

Australian Longitudinal Study of Ageing and the Blue Mountains Eye Study as part of the DYNOPTA project. The pooled sample comprised 4,221 individuals (47% male), who were followed over 4 measurement occasions for up to 12 years. The mean age at baseline was 73 years (range 50–103). Hearing was assessed by unaided pure-tone thresholds averaged over frequency ranges that are important for speech perception, specifically 0.5, 1, 2, and 4 kHz (PTA<sub>0.5,1,2,4kHz</sub>). Cