, ethical, and equitable.

Another key challenge is that where health clinicians, policy makers, and funding bodies do consider SEWB, it is generally only at an individual level (Sutherland 2017). Their failure to take cultural, community, and broader political and social contexts into account has implications for clinical assessment, and for the development of programs and services to support SEWB outcomes. This approach also positions these contexts outside the scope of focus, limiting the impetus and opportunity for broader systems change. This is despite evidence that for Aboriginal and Torres Strait Islander peoples to thrive, connections to Country and kin, and to culture (including knowledge systems, language, dance, stories. song, and food systems) are essential for Aboriginal and Torres Strait Islander individual, family, and community SEWB (Salmon et al. 2019; Sutherland 2017; Wright [Noongar] et al. 2023; Yap and Yu [Yawuru] 2017).

Towards conceptual clarity in theory and practice

Although the concept of holistic Aboriginal health and SEWB are now embedded in key national and state policies and to some extent practices, issues relating to the concept continue to be raised. Unsurprisingly given the diversity of Aboriginal nations within Australia, Sutherland (2017) observes that there is no single agreed definition of SEWB. Waldram (2008) argues that within the concept of SEWB the idea of healing has become pervasive within both public and professional discourse, yet there have been few attempts to define or operationalise an Indigenous viewpoint of SEWB or healing (Sutherland 2017). Gee and colleagues (2014: 56) make a similar point, stating that:

> *The synergies with Aboriginal and Torres Strait Islander mental health reform and the development and advocacy of SEWB as a guiding health concept have not necessarily translated into a clear and concise conceptualisation of the differences in understandings of SEWB and mental health, nor widespread agreement about how these concepts ought to coexist or intersect at the level of theory and practice.*

One area indicative of these challenges is the lack of clear models and guidelines towards screening and management of SEWB for Aboriginal and Torres Strait Islander clients within primary healthcare services (Langham et al. 2017).

Ngiyampaa scholar Mark Lutchini (now Lock; 2007: 1) similarly identifies a range of challenges for SEWB implementation, including poor definitions and the lack of translation into policy and practice through an operating framework. This results in 'an inability to judge health system performance using the concept due to many barriers to effective textual and oral transfer into the policy context' which has allowed the concept to '"be excised" – without critical thought – from the meanings attached to it through its historical developmental context' in the implementation of policy (Lock [Ngiyampaa] 2007). In considering implementation, Lock (2007: 1) notes that the literature review demonstrates how the validity of concepts pertaining to Aboriginal health 'can be undermined by poor definition, operationalisation, and conflicting and confounding discourse'.

He highlights the need for advocates of the concept of holistic health to 'investigate the social context in which Aboriginal health concepts are utilised' and to articulate how they can be 'operationalised in practice' and 'crafted into operational frameworks to facilitate engagement by all policy makers in the Australian health system'. He sees this as crucial to 'transform their rhetorical significance into practical effect' and argues that it is important to have an agreed model.

More recent observations from Shakespeare [East Coast Salt Water] et al 2021's document analysis of health policies reveal several key issues. The first issue being that although Indigenous perspectives of wellbeing are included in policy documents, they are believed to be relevant for Indigenous people and not non-Indigenous people (Shakespeare et al. 2021). The second issue being that although synergies exist between Indigenous and non-Indigenous perspectives of wellbeing, like social justice, these synergies are recorded in an inconsistent manner across policies. Issue three relates to the limitations of healthcare in that policies tend to favour biomedical approaches rather than social determinant approaches (Shakespeare et al. 2021). The final issue highlights that research thus far has failed to recognise the broader implications of the SEWB Framework (Shakespeare et al. 2021). Mackean et al. (2022) revealed that theoretical perspectives of wellbeing matter as they shape our societies, including whose perspectives are privileged and addressed, as well as whose perspectives are marginalised and not addressed. Noteworthy, Makean et al. (2022) report that biomedical or behavioural theories are not only favoured but they are operationalised, which decreases the focus of improving social conditions. Makean et al. (2022) recommend that governments and policy makers work on the synergies of both Indigenous and non-Indigenous knowledge systems, such as ecological wellbeing, spirituality, and the relationality that exists between humans and all other things.

Section 2: Literature Review Findings and Discussion

The aims of this paper were to:

1) utilise a narrative review approach to explore, validate, and further expand upon understandings of the SEWB model and other theoretical elements such as conceptions of selfhood, self-determination, and human rights, that contribute to healing, restoration, flourishing, and thriving, individually and collectively

2) review the role of policy and services in contributing to SEWB and suggest best practice approaches for operationalising, strengthening, and implementing the SEWB model in policy development, service delivery, community, and clinical practice.

This section addresses the first aim and presents findings and discussion that emerged from the key literature that was reviewed.

Narrative review approach

To establish a literature base for this narrative review we drew on a selection of recent systematic and comprehensive literature reviews related to the topic of Aboriginal and Torres Strait Islander health and wellbeing (including Butler [Undumbi] et al. 2019; English et al. 2021; Murrup-Stewart [Aboriginal and/or Torres Strait Islander] et al. 2019; Salmon et al. 2019; Verbunt et al. 2021; Wright et al. 2023). These reviews sought to address a number of topics: to identify wellbeing domains for Aboriginal and Torres Strait Islander peoples (Butler et al. 2019); understand the cultural factors that are important to Indigenous peoples and how these factors relate to health and wellbeing (Salmon et al. 2019); identify and assess existing evidence of the impact of sport and physical activity programs on mental health and social and emotional wellbeing outcomes within young Aboriginal and Torres Strait Islander peoples (English et al. 2021); better understand what Aboriginal community members think about SEWB programs and how they could be improved (Murrup-Stewart et al. 2019); identify cultural determinants and highlight their impact on Aboriginal health and wellbeing outcomes, as well as the relationship and interconnection of different cultural determinants of health (Verbunt et al. 2021); and to identify the evidence surrounding the adverse impacts of climate change on SEWB and the protective factors for these domains (Wright et al. 2023).

The papers in these reviews comprised of both peer-reviewed and grey literature that were identified across a range of databases. We used the search terms that informed these reviews to also conduct additional searches within Aboriginal and Torres Strait Islander health specific databases, such as HealthInfoNet and Lowitja Institute – Literature Search, to identify literature that may not have been included in these existing reviews. This served as a foundation for this narrative review that was supplemented by knowledge of recent scholarship and initiatives related to SEWB. Literature was included in this review if it was published after the SEWB model was published (2014) to include new developments and understandings, given the inclusion of the SEWB model in the SEWB Framework renewal (2017). In taking a strengths-based and decolonising approach, this review privileged literature with Aboriginal and Torres Strait Islander authors and strong Aboriginal and Torres Strait Islander research methodologies (see Harfield [Narungga and Ngarrindjeri] et al. (2020) for an overview of quality indicators) and ensured there was established Aboriginal and Torres Strait Islander leadership and governance across the review process. The findings examine emerging literature that has validated or deepened understanding across each of the SEWB domains and provides insights towards their interconnected nature. Next, relevant literature pertaining to the historical, political, cultural, and social determinants are examined, highlighting how these determinants have been further conceptualised, and protective factors and processes, like healing and self-determination, are explored. Then, recent scholarship which calls for a flourishing and thriving Indigenous communities are presented. These findings and discussion guide the second aim, to consider how the collective components of the SEWB model, and contributions from the present knowledge landscape, provide coordinates towards enabling and sustaining SEWB in communities.

SEWB domains

The literature confirms that each SEWB domain is central to Aboriginal and Torres Strait Islander peoples' health and wellbeing, as are various interventions and practices that are designed to strengthen them. In the following section, each domain and its corresponding literature is highlighted and discussed. However, as mentioned earlier, there are multiple links between each of the domains and determinants, given that relationality and interconnectness are central to the SEWB model. To illustrate the diversity of relationality, a separate subsection is included to highlighted the multiple ways that the SEWB domains are connected.

Connections to body and behaviour

Physical connections to body and behaviour embody more than biological markers and outcomes that are used to indicate a person's likelihood of developing a chronic or non-communicable disease. They are also linked to feelings of being strong and healthy, which is influenced by the environments where people live, work and play, and includes access to clean air, water, nutritious diet, and physical activity (Dudgeon and Walker 2015; Dudgeon et al. 2017; Wright et al. 2023). Our literature review revealed that connection to body and behaviour are influenced by or synonymous with connections to Country, physical environments, the ageing process, presence of disease and ill health, physical activity, connections with the mind and emotion, and experiences of disability.

Since time immemorial Aboriginal and Torres Strait Islander peoples have known and engaged in practices that strengthen links between the connections to body and behaviours and connections to Country. However, it is only in more recent years that these links have become prominent in the empirical literature, illustrating the positive impacts of being on Country. For example, Taylor-Bragge [Iowendjeri Boonwurrung] et al. (2021) illustrated that general wellbeing and physical outcomes improved for Aboriginal and Torres Strait Islander peoples when caring for Country. Tujague and Ryan (2023) remind us that standing or walking barefoot on the ground for a few hours a week lowers cortisol levels and reduces stress. Conversely, not connecting to Country restricts Aboriginal and Torres Strait Islander peoples' ability to participate in cultural activities and access to cultural foods and medicines, which then negatively impacts on health and wellbeing (Gibson [Gamilaraay] et al. 2020; Kennedy [Wiradjuri] et al. 2022; Lee and Ride 2018; Taylor-Bragge et al. 2021; Wright et al. 2023).

Physical environments impact on Aboriginal and Torres Strait Islander peoples' connections to body and behaviours. For example, Stolen Generation Survivors' physical environments were significantly altered when children were removed from families and Country, and then forced into institutions or non-Indigenous people's homes, often under slave-like conditions. Furthermore, Stolen Generation Survivors, who are now all older than 50 years, are more likely to experience poorer health outcomes, such as disability, poorer mental health, and poorer self-assessed health compared to their peers (AIHW 2021). Additionally, Stolen Generation Survivors' ongoing participation in protective factors for social determinants of health and wellbeing remained limited over their lifetime (Menzies 2019). It is well documented that Aboriginal and Torres Strait Islander peoples experience more risk factors relating to social determinants of health, and the data now shows that Stolen Generation Survivors, along with family members living with them, experience more risk factors when compared to Aboriginal and Torres Strait Islander peoples who are not members of the Stolen Generations (AIHW 2018). Risk factors affect access to physical environments, like financial security, poverty, access to education, being employed, having appropriate housing and housing hardware (for example, food storage and preparation environment), climate adversity (for example, floods and fire) and environmental racism (Wright et al. 2023) – a direct outcome of colonisation.

Across the life span, people experience many physical changes and behaviourial changes. In the literature, Elders and older people reported physical changes that resulted from the ageing process, which is mediated not only by the social and cultural determinants but also changes to the domains. Apart from the usual psychosocial changes associated with ageing across all populations (NSW Health 2010), the ageing process and its duration are negatively impacted by health challenges, which result from cross-generational poverty and discrimination and other issues resulting from colonisation, like racism. These health challenges result in Aboriginal and Torres Strait Islander people having a lower life expectancy, 8.6 years less for males and 7.8 years less for female (AIHW 2020).

Physical activity, including sport, is often attributed to physical and mental wellbeing, as well as being a protective factor for biological markers for non-communicable diseases, like stroke and heart attacks. Studies relating to Aboriginal and Torres Strait Islander peoples' participation in physical activity and sport are growing (Macniven et al. 2023). Currently, when compared to non-Indigenous children under the age of 13, Aboriginal and Torres Strait Islander peoples are more physically active. However, beyond that age, Aboriginal and Torres Strait Islander peoples become and then remain less physically active when compared to their non-Indigenous counterparts (Macniven et al. 2022). English et al.'s (2021) systematic literature review of 17 articles revealed that participating in sport and physical activities resulted in better outcomes relating to the following SEWB domains: connection to culture, community, family, and mind (via sense of self; self-regulation; self-efficacy; sense of agency; resiliency, mental wellbeing, mental illness, social and emotional literacy, and substance use).

Accessing cultural foods from Country is another protective factor for SEWB. The forced removal of Aboriginal and Torres Strait Islander peoples from Country, including dispossession of culture and assimilation to colonial culture, ongoing restrictions to accessing Country, along with the destruction of cultural lands, limits access to cultural foods, changes environments for cooking and mealtime and disrupts cultural dietary patterns, including breastfeeding infants (Teasdale et al. 2021). Taylor-Bragge et al. (2021) illustrated how access to Country is positively related to knowledge about cultural foods. Berger et al. (2020) illustrated how increased access to cultural foods and decreased access to Western foods resulted in better health outcomes for Torres Strait Islander peoples. Furthermore, outcomes of colonisation increase risk factors associated with poorer nutrition, like lower socioeconomic factors, higher rates of unemployment and poorer access to health infrastructure, all of which contribute to the burden of nutrition-related diseases in Aboriginal and Torres Strait Islander communities (Lee and Ride 2018). Nutrition is a requirement for good health and wellbeing, and poor nutrition contributes to many biophysical markers that indicate poor health, like diabetes, malnutrition, obesity, diabetes, cardiovascular disease, and more.

The complex and adverse impacts of climate change on the domain of physical health and wellbeing are also important and include heat-related disorders, malnutrition and food insecurity, reduced access to health services, safe housing, negative health impacts related to increased energy and water insecurity, food, and water borne diseases, increased substance misuse due to grief and distress over lack of access to Country and land due to extreme weather events and destruction of Country and land, and an aggravation of allergies and chronic diseases (Wright et al. 2023).

More scientific information is becoming readily available to illustrate that the body both expresses and experiences emotions. For example, people who experience depression are also likely to experience physical issues within the body, like disruptive sleep systems and unexplained aches and pains. Sometimes children are too young to express emotions or make sense of emotions, and as such, Tujague and Ryan (2023) encourage both clinicians and carers to ask children about what their bodies are experiencing to gain a physical understanding of their emotions. Furthermore, Tujague and Ryan (2023) highlight a range of sensorimotor activities, like deep breathing, stomping, and swaying, to help the body respond in a healthy way to trauma. Importantly, Tujague and Ryan (2023) illustrate how these sensorimotor activities can be used to connect to the SEWB domains, including connection to Country.

There are multiple ways to express and experience disability. Avery [Worimi] (2018) reports that there is no cultural Aboriginal and Torres Strait Islander language that contains an overarching term like the English word 'disability'. There are however words in Aboriginal and Torres Strait Islander languages that indicate that someone is experiencing ill-health and/or a disruption to typical body function, like having SEWB issues or not being able to see. The lack of presence of a term like disability in Aboriginal and Torres Strait Islander language could very well reflect Aboriginal and Torres Strait Islander people's worldviews and beliefs relating to disability, as illustrated by Avery (2018: 2):

> *The story of the one-legged Mungo man actively participating in a hunting group is symbolic of the diversity and inclusion in First People's cultures. It is derived from a belief system and worldview of humanity in which biological, physical, and intellectual differences are accepted as a part of the fabric of society.*

Colonisation has undoubtedly changed Aboriginal and Torres Strait Islander peoples' experiences and expressions of disability. Avery (2018) points out that colonisation was not only a dispossession of land but also a dispossession of the body. For example, being forcibly removed from land and being forced in institutions, whereby everyday activities were determined and governed by non-Indigenous people. Avery (2018) explains that to justify the forced takeovers of land, Europeans dehumanised Aboriginal and Torres Strait Islander peoples and did so by removing them from everyday activities and environments that had sustained life (Avery 2018). At present, the prevalence of disability is twice as high in Aboriginal and Torres Strait Islander communities, and more complex (Avery 2018). However, Aboriginal and Torres Strait Islander peoples are less likely to seek diagnosis of disability (Avery 2018). Moreover, Aboriginal and Torres Strait Islander peoples living with a disability affirm the importance of connections to a range of SEWB domains, like connections to spirituality, Country, family, and community (Avery 2018; Ferdinand et al. 2019). The First Peoples Disability Network, a national organisation for and governed by Australia's First People with a disability, their families, and communities, is an important source of advocacy, including for issues relating to racial discrimination and access to service providers.

Connections to mind and emotions

Connections to mind and emotions were comprehensively defined in the original SEWB model (Gee et al. 2014). Aboriginal and Torres Strait Islander peoples experience psychological stress and circumstances that negatively influence SEWB, such as experiences of racism, experiences of loss, grief and trauma, and experiences of loss of culture and the impact of these on not just individuals but the whole community. While the literature has highlighted these experiences, we focus our literature review on how connections to mind and emotions was expressed.

The literature illustrated that positive connections to mind and emotion were interwoven with other SEWB domains. For example, Kilcullen et al. (2016) reported connections with Country result in a positive mental wellbeing and Taylor-Bragge et al. (2021) reported a connection with Country helps to form cultural identity. Wright et al. (2023) found that being on Country and caring for Country mitigates the adverse SEWB impacts of climate change and reduces substance misuse, psychological distress, improves self-esteem, self-worth, cultural identity, community resilience, lowers suicide rates, and improves collective wellbeing. Gibson, Dudgeon and Crockett (2020) illustrated that learning was an essential component of connection to mind, whereby Elders and older Aboriginal people explain that learning not only adds meaning, but it is essential for living well. Learning has a positive impact on emotions, and it could occur via multiple avenues like storytelling and yarning; learning how to respond in a healthy way to loss, grief, and trauma; activism and advocating; ceremonial business, learning through spiritual connections and the experience of growing older (Gibson, Dudgeon and Crockett 2020).

Services and programs provided an avenue to support Aboriginal and Torres Strait Islander peoples mind and emotions. Murrup-Stewart et al.'s (2019) literature review of Aboriginal and Torres Strait Islander peoples' access to SEWB programs revealed how positive emotions influenced their overall SEWB and that engaging with (culturally safe) programs resulted in feelings of empowerment, hopefulness, and calmness (Murrup-Stewart et al. 2029:183). Similarly, the qualitative evaluation of an SEWB-informed program confirmed that once participants felt more confident and empowered, they developed a strengthened sense of insight and purpose, providing a new way of looking at the world. Participants strengthened their ability to assess what is happening around them, at individual, family, and community levels and to 'use this information to further empower themselves, their families, and communities' (Mia [Noongar, Minang and Goreng] et al. 2017: 43). These examples illustrate that supporting an individual's wellbeing relating to the connections to emotion and mind results in positive impacts on family and community.

Connections to family and kinship

Family and kinship are the basis of Aboriginal and Torres Strait Islander culture and pivotal mediators of health and wellbeing (Dudgeon et al. 2021; Verdant et al. 2021). Consistent with the SEWB model by Gee et al. (2014), the social relationships and their qualities – family, social responsibility, social harmony, and respect for others – continue to be key values underpinning life experiences for many (Butler et al., 2019). Harmonious and healthy family and kinship structures support a sense of belonging via social and cultural exchanges and affirmed identity that underpins the SEWB model (Dudgeon et al. 2021; Gee et al. 2014; Verdant et al. 2021).

Numerous studies have affirmed the importance of the domain of family as a protective factor for wellbeing and mental health (Dudgeon et al. 2021). Gendera et al. (2022) applied the SEWB framework and model in a research project into substance misuse and found that the domain of the family was both a protective and risk factor. Immediate and extended family who provided emotional strength and support for maintaining connection to culture and drug harm minimisation were viewed as being a protective factor, whereas families were considered a risk factor if they supported drug use. The cross-generational transmission of knowledge about cultural heritage was found to increase wellbeing in families (Prehn [Worimi] et al. 2021). Yap and Yu (2016) reported family as being a source of support and connectedness, providing a sense of identity and belonging underpinned by kinship structures and social and cultural exchanges which serve to fulfil a person's sense of belonging and affirm their identity and place within the family: 'Family is also the place where knowledge about Country and culture are shared and passed down from generation to generation.' (Yap and Yu 2016: 52).

Sutherland and Adams (2019) acknowledged the importance of the 'complex kinship systems' that define relationships and connect individuals within their families, communities and language or tribal groups. Kinship relations would determine the division of food and other material gifts, based on relational obligations and marriage relationships; and placed people within the community. Most importantly, it gave an individual a sense of belonging and self (Berndt, cited in Sutherland and Adam 2019). Kinship defines roles according to age and gender, generating both biological and social networks. For example, Elders have a role in maintaining kinship relations, sharing cultural knowledge and supporting young people (Busija et al. 2020; Gibson, Dudgeon and Crockett (2020); Gibson et al. 2020; Cox [Aboriginal and/or Torres Strait Islander] et al. 2022). Prehn et al (2021) illustrated that Aboriginal and Torres Strait Islander families value the significant role of culture, identity, education, and health – all of which plays a significant role in children's ability to flourish. Additionally, children flourish best within these contexts that are framed within an Indigenous worldview. Fathers, although falsely portrayed negatively in the media, play an important role in passing on Indigenous knowledge to children, and they do this through activities like being on Country, attending cultural events, painting/drawing, and role modelling (Prehn et al. 2021).

It is impossible to separate family and kinship from other SEWB domains. Dudgeon and Bray (2019:3) explain that Indigenous kinship systems encompass complex relationships with land, waterways, skies, plants, spirit, and animals, 'which express culturally specific gendered obligations and laws, or forms of Indigenous spiritual governance'. The kinship system provides a support network with defined gendered roles within the extended family that link people through duty, care, and obligations. Relational obligations and lore helped to support women and children's SEWB, as well as the flourishing and cultural continuity of communities through its connection to Land Law where men and women hold balanced positions with reciprocal responsibilities for social harmony (Dudgeon and Bray 2019). Citing Colleen Wall (2017), Dudgeon and Bray (2029: 6) note that Grandfathers protected the camp while Grandmothers nurtured 'new generations of respectful, responsible and resilient youth' to look after Country to support the wellbeing of people and the land. These explanations reflect key characteristics of family and kinship arrangements.

Connections to community

Community and concepts of community are referred to as a collective space where both individuals and groups of individuals build their sense of identity, and participate in kin and family networks (Gee et al. 2014). It is a place where personal connections and sociocultural norms are maintained and transferred across and within generations. While Aboriginal and Torres Strait Islander community structures may have significantly changed in response to colonisation, their fundamental principles and functions have not. Values like respect and reciprocity and strength-based philosophies remain central to a healthy community. Country remains at the heart of communities, not only providing both a space and place for communities, but as a fundamental cornerstone of how communities connect with Country. Aboriginal community controlled organisations (ACCOs) and Aboriginal Medical Services (AMS) have become central in forming a space and place for community (Gee et al. 2014). Elders groups and their leadership remain prominent in many communities, reflecting cultural values and norms of Elders coming together to undertake cultural activities, like providing guidance and support. These illustrations reflect that the community domain, like other SEWB domains, are all interconnected.

Butler et al. (2019) identified 33 articles that referred to importance and interconnectedness of family, community, and kinship for the wellbeing of Aboriginal and Torres Strait Islander peoples. Family, kin, and community's positive wellbeing is derived from cultural connections and social capital found within these groups (Butler et al. 2019). Although diversity continues to exist within Aboriginal and Torres Strait Islander groups, notions of community were uniformly expressed. Butler et al. (2019) reported the notions of community as coming together because of a connection to Country or place; functioning with strong community leadership and governance, including and not limited to Eldership; family, kin, and community, which are often interconnected, participating in shared activities; connected to social and spiritual connections relating to both Country and place; feeling a sense of cultural connections, which support reciprocal relationships; and finally, promoting a sense of identity through relatedness with each other, culture, Country/place, and other spiritual ties.

Many scholars and community leaders have recognised Elders as being key in sharing cultural knowledge with the younger generations, which increases community wellbeing and strengthens both kinship and cultural ties (Butler et al. 2019; Mackell et al. 2022; Gibson, Dudgeon and Crockett (2020); Busija et al. 2020; Cox et al. 2022). Elders also position other family and community members as equally important to them, and in Gibson, Dudgeon and Crockett (2020), one participant reported that hearing children's perspectives was as important as an Elder's perspective, as children may see things that only their generation can see (Gibson, Dudgeon and Crockett 2020).

Connections to culture

While connection to culture may seem relatively easy to define, it is not always overt. Cultural wellbeing includes people within a cultural group holding a shared understanding of worldviews, and also encompasses the ability to maintain or strengthen cultural ties and obligations, including the ability to participate in activities to support identity and cultural values (Gee et al. 2014). Cultural wellbeing relies on harmonised relations between all factors influencing health and wellbeing (Swan and Raphael 1995), which supports the development of culture within children at a young age. Salmon et al. (2019) conducted a literature review of international resources relating to culture. That review indicated Indigenous culture operates across six key domains, including: connection to Country; Indigenous beliefs and knowledge; Indigenous language; family, kinship and community; cultural expression and continuity; self-determination and leadership (Salmon et al. 2019). Each of these culture domains include a series of sub-culture domains.

Although Salmon et al.'s (2019) literature review underrepresented the SEWB model, many similarities exist between Salmon et al's (2019) Cultural Domains model and Gee at al's (2024) SEWB domains. For example, Salmon et al's (2019) Cultural Domain has four sub-domains: i) Spiritual Connection; ii) Living on Country; iii) Land Rights and Autonomy; iv) Caring for Country, which correlates well with Gee et al's (2014) SEWB domains – specifically, connections to spirituality and connections to Country. There are slight variations, which, we believe, reflects the diverse ways in which individuals and communities express and experience culture, health, and wellbeing. Furthermore, the similarities between the SEWB and Culture Domains models speaks to the centrality of culture in Aboriginal and Torres Strait Islander health and wellbeing.

The centrality of culture is evident in many other studies (Jones [Palawa] et al. 2018; Murrup-Stewart et al. 2021; Salmon et al. 2019; Verdant et al. 2021). Participants in these before-mentioned studies expressed what Martin-Mirraboopa [Noonuccal and Bidjara] (2003) explains as the relational aspects of being part of Aboriginal and Torres Strait Islander society, ancestry, and spirituality, and which provides a source of strength, and a way of knowing, being and doing – all of which shape Aboriginal and Torres Strait Islander peoples' place and engagement in the world. It is therefore not surprising to see culture being named a significant factor that defines the community, and the individual, including their sense of self, self-esteem and self-awareness (Verdant et al. 2021; Sutherland and Adams 2019). Salmon et al.'s (2019) work, although not explicitly referencing Gee et al.'s (2014) SEWB model, confirmed that culture, and its associated activities, result in positive SEWB. Consistent with Yap and Yu (2016), who reported that community participation and sharing of culture through activities such as welcome to Country, being on Country, or having a yarn were important activities. These examples, not only illustrate the similarities between the Cultural Domains and SEWB models, but they also illustrate the centrality of culture in SEWB.

Sutherland (2017) argues that the different elements of culture, except for language, are often not differentiated to support specific programs such as art and music and gathering cultural foods. They emphasise the need for translational research into how the various elements of culture affect SEWB (Sutherland et al. 2017: 60). The following elements of culture are either emerging and/or established, and positively support participation in cultural activities, which positively support all SEWB domains.

Language. Language is an essential aspect of culture and identity, including ways in how they are expressed. As Biddle and Sweet (2012) explain, language can be the most central means of expressing culture, which according to Salmon et al. (2019) involves using the language with others and transmitting it through the generations. Language is important, as it informs identities of individuals and communities. Multiple studies illustrate that the sustainability of Country, language, and culture has a positive impact on SEWB (Biddle and Sweet, 2012; Marmion et al. 2014; House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2012). Furthermore, there is a critical correlation between the strength of the languages, the pride and wellbeing of the communities, and finally, both the mental and physical health of individuals (Salmon et al. 2019; Regan and Troy 2014). Transmitting language, especially to younger generations is linked with better outcomes on various SEWB domains, including the connection to body and the connection to emotions and mind – which is explained as being the pride and wellbeing of communities, increased proficiency of the English language, reduced substance abuse and suicide (Salmon et al. 2019). Language was viewed as an essential component of Indigenous knowledges. Language not only expresses concepts of wellbeing, but the key meanings of these expressions can be lost in translation.

Storytelling. Storytelling is an important aspect of culture that provides links to spirituality, identity, family/kin, Country, and ancestors (McLennan and Khavarpour 2004). Storytelling provides an avenue to share stories from the past (Gibson, Dudgeon and Crockett 2020; Sutherland et al. 2019). It is a means of transgenerational education, which has sustained Indigenous life for millennia (QCAA 2018). It validates experiences by nurturing relationships and facilitating cultural continuation (Gibson, Dudgeon and Crockett 2020). Cultural ceremonies and everyday practices, like yarning, dance and art, are avenues for storytelling (QCAA 2018). These activities provide members with a space and place to share stories in a way that honours connections to family, kin, Country, culture, spirituality, ancestors, and more. Storytelling is also an avenue to participate in truth-telling, which is an important aspect for Indigenous peoples' healing in colonised nations.

Ceremonies and other cultural practices. Cultural ceremonies and everyday cultural practices provide the process for Aboriginal and Torres Strait Islander peoples to learn and reflect on the 'culture's systems of moral and ethical practices that guide behaviour, and determine their personal, familial and cultural rights, obligations, and responsibilities' (Gee et al. 2014: 60). For this reason, developing and implementing culturally responsive interventions that support such ceremonies and promote cultural healing are essential to enhance Indigenous SEWB at an individual, family, or community level, particularly in suicide prevention (Dudgeon et al. 2016, Dudgeon et al. 2021). Importantly, Indigenous scholars, both in Australia and globally are bringing in Indigenous knowledges into the academic setting. Indigenous scholars are not only conducting work that reflects Indigenous ways of knowing, being, and doing, but they are also creating and embedding policies and frameworks that reflect Indigenous ways of knowing, being and doing, as a pathway of practice, like those found in the *Ethical Conduct in Research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders* (National Health and Medical Research Council 2018).

Connections to Country

Connection to Country provides a sense of belonging in a family and/or community, and it underpins the basis of cultural and spiritual practices. Aboriginal and Torres Strait Islander ancestorial beings hold and pass on the cultural groups' cultural knowledge, usually through stories, rituals, ceremonies, and other cultural practices (Gee et al. 2014). Our literature review revealed three key themes: being on Country, caring for Country and how connections to Country link to the remaining SEWB domains.

Physically being located on Country involves an array of activities and has a positive impact on health and wellbeing. Specific activities on Country include connecting to Country, sharing knowledge, learning from Country, caring for Country, participating in ceremonial business, undertaking bush tucker activities, and fulfilling kin obligations (Culture is Life 2014; Trzepacz et al. 2014; Gibson, Dudgeon and Crockett 2020). For many, being born on Country is regarded as pivotal to identity and a holistic sense of being, connecting Aboriginal and Torres Strait Islander peoples to their land and community in a deep, meaningful, and cultural way (Salmon et al. 2019: 6). Bishop et al. (2012) illustrated physical connections on Country, such as being buried on ancestral lands or returning home for grieving processes, are also integral to health and wellbeing. Multiple research studies illustrate that being on Country facilitates cultural knowledge transmission between older and younger generations (Culture is Life 2014; Taylor-Bragge, 2021; Gibson, Dudgeon and Crockett 2020).

Caring for Country means caring for all living and non-living things associated with Country, as well as learning on and from Country. Caring for Country activities includes conducting and sharing practices to support the health and wellbeing of Country, sharing stories and ceremonial information, and connecting with your own spirituality – all are important for social and emotional wellbeing of community members (Burgess et al. 2009; Trzepacz et al. 2014). Connecting to Country is associated with other SEWB domains, such as connections with culture, family, kin, and community, whereby kinship roles and responsibilities are often born from, within or as an outcome of all these connections.

Connection to Country can also be a protective factor against risk factors associated with political determinants of health. Even if connection to kinship had been thwarted due to Stolen Generations membership and forced child removals, wellbeing could be nourished through a sense of attachment to Country, as described by one participant, 'while Country still accepted me, I was forever rejected by those I was meant to belong to, continually crushing my spirit, learning that Country accepts unconditionally' (Dudgeon [Bardi] et al. 2022b: 9). Green and Martin (2017) illustrate that cultural connections are sustained with Country by linking younger generations to Country and the ecological impact resulting from climate change. For the Yawuru in the Kimberley, the interconnectivity between culture and Country involves 'Knowing about land and sea, the flora and fauna, hunting and fishing, eating bush tucker and seasonal catch, spending time with Elders, camping and singing' (Yap and Yu 2016). Salmon et al. (2019), Gibson et al. (2020) and Ryan [Wiradjuri/Bundjalung] et al. (2020) illustrate the importance of advocating for community rights, including the connection to Country and/or land rights, and how these advocacy roles (and their positive outcomes) are inherently linked to self-determination, autonomy and good health. Conversely, separation from being on or caring for Country, is linked with poor health and wellbeing (Trzepacz et al. 2014).

Climate change is having a significant impact on connections to Country. The harmful environmental impact of climate change and climate change related activities, such as longer and more extreme heat waves, flooding, pollution of air and waters, and destruction of sacred places, is recognised as the foremost threat to collective wellbeing and health. The adverse impacts of climate change to land and Country which are connected to Aboriginal and Torres Strait Islander SEWB include increased physical illness, food, housing and energy insecurity, loss of culture and cultural continuity, substance misuse, psychological distress, depression, trauma and grief, increased suicide and suicide related behaviours, disrupted protective kinship, cultural and spiritual connection to Country, increased socioeconomic disadvantage, and lack of access to health services (Wright et al. 2023). However, there is growing evidence that caring for and being on Country can mitigate some of these adverse impacts. The holistic SEWB benefits of connection to Country in the context of climate change include – reduced suicide and suicide-related behaviours, improved physical health and fitness, employment, stronger cultural identity, intergenerational knowledge exchange, reduced food insecurity, socioeconomic advancement, reduced bushfires, and destruction of land and Country (Wright et al. 2023).

Connections to spirit, spirituality, and ancestors

Research relating to Aboriginal and Torres Strait Islander peoples' spirituality is emerging. Key findings from the literature reveal that spirituality is seen as the interconnectedness between all things and that Elders and older community members are essential in transmitting knowledge to younger generations, including those from ancestorial beings and spirituality is what gives meaning to life. Furthermore, for some, one's sense of self was seen a resulting directly from spirituality but for others, self was seen as resulting from all the SEWB domains.

Spirituality is often defined as the interconnectedness between all things, and it is sometimes integrated with religion and/or seen as being synonymous with orthodox religion and practices (Killcullen et al. 2016; Smith [Kamilaroi] et al. 2023). Gibson, Dudgeon and Crockett (2020) illustrated the roles of Aboriginal people in relation to learning about cultural ways, is in essence learning through a connection to spirit, which was explained in the following way:

> *be still; observe environments, including cultural connection; listen to people, Country, ancestors, and spirituality; and finally reflect on what one can see and hear and then learn.* (Gibson, Dudgeon and Crockett 2020: 201)

Gibson, Dudgeon and Crockett (2020) confirm the role Elders play in relation to supporting the connections to Spirituality in their own families and/or broader communities. Furthermore, Smith et al's (2021) Good Spirit, Good Life Quality of Life Tool and Framework for older Aboriginal peoples illustrated the centrality of spirit. In their research, Elders reported that having a healthy and strong inner spirit, that is the core being and meaning of a person, is central to having a good life (Smith et al., 2021). Spirituality was defined as being able to express, experience and practice spiritual beliefs, which were tied up in notions of ancestors, country, religion, cultural identity and more (Smith et al. 2021). In Smith et al.'s (2023) work, participants sense of spirituality reflected interconnectivity with ancestors, families, Country, religion, nature and finally your inner self, whereby inner self, was confirmed as being 'my inner being' (Smith et al.: 6).

Spirituality is also associated with a sense of inner peace, for Elders participating in a cultural, SEWB program, 'Connecting to spirituality was generally described indirectly, as "what I believe", or through mindful practices (for example, "meditating"; "reflecting"; "sitting at sunset"; "watching"), or "time out" (for example, "me time, alone time"; "balance"; "getting away"). These quiet practices were described as "relaxing", "spiritual", or "connecting to spirit" when questioned how they are associated with enhanced wellbeing (for example, "I've been listening to more healing music to keep calm")' (Dudgeon et al 2022b: 9). Finally, some Aboriginal and Torres Strait Islander people incorporate non-Indigenous worldviews of spirituality, such as incorporating non-Indigenous religions like Christianity (Smith et al. 2023).

Theoretical explanations of spirituality are also examined in literature reviews. Love [Bundjalung] et al. (2019), in their literature review relating to older people in Australia, reported that Aboriginal and Torres Strait Islander people's spiritual wellbeing gives meaning to life, and is linked to identity. Furthermore, Love et al. (2019) implicitly illustrated the meaning of life is linked to the SEWB domains. Explanations are provided in relation to the links between ancestors and spirituality, in that ancestors established a way of life or a way to connect with all things and provided the example of longing for Country, an experience of many Aboriginal peoples that is a result of a spiritual connection. Butler et al.'s (2019) literature review on SEWB, illustrated the inter-related and multidirectional relationships between Aboriginal and Torres Strait Islander culture, spirituality, and wellbeing (Butler et al. 2029:148). Furthermore, they identified that both culture and spirituality are foundational to Aboriginal and Torres Strait Islander peoples' identity, which forms a significant sense of self (Butler et al. 2019). Salmon et al.'s (2019) literature review reported that the most common conceptualisation of spirituality was the interconnectedness and reciprocity of all things, including spirit, ancestors, and cultural knowledge.

Lastly, spirituality is linked to notions of selfhood, which is associated with both ***relational self***, that is, how self relates to all aspects of life, including the SEWB domains, and ***autonomous self,*** that is, how self is bound up in personal autonomy in relation to family, kin, and community.

Interconnectedness between all SEWB domains

Understanding individual SEWB domains and supporting both intervention and practices for each are important; however, it is the enjoyment of each domain collectively and the overall interconnectivity across them that underpins both health and wellbeing. The interconnectivity is influenced by many things, including relationality and obligations. Many studies grouped at least three SEWB domains together and did so in various configurations, revealing examples of how the SEWB domains connected (see Table 6).

This interconnectivity is not surprising given the diversity of SEWB experiences and expressions, the diversity of Aboriginal and Torres Strait Islander relationality which underpins SEWB experiences, and the diverse ways that determinants of health and wellbeing impact local communities (Gee 2016; Tujague and Ryan 2023; Dudgeon et al. 2023). According to Butler et al. (2019:140), they illustrate that strong interconnections between various domains is reliant on 'the accumulation and interaction of experiences and influences from many parts of an individual's life to produce an overall sense of wellbeing'. They cite a range of articles that place value and significant on the nature and quality of connections between the individual and their Country (land, place, area), culture, spirituality, community, and family.

Table 6. Illustrating examples about the interconnectivity between three or more SEWB domains

Key articles that illustrate connections between SEWB domains	Connections between SEWB domains	Selected examples about how the SEWB domains connect
Butler et al. (2019)	Family/kinship Community Country Culture Spirituality/ancestors	Great value is placed on the nature and quality between the individual and their Country, culture, spirituality, community, and family.
Culture is Life (2014)	Mind/emotions Community Country Culture	Elders' role is to work with younger people, who may be struggling with identity, and to be with youth on Country.
	Mind/emotions Community Country Culture	Elders take children, who are experiencing wellbeing issues, back to culture, to share cultural knowledge.
	Community Country Culture Spirituality/ancestors	Elders take community to healing places on Country, where they can share cultural knowledge, including dance that connect people to spirituality, like connections to shark, crocodile etc.
Dudgeon et al. (2022b)	Country Culture Spirituality/ancestors	Analysis of the responses from the semi-structured interviews following a Cultural, Social and Emotional Wellbeing program showed the emergence of six key themes and 15 subthemes that characterise SEWB. Culture was separable into four subthemes: (a) cultural knowledge, (b) cultural practices, (c) connection to Country, and d) spirituality.
Garvey et al. (2021)	Family Community Culture	Foundations of wellbeing are deeply interwoven by three interconnected aspects of Aboriginal and Torres Strait Islander life: family, community, and culture.

Gendera et al. (2021)	Body/behaviours Family/kinship Community Country Culture	Family provides emotional strength and support, including connections with culture, which minimises harm of use, like malnourishment and homelessness.
	Mind/emotions Body/behaviours Family/kinship Country Culture	Participants in this study suggested programs that target general wellbeing for individual and families, using cultural activities, connection to Country, and notions of spirituality are necessary.
Gibson et al. (2020)	Mind/emotions Body/ behaviours Family/kinship Culture	Growing older meant adapting to the changes that come with it (such as adjusting to physical changes that occur, the change in roles and responsibilities in family, and increased sense of responsibility to pass on knowledge) and changed the way in which life was viewed.
	Mind/emotions Family/kin Community Country Culture Spirituality/ancestors	Ceremonial events and ceremonial business were linked with a positive SEWB, as they passed on knowledge, supported identity, and supported connections to family, community, Country, ancestors, and culture.
	Mind/emotions Country Spirituality/ancestors	It is important to sit still, observe the environments, including cultural connection, listen to people, Country ancestors and spirituality, and then reflect on what you can see, hear, and then learn.
	Mind/emotions Culture Spirituality/ancestors	Learning through yarning and storytelling was seen as a part of healing.
	Culture Family Mind/emotions Spirituality/ancestors	Elders and older people hold cultural responsibilities to support families and community to cope with experiences of loss, grief and trauma, which may teach coping strategies and/or demonstrate them within family/community.
Kilcullen et al. (2016)	Mind/emotions Country	Strong links between connections with Country result in a positive mental wellbeing.
	Family/kinship Community Culture	Being connected to family and culture was viewed as being synonymous as being culturally well.
McCoy (2007)	Mind/emotions Family/kinship Community Culture	Supporting relationships across generations was important because it promoted both self-continuity and cultural continuity.

Taylor-Bragge et al. (2022)	Body/behaviours Country Culture	Overall wellbeing is linked with returning to and being on Country and learning cultural knowledge.
	Mind/emotions Country Culture Spirituality/ancestors	Caring for Country is linked to strengthening the mind by engaging with a holistic cultural knowledge system.
	Mind/emotions Country	Connection with Country helps form identity.
Salmon et al. (2019)	Mind/emotions Body/behaviours Family/kinship Culture	Family and kinship networks identified as essential in the transmission about chronic disease and health behaviours – whereby Elders had a distinct role in transmitting knowledge to younger generations.
Yap & Yu (2016)	Mind/emotions Family/kinship Community Country Culture	Connections with family, community, Country, culture, and traditions are fundamental to living well and how one feels about themselves.
	Mind/emotions Country Culture Spirituality/ancestors	The maintenance of cultural practices and language not only fulfils cultural obligations but is also a part of Aboriginal people's identity and sense of belonging to the land.
Yawuru RNTBC (2011)	Mind/emotions Body/behaviours Family/kinship Community Country Culture Spirituality/ancestors	Aboriginal people have a connection with landscapes and the way they use and occupy the land, sea and Country, as well as connections to the kinship systems, ceremony and lore, songs and dances, and language passed through the generations.

SEWB and Indigenous selfhood

Aboriginal and Torres Strait Islander peoples' selfhood is synonymous with cultural identity, which means the self is inseparable from and embedded in relationships with each of the SEWB domains, including Country, family, community, and ancestors (Gee et al. 2014; Salmon et al. 2019). Personal autonomy is therefore created and maintained by the complex, interconnected and reciprocal relationships, which are spiritual and sometimes even sacred in nature. Selfhood develops across life courses, as does the spiritual nature of the complex and inter-connected relationships. Selfhood can thus be understood as comprising both the *relational self* and the *autonomous self,* recognising a deep interconnectedness between self, family, and community, yet also maintaining individual autonomy across these interconnections.

Relational self

Indigenous selfhood is shaped by relationships within and across SEWB domains. Selfhood is not only interconnected with family and community, but individual and collective identities are formed through connections across multiple domains. Much existing research has focused on how Aboriginal and Torres Strait Islander identity is fundamentally informed by culture, as well as connections to Country, family and kinship, community, spirituality and ancestors (Verbunt et al. 2021). SEWB affirms that an individual's wellbeing and resilience is dependent on their sense of identity, belonging and connection (Macedo et al. 2019). Understandings of Aboriginal selfhood as collectivist encompasses more than just being part of a community and is clearly highlighted in the role connection to Country plays. Brigg and Graham [Kombumerri/Wakka Wakka] (2020:1) state that Aboriginal and Torres Strait Islander selfhood:

> *springs from and is bound up with 'Country' (or sentient landscape), and hence with ancestor and totemic figures who left their trace in the landscape during the "Dreaming" or creation period that continues to ramify in the present. One result is that each person is not a conscious isolate affirmed through identitarian thought. An Aboriginal equivalent of Descartes's 'I think, therefore I am' might be, 'I am emplaced, therefore I am'.*

The links between having access to cultural lands and enjoyment of SEWB are well documented. For palawa academic Professor Ian Anderson (1995) 'our identities as humans and as Indigenous people are grounded in our land" (Anderson, cited in Sutherland and Adams 2019: 58). They also make the point that for 'Indigenous peoples, the land is spiritual and has many symbolic metaphors for life; it is not just a physical environment' (Anderson, cited in Sutherland and Adams 2019: 58). What is clear though is that connectedness to Country does not simply refer to cultural lands or land on which one is born, but can mean that overarching animistic belief system that one is deeply connected to the environment and the universe. According to Tynan [Trawlwulwuy] (2021) relationality is a central concept, the foundation of 'how the world is known and how we, as Peoples, Country, entities, stories and more-than-human kin know ourselves and our responsibilities to one another within Indigenous worlds' (2021: 600). She cites Alfred [Kanien'kehá:ka] and Corntassel [Cherokee Nation] who suggest that relationships 'are the spiritual and cultural foundations of Indigenous peoples' (Tynan 2021: 559).

Furthermore, an individual's humanness and ethical conduct is continually affirmed and determined through their relations with Country, kin, and ancestral figures (Brigg and Graham 2020). Several Indigenous scholars (Arabena [Meriam] 2008; Brigg and Graham, 2020; Dudgeon et al. 2019; Dudgeon et al. 2023; Hemming et al. 2017; Tynan 2021) stress the importance of connectedness to local ecologies where individuals are considered as part of the natural world and have a responsibility to maintain and nurture it. This means that Indigenous knowledge systems are highly localised, or place-based, offering insights into the interrelationships of all parts of nature and in turn its relationship to self and identity. Importantly, place as facilitator of connection, relationships, building resilience, healing, and strengthening identity and culture can take many forms, and exist in many places. For example, Kingsley et al. (2018) write of the many types of gathering places in Victoria that contribute to these outcomes, whether designated places like an ACCHO, places across multiple locations that are flexible to community needs, gathering places organised around activities rather than locations, or temporary and shared spaces. Despite these differences, gathering places contribute to strong community relationships and connections to SEWB domains, create a sense of belonging and resilience, and contribute to empowerment.

Autonomous self

Selfhood is also bound up with notions of personal autonomy in relation to family, kin, and community, which is 'created and maintained through interactions and practices within a given cultural context' (Vignoles et al. 2016:969). The development of selfhood can also be reflected in the roles and responsibilities of individuals and/or groups of individuals. Roles and responsibilities include but are not limited to being an Elder, land custodian, healer, knowledge holder and/or sharer of cultural knowledges, grandmother, child, carer, musician, artist, health professional, and more. There are cultural nuances of these roles and responsibilities, unique to Aboriginal and Torres Strait Islander peoples. For example, Aboriginal and Torres Strait Islander peoples' roles and responsibilities hold cultural elements, such as being tasked with ensuring cultural survival, passing on culture and law, and participating in cultural activities that reflect, grow and nurture connections with Country.

At the heart of these roles and responsibilities, and therefore selfhood, is the sense of belonging; a sense of hope; motivation to learn, not just cultural knowledge but how to navigate any risk factors associated with social, cultural, political, and historical determinants. Coping strategies, problem-solving, making choices, being empathetic, being in healthy relationships, developing one-self (like the ability to learn), knowing how to know and more, are important aspects of selfhood. These roles and responsibilities provide a sense of belonging with family, community, and Country (Mia et al. 2017).

Finally, Aboriginal and Torres Strait Islander peoples are navigating their selfhood in a colonised society, which means they are negotiating situations that were not experienced prior to colonisation. As such, individuals may bring in new forms of adapting and bringing new vitality to cultural knowledges, which sometimes may combine Western and Aboriginal and Torres Strait Islander knowledges and do so in a way that is not assimilated by the dominant Western culture (Dudgeon and Walker 2016; Dudgeon, Milroy and Walker 2014).

Social, historical, political, and cultural determinants

An important component of the SEWB model is the expansion of a determinants approach to health and wellbeing, to delineate between social, cultural, political and historical determinants that reflect the specific contexts of Aboriginal and Torres Strait Islander peoples and communities. A social determinants paradigm has established itself in global approaches to addressing health and wellbeing inequities (WHO 2010), and since the conceptualisation of the SEWB model has further been recognised in Aboriginal and Torres Strait Islander health policy (see NATSIHP 2013-2023). Cultural, political, and historical components are recognised within many key social determinants' frameworks (WHO 2010), and it has also been recognised that these various components are interrelated, with impacts that are collective and cumulative (Zubrick et al. 2014). However, separating these components into distinct determinants recognises their salience for Aboriginal and Torres Strait Islander health and wellbeing (Pulver [Wiradjuri] et al. 2019).

Since the conceptualisation of the SEWB model there has been further scholarship to better understand these determinants and their complex relationships. Systematic reviews have continued to demonstrate the overarching role of colonialism and its legacies, as a historical determinant, in contemporary contexts of health disparities (Griffiths et al. 2016; Smallwood [Gamilaroi] et al. 2021). This includes forced removal of children; income management and stolen wages; displacement; forced disconnection from identity, Country, and culture; and deficit discourses that construct Aboriginal and Torres Strait Islander peoples in negative and harmful ways. These historical contexts have resulted in profoundly damaging psychosocial impacts, racism (Griffiths et al. 2016), and even lateral violence (Whyman [Paakantji/Ngiyampaa] et al. 2023). Recent literature has continued to highlight the concept of trauma as a key factor in how these historical determinants produce health and wellbeing disparities (Griffiths et al. 2016; Kirmayer et al. 2014; Smallwood et al. 2021) and affirming the role of colonisation as more than mere context, but a key determinant. Truth-telling, consciousness raising, and reconciling historical, political, social, and cultural determinants are necessary to healing and promoting SEWB.

As described by Stolen Generations Survivors participating in an SEWB program, 'Being able to understand one's history (for example, "historical determinants"; "the Stolen Generations"; "government policies"; "land rights"; "the right history") and current social determinants (for example, "house and roof"; "employment"; "finances"; "education"; "jail"; "negative impact of drugs and alcohol"; "dealing with racism") were not necessarily considered to be core dimensions of the wellbeing construct, rather they were described as a catalyst for change and a necessary component to "accept", "heal", and "move forward"' (Dudgeon et al. 2022d: 11).

However, there are positive historical determinants that have also contributed to strong connections to SEWB, these are historical manifestations of both political and cultural determinants. Central to the political determinants is a right to self-determination and sovereignty (the SEWB Framework connects these rights to the UNDRIP, and the relationship between SEWB and human rights will be discussed at more length). The political movements towards self-determination that have emerged to challenge and resist colonial policy and structures represent key historical and political determinants that have built the foundations for strengthened SEWB for Aboriginal and Torres Strait Islander peoples and communities (Rigney et al. 2022). A key example has been the emergence of ACCHOs as both community and political structures, that have embodied principles of sovereignty and self-determination (Bell et al. 2000). This is evident in the role they have played in shaping the very definitions of health and wellbeing, and subsequent policies (NAIHO 1979; Pearson [Kuku Yalanji/Torres Strait Islander] et al. 2020). Rigney et al. (2022:4) name the project of Aboriginal and Torres Strait Islander national building as a key political determinant that needs to inform current policies and initiatives. Nation building is an enactment of self-determination and self-governance that supports the creation of institutions, policies and practices, and 'supports communities to create the conditions where social and cultural determinants of health can be met'. In their discussion paper, they demonstrate how Indigenous nations, as political bodies, can self-determine and govern over key policy areas such as health; law and lore; families; repatriation; data sovereignty; food sovereignty and water security; infrastructure, housing and place-making; economic strength; education and language; and crisis management. They offer case studies and examples of nation building that highlight how self-determination mitigates the impacts of colonisation and leads to positive health and wellbeing outcomes. Furthermore, they emphasise ACCHOs as central to supporting communities in their nation (re)building efforts.

The SEWB model recognises that historical and political determinants 'are an important part of the broader level of cultural determinants that help shape the environment and circumstances in which Aboriginal and Torres Strait Islander peoples are born into' (Gee et al. 2014:62). This interrelatedness is also reflected in the work of Salmon et al. (2019) that identifies 'self-determination and leadership' as a key cultural determinant or indicator within their model of health and wellbeing. Lowitja Institute (2020:4) also built on this research to conceptualise how a cultural determinants approach translates into policy. It proposes a framework that is operating on 'key principles such as Indigenous leadership, strengths-based approaches, rights-based, and social determinants-driven, the recognition of historical trauma and racism, and the significance of Indigenous cultural identity to health and wellbeing'. It argues that effective policy making must adopt an approach that seeks to address all determinants of health and wellbeing, and that is fundamentally centred on culture. Addressing social determinants alone, through the provision of housing for example, is not solely adequate to effectively strengthen SEWB domains. The provision of housing that centres culture, recognises family and kinship systems in its design, and operates within a community-controlled framework is more effective in contributing to multiple SEWB outcomes for both individuals *and* communities (Rigney et al. 2022). Further, Dudgeon et. al.'s (2018) *Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks* is another example of how self-determination can be embedded in suicide prevention programs.

Yet, there is still further work needed to develop shared understandings around determinants and translate them into policy contexts in ways that allow for effective measurement of health impacts and informs program and service design (Brodie [Yawarrawarrka /Yandruwandha] 2023). In a review of Aboriginal and Torres Strait Islander health programs that address the social determinants of health, it was found that a clearer articulation of measures and outcomes was needed, and national measures such as the Health Performance Framework conflates social and cultural determinants (Brodie 2023). While some have argued that policy which shapes all determinants is socially produced, and thus social determinants is the overarching category (Pulver et al. 2019), this risks marginalisation of the historical, cultural, and political components within a social determinants policy discourse. Distinguishing between determinants adds needed conceptual precision and maintains salience of each determinant. The following sections more closely examine key considerations within these determinants that are essential for flourishing and thriving communities: healing and restoration from trauma and addressing self-determination and human rights.

Healing and restoration

Significant insights relating to the concept of healing has surfaced in the literature. In this section, key resources have been collated to form a comprehensive concept of healing. We identify and describe different types of healing, namely *Cultural Healing*[3]*, Experiential Healing, and Blended Healing*. Five examples of healing work and/or programs are then illustrated, which reveal diverse ways in healing practices. The examples include the Healing Foundation, the national centre for healing initiatives designed by and for Stolen Generations Survivors; a community-based healing centre in Alice Springs called The Akyyuleree Healing Centre; initiatives led by older Aboriginal people and Elder-led, which form organically, often without funds, and are designed to support local families and communities; the Circles of Knowledge and Connections Model, a holistic case formulation tool designed for therapeutic use; and the Family Wellbeing Program, an accredited program which offers a trauma-informed approach to healing, with the aim of empowering participants to take greater control of their own lives.

Conceptualisation of healing

Aboriginal and Torres Strait Islander authors define and conceptualise healing in a way that centres culture. Within Indigenous Knowledges Frameworks, spirituality and its connections across SEWB domains are seen as being vital in the healing process (Wynne-Jones 2016; Healing Foundation 2021; Tujague and Ryan 2023; Salmon et al. 2018). Culture is also seen as critical, along with the inclusion of cultural lore and practices that both nurture and strengthen Indigenous relationality, such as practices that strengthen cultural identity and sense of belonging (Dudgeon and Bray 2019; Dudgeon, Walker, Scrine, et al. 2020; Dudgeon et al. 2020b). Milroy's *Dance of Life* (2006) illustrates how culture practices and values are interwoven and underpin healing. Smith et al. (2023) explained healing was reliant on the following spiritual connections: ancestors, family, Country, and religion. Furthermore, healing is considered a strengths-based process, holistic in nature, and promotes a decolonising journey of the mind, body and spirit, that heal from both past and contemporary traumas, like colonisation and culturally unresponsive policies (The Healing Foundation 2021).

Cultural healing. Cultural healing, which is a practice of healing conducted by cultural healers, is commonly cited in literature as an important approach to healing SEWB.

Dudgeon and Bray (2019) explain how the Ngangkari healers are focused on restoring SEWB and decolonising, by using the spiritual world. They share:

> *Ngangkari healers work with the spirit or karanpa by using a psychic medicinal tool called a mapanpa, which removes bad spirits or mamu from the body, returns a lost karanpa to the body, or strengthens the spirit. In effect, healing restores the vitality of the spirit, depression, and other forms of mental illness. Often, this is done by sending out the spirit of the Ngangkari healer to communicate with other spirits. (Dudgeon and Bray 2019:105)*

The positive evidence and outcomes of cultural healing is well established within Aboriginal and Torres Strait Islander communities. Dudgeon and Bray (2019) explain that cultural healing is the most efficient way to assist Aboriginal and Torres Strait Islander peoples, due to the Indigenous Knowledges Frameworks that inform healing traditions, which are refined over an extensive period, predating colonisation. For example, Edwige [Ngarabal] and Gray [Wiradjuri] (2021) illustrate that family and kin relationships and interactions offer an important role in promoting healing across all generations. However, extreme caution is recommended in applying Western standards when evaluating outcomes of healing, as applying Western standards alone would at the least be culturally inappropriate and contribute to institutional racisms (Dudgeon and Bray 2019; Dudgeon et al. 2020b). Future research relating to cultural healing must apply Indigenous Research Methodologies when identifying and evaluating outcomes.

Experiential and blended healing. Wynne-Jones et al. (2016) describe experiential healers as individuals or groups whose initiatives focus on skills, knowledge, and practices, gained through their own experiences of colonisation and the subsequent impact on health and wellbeing, including loss, grief, and trauma. They provide an example of Lorraine Peeters Muramali [Wailwan; Gamilaroi] of Healing Journey. This initiative is designed to support Stolen Generations Survivors by focusing on Aboriginal knowledge systems and spirituality, with the aim of understanding and healing from longstanding trauma (Wynne-Jones et al. 2016). McKendrick et al.'s (2013) definition of blended healing described leaders who use a combination of traditional healing practices with other practices from non-Indigenous cultures. They highlighted narrative therapy, which is based on storytelling as being an acceptable blended healing practice (McKendrick et al. 2013). In many instances, if not all, experiential and blended healing approaches incorporate Indigenous Knowledges Frameworks and other aspects of spirituality that often inform cultural healing.

3 We note that earlier literature refers to Cultural Healing and Cultural Healers as being Traditional Healing and Traditional Healers. However, we use the terms Cultural Healing and Cultural Healers in our literature review as it is now the preferred and most-respectful terminology to use.

Examples of healing

Example 1: The Healing Foundation. The Healing Foundation is a national organisation, formed in 2009 following Prime Minister Kevin Rudd's apology for past government policies that resulted in the forced removal of Aboriginal and Torres Strait Islander children from their families. The Healing Foundation is an Aboriginal and Torres Strait Islander-led organisation that creates a safe place for Stolen Generations Survivors and descendants to tell their own stories and lead their own healing journey. Healing processes include working with communities to address trauma caused by colonisation. Priorities of the Healing Foundation include promoting culturally safe and trauma-informed that meet the needs of survivors and their families.

In 2019, the Healing Foundation reported that it had supported 175 healing projects, all community-led and grounded in culture. Over 45,000 community members and 7,000 Stolen Generation Survivors accessed these healing programs, achieving positive outcomes for communities (Healing Foundation 2019). These included but were not limited to individuals' improved ability to care for their grief and increased connections to culture (Healing Foundation 2019). Healing initiatives were diverse and included activities that supported connections to spirituality, family, community, Country, ancestors, and more (Healing Foundation 2019). Three core principles underpinned all of the Healing Foundation's programs: the first is developing healing initiatives that are community-led and focused on local priorities; the second is developing healing networks that promote healing at all levels, in policy, services and communities, which are aware of trauma and understand truth-telling; the third and relates to creating supportive and proactive policy environments.

Example 2: The Akyyuleree Healing Centre. Run by the Arrernte people in Alice Springs in the Northern Territory, the centre conceptualises healing in terms of spiritual, social, physical, and emotional wellness that is connected to family, culture, language, and Country. Healing is achieved through a combination of what on the surface may seem to be straightforward activities, like bush trips, collecting bush medicines and bush tucker, barbecues, storytelling, singing, and dancing.

Example 3: Elder's roles and responsibilities. Elders and older people play a significant and often unreported role in healing of families and communities. Cox et al. (2022) demonstrated that Elders and older people sometimes use a blended approach to healing that focused on nourishing connections. Elders and older people hold kinship roles and responsibilities, which means they are cultural custodians and are tasked with sharing information across generations in their families and communities (Cox et al. 2022; Gibson, Dudgeon (and Crockett). Elders and older Aboriginal and Torres Strait Islander peoples provide a range of healing activities with families, including passing on cultural knowledge, having a yarn, being on and learning from Country together, advocating for better SEWB services, offering advice and more (Culture is Life 2014; Cox et al. 2022; Gibson, Dudgeon (and Crockett 2020). The involvement of Elders strengthen community members' SEWB, including other Elders and older Aboriginal and Torres Strait Islander peoples.

Example 4: Circles of Knowledge and Connections Model. Tujague and Ryan 2023 used a combination of Indigenous knowledges and Western psychological knowledge to develop their training, which formed the basis of their book Culturally *Safety in Trauma-Informed Practice from a First Nations Perspective: Billabongs of knowledges*. Their book details explanations of complex and inter-related concepts relating to Aboriginal and Torres Strait Islander people's experiences of trauma and healing. Furthermore, it provides practical strategies and actions, including and not limited to their holistic case formulation tool, called Circles of Knowledge and Connections Model. This model is further explained and illustrated in Section 4, as an evidenced-based practice for health professionals.

Example 5: The Family Wellbeing Program (FWB). FWB is an accredited program that offers a trauma-informed approach to healing, with the aim of empowering participants to take greater control of their own lives in the face of colonisation and the ongoing impacts of colonisation (Perera et al. 2022). Participants in this Aboriginal-led and developed program reported that they were able to better respond to their own emotions, felt an increased in self-confidence and self-esteem, and finally took control over other aspects of their lives, such as better managing issues, such as those relating to alcohol use and gambling (Perera et. al. 2022). FWB was reported as having strong outcomes, with evidence showing it supported the reduction of suicide (Perera et al. 2022). The success of the pilot program led to further funding nationally, with an expansion to over 5,000 participants.

Self-determination and other rights

Notions of human rights are linked with SEWB. This was highlighted by attendees of the Social and Emotional Wellbeing Gathering in 2022 who shared their knowledge across areas of practice, policy, and research, participating in workshops to respond to the theme of SEWB and human rights. Participants illustrated that human rights and SEWB are intrinsically linked, and in doing so, highlighted the focus on culture, equity and not equality, and good health. For example, participants stated:

> *Aboriginal and Torres Strait Islander peoples have a right to practice culture, a right to spirituality, to Country and to learn and teach in their own way. Human rights are not just about having the rights to the same thing as other humans, it is also the right to having the same outcomes as other humans, such the right to a healthy body and a healthy mind.* (TIMHWB 2022:18)

Furthermore, participants confirmed the holistic nature of Indigenous human rights, which can be expressed individually and collectively (TIMHWB 2022; AHRC 2010). The 2023 Social and Emotional Wellbeing Gathering again emphasised the importance of human rights to improving SEWB and affirmed the necessity of embedding SEWB and human rights in funding frameworks, and a whole-of-government commitment to the SEWB and human rights needs of Aboriginal and Torres Strait Islander peoples (TIMHWB 2023).

Many national policies relating to health and wellbeing reiterate the importance of human rights. For example, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* includes a reference, reflecting the importance of ensuring that Aboriginal and Torres Strait Islander peoples' human rights are met. The *National Aboriginal and Torres Strait Islander Health Plan 2021-2023* includes many references to rights-based approach and prefaces the document with an acknowledgement that all Australian governments recognise the rights of Aboriginal and Torres Strait Islander peoples, which are central to health and wellbeing (Commonwealth of Australia 2021). The *Cultural Respect Framework (2016-2026)* asserts that cultural safety is centred on several key tenets, including the use of a human-rights based approach to centre the culture of Aboriginal and Torres Strait Islander peoples (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee 2017). While these policies reiterate the importance of human rights in health and wellbeing context, the Australian Government is often criticised for not upholding the human rights of Aboriginal and Torres Strait Islander peoples.

Similarly, to Ryall [Galari Wiradyuri] et al. (2020), human rights are discussed using *The Community Guide to the UN Declaration on the Rights of Indigenous Peoples'* four principles. These four principles are fundamental and foundational to the *United Nations Declaration on the Rights of Indigenous People*, which affirm minimum standards for Indigenous people's survival, dignity, security, and wellbeing (AHRC 2010). The four principles are also considered categories of the human rights articles, and they include: self-determination, participation in decision-making, respect for and protection of culture, and finally, equality and non-discrimination.

Self-determination

The right to practice self-determination is not only a political right but also central to the thriving of Indigenous peoples. It is therefore not surprising to see that connections between self-determination, recognition of rights and autonomy, along with respect and protection of Indigenous peoples' wellbeing was a recurrent theme in the literature. All of which continue to be impacted by colonisation and the ongoing structures, processes and systems that dehumanise Indigenous peoples (Gee et al. 2014; Dudgeon and Walker 2015, Dudgeon and Bray 2019). As Yap and Yu (2016a:78) state:

> *The importance of autonomy and agency is especially relevant when definitions and priorities of wellbeing are placed against the backdrop of colonisation which undermined the autonomy of many Indigenous groups around the world and continues to form part of their lived realities today. How self-determination is exercised and experienced ranges from very personal experiences of feeling respected and having your opinions valued to having opportunities to provide input into management of land and sea country.*

The ability to be self-determining is not only an essential aspect of wellbeing but an important pathway towards achieving strong SEWB, both individually and collectively (Yap and Yu, 2016:72; Milroy et al. 2014). Self-determination was frequently perceived as Aboriginal and Torres Strait Islander peoples having a voice on matters affecting individuals, their families, community and Country, as well as feeling respected and free from discrimination (Yap and Yu 2016; Dudgeon et al. 2012; 2014). That conception of self-determination is true for the Yawuru and other Indigenous groups in Australia and around the world (Yap and Yu 2016). The expressions of self-determination described in the literature range from securing native title, feeling respected, enjoying basic human rights afforded to all citizens and autonomy or control over one's life, and having control of their environment (Ryan et al., 2020). Furthermore, other qualitative studies resulting from the National Empowerment Program and Cultural, Social and Emotional Wellbeing Program (Dudgeon et al. 2014; Mia et al. 2017; Dudgeon et al. 2022b) highlight the critical importance of empowerment and Aboriginal Participatory Action Research (APAR) processes (Dudgeon et al. 2020b) towards supporting self-determination in programs, research and other initiatives.

Participation in decision-making

Participation in decision-making refers to Aboriginal and Torres Strait Islander peoples having the right, along with the means (that is, policies, processes and structures, including Indigenous governance) to participate in decisions that have an impact on their lives. Aboriginal community controlled health organisations provide exemplary ways in which local Aboriginal and Torres Strait Islander communities are engaged in decision-making about SEWB initiatives, and therefore embed human rights in their everyday operations. Furthermore, Dudgeon et. al.'s (2018) guide for Primary Health Networks is an example of how non-Indigenous organisations can embed Indigenous governance structures within non-Indigenous service provision for suicide prevention. In the background section of this report, we highlighted the historical context of Aboriginal and Torres Strait Islander community-controlled health organisations taking leadership in relation to upholding local community members' participation in decision-making. Additionally, in the key findings, we illustrated several examples of community-led processes for decision-making, like in initiatives resulting from the Healing Foundation.

Smallwood [Biri] (2015) articulates different types of rights, including social and economic rights, and asserts that rights are both cultural and collective. Thus, economic models must be attentive to place-based nuances and cultural contexts. They need to be flexible and adaptive so that local needs can be met, and they must consider how communities engage with them. A key issue that impacts on local decision-making processes is the way Western funding models constrain what can be done and how – Aboriginal and Torres Strait Islander peoples and communites have long advocated for changes to these models to strengthen community-led decision decision-making. As recommended by participants in the SEWB Gathering in 2022,

> *..funding should instead be place-based, needs–based, community-led, reflexive, sustained and connected to forms of data collection guided by what is valued by communities* (TIMHWB 2022:18).

Smallwood (2015) reinforces that community empowerment, which we believe can be enacted via authentic and genuine participation in decision-making, will help regain Aboriginal and Torres Strait Islander peoples' dignity, noting that too often, decision-makers will enact policies and processes that dehumanise Aboriginal and Torres Strait Islander peoples, and thus justify the imposition of oppressive structures and processes by governments. Over the past decade, there has been increasing rhetoric from governments about involving Aboriginal and Torres Strait Islander peoples in the development of key policies that impact on Aboriginal and Torres Strait Islander peoples' health, including initiatives relating to mental health. However, a failure of the government to genuinely partner with Aboriginal and Torres Strait Islander peoples continues to be an ongoing issue.

Respect for and protection of culture

Cultural resurgence is on the rise. This is reflected in activities like language revitalisation, caring for Country, healing initiatives, and more as highlighted in the connections to culture section above. Respect for and protection of culture has a link with positive health and wellbeing. For example, Schultz and Cairney (2017), similar to Taylor-Bragge (2021), illustrated that encouraging and facilitating Aboriginal and Torres Strait Islander peoples knowledge and skills in land management has the potential to enhance both 'individual and community autonomy, cultural identity and sense of control' (Schultz and Cairney (2017:13), as well as mitigate the 'profound loss of control, disempowerment and disengagement' that many Aboriginal and Torres Strait Islander peoples continue to experience due to colonisation such as forced removal from Country (Schultz and Cairney (2017:13).

National recognition, respect, and protection of cultural rights are difficult to maintain in a colonial nation, like Australia. For example, the Queensland Human Rights Commission, while asserting that participation in cultural activities is important, nevertheless qualifies the enjoyment of the right to culture for Aboriginal and Torres Strait Islander peoples as being subject to vague limitations:

> *..cultural rights of Aboriginal and Torres Strait Islander peoples can be limited, but only where it is reasonable and demonstrably justified in a free and democratic society based on human dignity, equality and freedom.* (QHRC 2019).

These limitations to uphold cultural rights negatively impact on social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

Equality and non-discrimination

In many ways, equality and non-discrimination are reflected in the positive factors that influence all the determinants of health and wellbeing – cultural, social, political, and historical. The literature is well-versed in highlighting the equality and non-discrimination issues faced by Aboriginal and Torres Strait Islander peoples. For example, Mazel (2016) illustrates the role of Aboriginal community controlled organisations in advocating for better access to the protective factors of the determinants of health, and that governments' role is to ensure that Aboriginal and Torres Strait Islander peoples have access to the protective factors. The SEWB Gathering in 2022 confirmed these roles (TIMHWB 2022). Smallwood (2015) takes a similar line of argument and articulates pathways in which human rights can be enacted and enshrined in the constitution and other Australian political structures and systems.

Dudgeon et al.'s (2023) paper has a focus on racism, reinforcing that racism is both a form of discrimination and a breach of human rights. They suggest operationalising the *National Aboriginal and Torres Strait Islander Health Plan (2021-2031)* and the *Cultural Safety Framework to Address Racism in Health* via a whole-of-system approach to eliminating racism (Dudgeon and Bray 2023). Gibson et al. (2015) similarly note the centrality of self-determination in enacting the *United Nations Declaration on the Rights of Indigenous People* in full and provide advice to the occupational therapy profession about how they can reflect on their own contexts to illuminate whiteness and racism, as well as strategies to build partnerships that enshrine self-determination at the heart of them.

Flourishing and thriving Indigenous communities

New to the literature, but not within Aboriginal and Torres Strait Islander communities, are concepts relating to flourishing and thriving Aboriginal and Torres Strait Islander communities, or in short, individual and collective experiences for *living a life well*. This concept was central in NAIHO's first description of SEWB in 1989 (see Table 1). Flourishing and thriving Aboriginal and Torres Strait Islander communities are believed to be reliant on being able to claim and enact their human rights, as well as having access to the protective factors of the determinants to health and wellbeing (Bullen [Nyungar/Wardandi] et al. 2023; Dudgeon et al. 2023). A crucial element of flourishing and thriving Aboriginal and Torres Strait Islander communities – and therefore claiming human rights and accessing protective factors – is being able to uphold Indigenous relationality principles (Bullen et al. 2023; Dudgeon et al. 2023). As explained by Bullen et al. (2023:8),

> *..the act of self-determining, adapting and implementing concepts of wellbeing and flourishing is influential beyond simply enacting voice and agency around one's own circumstances. The extant literature in the First Nations context characterises wellbeing as a socially constructed, oriented and defined concept that inherently rests upon relationality to culture, community, Country, and ancestors.*

The complex and multi-layered interactions between Indigenous relationality, self-determination, and all the before mentioned determinants are yet to be fully realised in the literature and within the health disciplines. Yet, communities are enacting these complex and multi-layered interactions, like those expressed via

healing activities and the National Empowerment Project (Healing Foundation 2019; Dudgeon et al. 2022). Services play an important role in enabling flourishing and thriving communities. Services include both Aboriginal community controlled organisations and government organisation providers, and each of them play a unique role in relation to supporting flourishing and thriving communities. The *National Agreement on Closing the Gap* (Australian Government 2020) set priorities relating to reforms and they outline the focus of ACCHOs is to ensure that there is a strong and sustainable ACCHO workforce working with communities, and that government organisations deliver culturally safe services, which decrease the proportion of Aboriginal and Torres Strait Islander peoples experiencing racism. Key impediments to flourishing and thriving communities include many systemic and structural processes, such as the health disciplines' Western ideologies, adverse social determinants and ongoing systemic racism (Bullen et al. 2023; Dudgeon et al. 2023). Readers are encouraged to read Bullen et al. (2023) and Dudgeon et al.'s (2023) papers which critique the health discipline's practices, via Positive Psychology and Decolonising Psychology.

Developments in national, state, and territory policy

The *National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023* has been a key national policy document that has embedded the SEWB model within Australia's health and wellbeing policy landscape. The policy represents a renewal of the 2004-2009 SEWB Framework and states that it is intended for policymakers, program providers, and practitioners to: understand the mental health reforms which impact most on Aboriginal and Torres Strait Islander social and emotional wellbeing; understand implications for mental health and SEWB service provision; inform program development and implementation and integrated activities; guide and support Primary Health Networks and other relevant providers in planning and commissioning culturally and clinically appropriate mental health services for Aboriginal and Torres Strait Islander peoples; and inform policy development, research and evaluation (DPM&C 2017). The renewed framework also presents an overview of risk and protective factors across each of the domains of the SEWB model, alongside descriptions of each domain.

While the SEWB Framework has been described as a promising Australian policy framework for improving the SEWB of Aboriginal and Torres Strait Islander peoples, particularly including mental health (Bainbridge et al. 2018), it was never funded for implementation. The subsequent renewal and implementation of the SEWB Framework has been identified as a key priority for key First Nations organisations and peak bodies, and commonwealth, state, and territory governments (Commonwealth Department of Health and Aged Care 2023; TIMHWB 2022).

The SEWB Framework has further informed health, wellbeing, mental health, and suicide prevention strategies and plans across many states and territories. Across all states and territories, relevant policy documents make some mentions of SEWB as an Aboriginal and Torres Strait Islander concept of health and wellbeing and provide some definition. However, these definitions are not always accurate, such as the *WA Country Health Service Mental Health and Wellbeing Strategy 2019-2024* which defines SEWB narrowly as a 'holistic view of mental health'. Other key policy documents such as the *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025, WA Suicide Prevention Framework 2021-2025* and Victoria's *Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027* provide a detailed overview of SEWB as a concept, including the diagram of domains. The *NT Aboriginal Health Plan 2021-2031* and the *SA Aboriginal Health Promotion Strategy* don't or only briefly refer to SEWB, but instead highlight a cultural determinants approach and connect to the model outlined in (Salmon et al., 2019). Another policy document that has emerged to specifically address SEWB is the *Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016-2018* which outlines a multiple investments and actions towards building inclusive communities, thriving and connected families and resilient people. These actions are oriented towards building leadership capacity, valuing culture, building connections, addressing social determinants, and service system reform.

A key policy document and investment from the Victorian State Government has been the *Balit Murrup – Aboriginal SEWB Framework 2017-2027.* The framework's vision is to achieve high standards of SEWB and mental health for Aboriginal and Torres Strait Islander peoples, families, and communities, and to reduce the health gap relating to suicide, mental health, and psychological distress.

The framework evokes key principles relating to self-determination and Aboriginal community control, embedding healing and protective factors, culturally capable services, person-centred care, community engagement, and partnerships. Key investment is towards improving access to culturally responsive services, supporting resilience and trauma recovery, building a strong, skilled and supported workforce (including multi-disciplinary SEWB teams), and integrated and seamless delivery.

The *Queensland Aboriginal and Torres Strait Islander Healing Strategy 2020-2040* developed with the Healing Foundation is also relevant. This strategy outlines priority actions towards establishing safe truth-telling processes to develop a shared understanding of history; stopping the perpetuation of trauma through eliminating racism and discrimination, systems reform, investment in community-led healing through culture, trauma-aware and healing-informed workforces. This works alongside community capacity building, and accountability through healing actions and outcomes that are defined and measured by the community.

SEWB service delivery models

Translation of the SEWB model into service delivery systems is imperative for health and wellbeing services that address the needs of Aboriginal and Torres Strait Islander peoples and communities. Service delivery models reflect the academic evidence base towards best practice, and policy frameworks that identify strategic needs and actions. Importantly, this work must be led by Aboriginal community through with ACCHOs leading development and implementation of SEWB Service Delivery Models. While many ACCHOs have developed, or are developing, models of service to support the SEWB of their communities this grey literature is not always publicly available. Below is a brief overview of some recent models of service that have publicly accessible information. Many of these models of service have been developed in conjunction with state government institutions and PHNs.

The NSW Mental Health Commission (2020) coordinated consultation with Aboriginal Service Providers (ASPS), Aboriginal communities, community leaders and the Aboriginal Health and Medical Research Council to develop *Journey of Wellbeing,* a SEWB model of care that will inform best practice service delivery for ASPs in New South Wales. While the model of care is not intended for non-Indigenous or acute services, further work is anticipated to develop the model to address these areas.

The model reflects that individual journeys are different, and emphasises storytelling, empowerment and choice throughout one's journey. The model encompasses connection with community supported by fostering cultural safety in service delivery; soft-entry options such as open-door policies and community engagement; and building SEWB and mental health literacy within communities.

Connections within the service are supported by strong governance mechanisms; staff development and support, with diverse and multi-skilled teams and two-way knowledge sharing; and flexible, clear, and prompt service delivery. Connections between agencies, services and organisations is supported by strengthening collaboration through shared care planning, data linking, MOUs and relationship development; improved transitions with key staff at crisis entry points and follow-up referrals; and strengthening mainstream services through cultural awareness knowledge sharing and embedding and secondment of Aboriginal workers. Lastly, connections with the social determinants of health and wellbeing are supported by ensuring SEWB-focused programs and establishing relationships with relevant services; and wraparound support through transport services, engaging social support workers, childcare workers, and options for temporary crisis relief.

Emerging from Darwin's National Suicide Prevention Trial spanning 2016-2020, the Northern Territory PHN released the *Strengthening Our Spirits* model, which represents a systems-based approach to suicide prevention. The model was developed with Aboriginal and Torres Strait Islander communities in the Greater Darwin region and reflects concepts and symbols, such as the four elements, that are meaningful to those communities. The principles that underpin the model are that suicide prevention activities will be flexible and responsive, will build capacity, develop the local Aboriginal workforce, engage culture and lived experience and involve local design and adaptation. The components of the model include creating community wellbeing spaces; facilitating connection to culture, land, language, and lore; engaging cultural knowledge and live experience; delivering community-led initiatives; embedding trauma-informed care approaches; providing training in early intervention and awareness; and facilitating innovation, collaboration, and service integration.

In Queensland, the Nukal Murra alliance consisting of Western QLD PHN and local AICCHS have developed an SEWB framework to support SEWB and mental of local Aboriginal and Torres Strait Islander people and communities. The framework aligns itself with two key priority areas outlined in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2023*, 'increasing the foundations' and 'partnerships'. The intention of the framework is to guide QLD PHNs' service commissioning and reporting requirements. Within the framework is the Nukal Murra SEWB Model of Care, which features referral pathways with multiple entry points that are responsive to client needs; multidisciplinary teams that encompass clinical and non-clinical staff, and cultural staff and healers; mandatory training in culturally responsive tools and approaches; governance and oversight through a regional SEWB working group; and reporting that captures data relating to Department of Health's mandatory KPIs, as well as outcome measures specific to Nukal Murra SEWB programs, reflected in the culturally secure tools that are implemented.

In Western Australia, the Aboriginal Health Council of WA engaged in consultation with its member ACCHS to map, describe and define existing SEWB services; provide conceptual clarity regarding service delivery; identify delivery gaps, funding and implementation challenges, and identify opportunities for workforce development and evaluation (AHCWA 2019). From these consultations the ACCHS Social and Emotional Wellbeing Service Model was developed. The model translates the SEWB domains and determinants into a holistic four-pillar approach to guide and support SEWB service delivery, while allowing for adaptation to reflect place-based service delivery across WA's regions. The four pillars are: culturally secure community development such as delivery of psychosocial and health promotion education and resources, healing days, awareness campaigns and life promotion; psychosocial support such as information, advocacy and case management for individuals and families to resolve non-clinical challenges to SEWB; targeted interventions such as culturally secure assessments, referrals and support addressing family violence, AOD, trauma, and mental health, as well as referrals to acute and specialist services, and intensive cultural support and traditional healing; and supported coordinated care such as through stepped care and provision of culturally appropriate wellness initiatives. Central to the model is the establishment of interdisciplinary teams that encompass clinical and non-clinical roles that have a mix of genders, and include roles that specifically provide cultural knowledge and support. The WA Government provided pilot funding in 2022 to establish these teams and implement the model across five trial sites in five of the state's regions.

These examples of policy and service delivery models and frameworks demonstrate how organisations and policy makers have been translating the SEWB model into practice. Much of the learning from implementation is still emerging. Further research and evaluation are needed to identify the strengths and challenges of these models, as well as support to ensure that policy frameworks are implemented. Furthermore, development of SEWB models of service must also ensure that self-determination is central to the development process.

The role of services contributing to SEWB

The SEWB Framework focuses on the dynamics of supporting health and wellbeing through understanding and addressing the elements and determinants of Aboriginal and Torres Strait Islander SEWB. This approach presents an opportunity to transform practice and service delivery through cross-cultural understandings and knowledges that build on individuals and communities' strengths. It is critical for all health practitioners and policymakers involved with improving Aboriginal and Torres Strait Islander health outcomes to recognise, understand and promote the cultural elements comprising the seven interrelated domains of SEWB, as well as addressing the social, cultural, political, and historical determinants influencing wellbeing. There is evidence that SEWB can be enhanced through collaboration and integration between commissioning bodies (that is, Primary Health Networks), ACCHOs and health services, and the social services sector as well as organisations adhering to the nine guiding SEWB principles (Gupta et al. 2020). These contribute to strengthening Aboriginal and Torres Strait Islander family and community relationships, empowerment (Bainbridge et al. 2018), and cultural identity and care of Country (Yap and Yu 2016). This is similar to findings of a systematic review of effective strategies to promote wellbeing by Dudgeon et al. (2015) that found programs and services were more effective to the extent that they applied the nine guiding principles underpinning the SEWB model.

There is a critical need for further research to build the evidence for SEWB programs and services and demonstrate best practice. Commissioning bodies need to make a commitment to invest in SEWB resources, develop performance and evaluation frameworks, and support the SEWB workforce to ensure the implementation of all nine principles and address the social determinants adversely impacting individual, family, and community SEWB. One exemplary example of this has been the development of a *Welcome Guide for the Aboriginal SEWB Workforce* developed by KAMS (2022) in response to research that explored the experiences and needs of Aboriginal peoples employed in SEWB service delivery (Cox et al. 2023). Examples of culturally safe and responsive SEWB programs and services and SEWB workforce development abound in the ACCHO sector, and many of these initiatives are showcased in the SEWB Gathering reports (for example, TIMHWB, 2022). Yet these programs lack the resources and funding needed for evaluations and academic publications and are often subsequently omitted from literature reviews.

Similarly, Bainbridge et al. (2018) confirms the need for further research in developing and implementing effective policies, programs, and services that address the unique needs of Aboriginal and Torres Strait Islander Australians. They demonstrate a range of positive outcomes and benefits as a result of engagement in SEWB programs and services 'which are worthy of further exploration and investment in research and evaluation' (Bainbridge et al. 2018:10). Their findings also support the need for a comprehensive multi-level approach to support integration and specific targets that address identified needs and priorities across individual, community and service and system levels. They recommend that to be effective SEWB policies, programs, services and research should: 1) embrace a strengths-based, culturally-inclusive approach; 2) ensure concordance between mental health and physical, cultural and spiritual health at systems and service-levels; 3) strengthen the capacity of the workforce; 4) support the development, sustainable funding, and implementation of services and programs with strong community ownership, engagement, leadership; and 5) embed continuous quality improvement processes and evaluation into the development and implementation of SEWB services and programs (Bainbridge et al. 2018: 36-39).

Gibson et al. (2020) have reviewed several qualitative studies examining how services (including medical services, mental health, primary health care, aged care, palliative care, and rehabilitation services) and the social determinants of SEWB, such as education, housing, welfare, and employment, have impacted on Aboriginal and Torres Strait Islander peoples SEWB. Participants in their study stated that services 'couldn't give a damn about them, were discriminatory, lacking regard and just ticking the box' (Gibson et al. 2020: 481). Importantly, this study demonstrated that services intended to enhance family and community empowerment, conversely, can positively influence individual and collective experiences of SEWB.

Section 3: Recommended approaches

In this section we draw on the findings of the literature review, and how they have developed understanding of the SEWB model, to address the final aim of this paper:

Review the role of policy and services in contributing to SEWB and suggest best practice approaches for operationalising, strengthening, and implementing the SEWB model in policy development, service delivery, community, and clinical practice.

We do so by providing some recommended approaches to inform how the SEWB model can be effectively engaged within service delivery through strength-based approaches, realising self-determination, and operationalising healing and empowerment. These approaches are neither exhaustive nor definitive but are aligned with the findings from the emerging literature.

Working towards a SEWB theoretical framework

It is evident that there has been a long history of community-driven efforts to establish a concept of health and wellbeing. That concept reflects the perspectives of Aboriginal and Torres Strait Islander peoples and communities, and it is grounded in Aboriginal and Torres Strait Islander cultural and knowledge systems. The SEWB model has emerged from and furthered these efforts, developing a stronger understanding of SEWB that has greatly informed research, policy, and practice. Since the development of the SEWB model there has been much scholarship that has offered new and deeper insights into many elements of the model: an Aboriginal and Torres Strait Islander sense of self; the interrelated domains; the social, cultural, historical, and political determinants; and how SEWB is expressed and experienced across time, place and throughout the life course. This literature review has engaged with this growing knowledge base to not only validate the SEWB model but to extend on the theoretical foundations it has set. While there are some directions towards areas for future research (such as further explorations of connections to spirit, spirituality, and ancestors), understandings of other elements of the SEWB model have been extended; in particular, how different configurations of interrelated domains are essential towards strengthening SEWB, and are supported through positive historical, social, political, and cultural determinants.

Applying strength-based approaches in SEWB services

The literature illustrates that SEWB services enhance family and community empowerment, can strengthen SEWB, and elicit positive individual and collective experiences (Gibson et al., 2020). However, it is also well established in the literature that Aboriginal and Torres Strait Islander peoples do not always receive SEWB services that are culturally safe, appropriate, or effective. In their work with older Aboriginal peoples and Elders, Gibson et al. (2020) confirmed that service issues continue, especially when services are provided by non-Indigenous service providers. Subsequently, they developed a strength-based approach and philosophy to support SEWB service providers. The approach identifies six key dimensions that services can use to value local Aboriginal and Torres Strait Islander ways of knowing, being, and doing. The six key dimensions include: listening respectfully; building genuine relationships; using appropriate communication skills; reflecting critically on Australian political, social, and historical contexts; applying a human-rights based approach; and evaluating both the processes and outcomes of service delivery. These key dimensions are explained below, using Gibson et al.'s (2020) original approach, Ryall et al.'s (2020:130-143) adaptation of the approach for a textbook developed for first year occupational therapy students, Dudgeon et al.'s (2021: 599-621) adaptation of the approach for rural and remote mental health practitioners, and learnings derived from this literature review.

Table 7: Strategies for implementing a strengths-based approach

Dimension	Strategies and/or actions for implementation
Listen respectfully	Listening is a powerful tool, that requires the service provider to actively listen, such as: • taking time to understand experiences and expressions of SEWB • developing rapport and creating culturally safe spaces • considering the nine guiding principles • reflecting about yourself, your professional lens and your organisations' lens • responding in a genuine and authentic manner.
Build respectful relationships	Building respectful relationships are essential in a strength-based partnership. Examples include: • letting go of your own expectations • taking responsibility for your own culturally responsive skills • being critical of how whiteness and racism negatively impacts on relationships • nurturing and supporting partnerships in a humble manner.
Use appropriate communication skills	Communication involves a range of skills, including and not limited to: • demonstrating value and respect for the person • introducing yourself, explaining what you do and your intentions • using generic interview skills, like developing rapport, active listening, and ask open questions • learning local communication protocols • supporting informed decision making • ensuring mechanisms for empowerment.
Critically reflect on Australian political, social and historical contexts.	Critical reflection is paramount. It is both an individual and collective process and requires both deep thinking and transformative actions. Areas for reflection include: • the determinants of health and SEWB • racism and being an anti-racist • decolonisation.
Apply a human rights-based approach	Enacting human-rights is centred on: • self-determination and empowerment • participation in decision-making • promotion and protection of culture • equality and non-discrimination • these fundamental and foundational skills are further discussed in the next section.
Evaluate SEWB services	Evaluation involves many factors, such as: • critically analysing both the process and outcome • fostering legitimate and authentic inclusion of Aboriginal and Torres Strait Islander governance and self-determination, resulting in and/or strengthening empowerment • being holistic in nature, in that it uses the SEWB model, the nine guiding principles for SEWB and the SEWB theoretical framework.

It is important for SEWB service providers to provide a strength-based approach, to meet the needs and aspirations of Aboriginal and Torres Strait Islander peoples. Gibson et al.'s (2020) strength-based approach is decolonising in nature and promotes both human-rights and anti-racist approaches. We encourage services to widely use Gibson et al.'s (2020) strength-based approach, to support reflective and culturally safe practices when working with Aboriginal and Torres Strait Islander peoples.

Strengthening self-determination and all human rights

This discussion paper, drawing on Aboriginal and Torres Strait Islander peoples' perspectives, identified that the connections between self-determination, recognition of rights and autonomy, and wellbeing was a recurrent theme. Importantly, self-determination was not only viewed as an essential aspect of wellbeing but an important pathway to achieving positive SEWB (Yap and Yu 2016; Milroy et al. 2014). Self-determination was frequently perceived as Aboriginal and Torres Strait Islander peoples having (both a collective and individual) voice and control over matters affecting individuals, their families, community and Country, as well as feeling respected and free from discrimination (Yap and Yu 2016; Dudgeon et al. 2012). The dimensions of self-determination described in the literature range from securing native title, feeling respected, enjoying basic human rights afforded to all citizens and autonomy or control over one's life, having control of their environment, and broader projects of Indigenous Nation Building (Human Rights Commission 2010; Ryan et al. 2020). As previously stated, communities with high levels of indicators of cultural continuity have far lower levels of youth self-harm and suicide than communities with lower levels. This translates, albeit loosely, to activities related to self-determination and cultural reclamation in an Australian context. The right to practice self-determination, then, is not only a political right, but also central to the thriving of Indigenous peoples.

The *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations General Assembly, 2007), along with *The Community Guide to the UN Declaration on the Rights of Indigenous Peoples* (AHRC 2010), provides important principles, practices, and strategies to support self-determination, which can be applied in context of Aboriginal and Torres Strait Islander peoples and SEWB. We use the previously mentioned four categories of Indigenous human rights to provide potential strategies and steps for service providers, policy makers, and/or researchers.

Table 8. Implementing principles and practices to support self-determination and all human rights

Self-determination	Participation in decision-making
• Apply principles for healing in every aspect of your work. • Understand and then act in ways that honours local communities' who are and/or striving towards thriving and flourishing communities. • Learn how communities are already enacting self-determination and work out how your service can strengthen those activities/priorities. • Apply principles of Indigenous Data Sovereignty and Cultural Intellectual Property Rights.	• Applying principles relating to co-design and decision-making process (for example, via APAR) that involve Aboriginal and Torres Strait Islander peoples on any issues relating to SEWB. • Principles of free, informed, and prior consent are applied when working on any aspect relating to Aboriginal and Torres Strait Islander SEWBs. • Work with ACCHOs and significant community members to deliver services that support the work of ACCHOs and communities.
Respect for and protection of culture	**Equality and non-discrimination**
• Ensuring that everyday service and policy practices values culture and cultural activities, for both individuals and communities. • Understand how to implement culturally responsive services and policies that uphold cultural safety. • Ensuring education that is at the same standard as other Australians, but also incorporates Aboriginal and Torres Strait Islander ways of teaching, knowing, living, being, and more. Education includes any health education and literacy and curricula for children and youth.	• Applying anti-racist and decolonising praxis in all contexts. This may mean things like: - reviewing structures, processes, and the culture of your organisation to ensure that Aboriginal and Torres Strait Islander peoples are not disadvantaged - ensuring that the work you do, includes strategies that address issues relating to social injustices, discrimination, inequities, and equalities. • Understand and facilitate all the protective factors for determinants of health (social, cultural, political, and historical), which may also mean addressing the negative factors for determinants of health.

Operationalising healing and empowerment

Lastly, the reviewed literature has provided important examples towards how healing and empowerment may be operationalised. Central to healing and empowerment is the ability of individuals and communities to be in control of all aspects of their life. Below are key two examples and we encourage readers to read and implement the strategies outlined in both these resources.

Resource example 1: Circle of Knowledge and Connections model

Tujague and Ryan (2023) combine their clinical experiences with their cultural knowledge in both their training and book. They recommend using the Circle of Knowledge and Connections model, which is grounded in an Indigenous knowledge framework, namely the SEWB model and Yunkaporta's (Apalech Clan) 8 ways of learning. Tujague and Ryan (2023) explain that using the Circle of Knowledge and Connections model will promote clinicians to work with individuals in a way that makes sense to them. Importantly, this model will promote discussions that biomedical approaches do not include, and it can be applied in a range of settings, including child protection, mental health, and more.

Resource example 2: The Healing Foundation's Theory of Change

The Healing Foundation developed a Theory of Change for healing, which can be applied across all levels of healing. The theory of change includes three key domains. The first is developing healing initiatives that are community-led and focused on local priorities. The second is developing healing network that promote healing at all levels, in policy, services and communities, which are aware of trauma and understand truth-telling. The third and final relates to creating supportive and proactive policy environments.

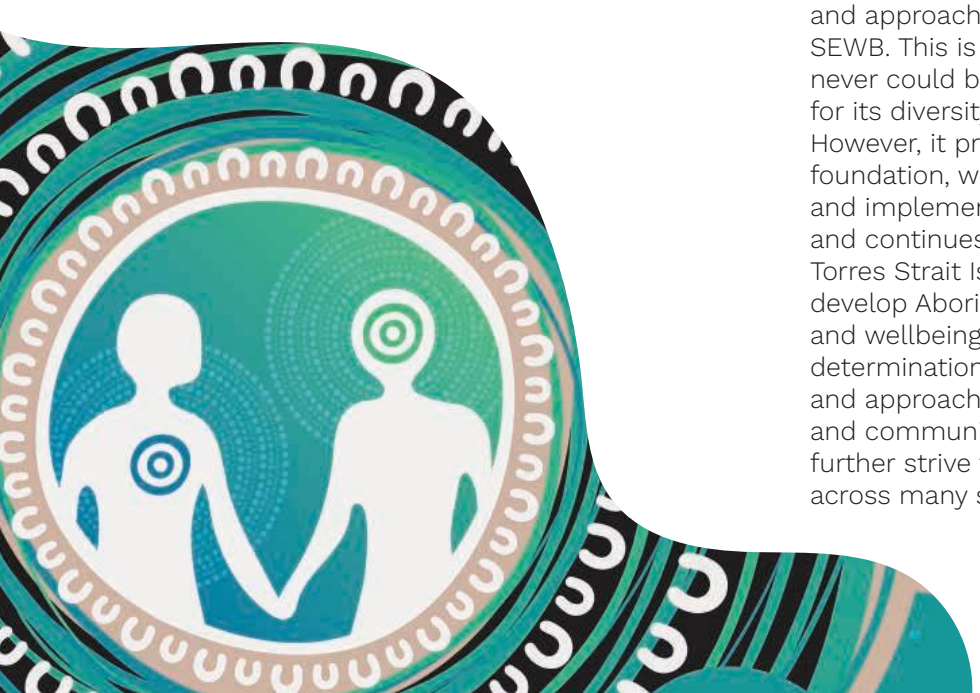
Section 4: Conclusion

The aims of this paper were twofold. They were to:

1) utilise a narrative review approach to explore, validate, and further extend understanding of the SEWB model and other theoretical elements such as conceptions of selfhood, self-determination, and human rights, that contribute to healing, restoration, flourishing and thriving, individually, and collectively

2) review the role of policy and services in contributing to SEWB and suggest best practice approaches for operationalising, strengthening, and implementing the SEWB model in policy development, service delivery, community, and clinical practice.

The literature review confirms the centrality and importance of SEWB as an Indigenous health and wellbeing construct, and as a paradigm for transformative policy and practice. Furthermore, understanding of the SEWB model's key components has been deepened as the model has been brought into dialogue with Aboriginal and Torres Strait Islander scholarship and community and practice-based knowledges. It is clear approaches that consider the interconnectedness of domains contribute most to developing strong SEWB for Aboriginal and Torres Strait Islander peoples and communities. Furthermore, positive manifestations of the social, cultural, political, and historical determinants are key enabling factors towards strengthening interrelated domains, whether through truth telling, self-determination through Indigenous nation building, addressing social and economic factors, or ensuring that Aboriginal and Torres Strait Islander cultures are valued and respected across contexts.



The literature has also forwarded understandings of Aboriginal and Torres Strait Islander selfhood that encompasses a relational self, formed through connections across the domains as well as between self, family, and community. This also includes an autonomous sense of self that recognises individuals' hopes, motivations, capacities, and agentic selves that are shaped through multiple roles and responsibilities. An autonomous sense of self also recognises the role individuals play in shaping culture and community and creating new and important forms of meaning derived through multiple and complex roles and identities. The literature also showed that self-determination and realising the rights of Indigenous Peoples are essential to healing and strengthening SEWB and building and sustaining flourishing and thriving communities. These all fundamentally entail recognising the relational and holistic SEWB model and Aboriginal and Torres Strait Islander conceptions of selfhood and seeing them manifest both structurally and symbolically as people, communities, and ACCHOs enact self-determination and assert their rights – reshaping determinants in crucial ways. At a practice level, strength-based approaches for health practitioners and services to promote SEWB can be engaged and include listening respectfully; building genuine relationships; using appropriate communication skills; critically reflecting on Australia's political, historical, and social context; applying a human-rights based approach, and evaluating both processes and outcomes (Gibson et al. 2020: 484).

This paper maintains the course set by Aboriginal and Torres Strait Islander knowledge holders who have advocated for a holistic, culturally grounded conceptualisation of health and wellbeing, as well as the originators of the SEWB model and those that have continued its development and evolution. It supports efforts to further operationalise and translate the SEWB model into those spaces and settings that are integral to improving individual and collective SEWB outcomes, through service provision, policy making, and individual practices and approaches to supporting and strengthening SEWB. This is not a definitive document, and never could be, as SEWB must be recognised for its diversity across time, place, and person. However, it provides a conceptual and theoretical foundation, with guidance for operationalisation and implementation. This knowledge is growing and continues a long history of Aboriginal and Torres Strait Islander community-led work to develop Aboriginal and Torres Strait Islander health and wellbeing concepts and to exercise self-determination regarding the systems, structures and approaches to strengthen SEWB for individuals and communities. This work will continue, and further strive to map and share knowledge, formed across many spaces and at all levels.

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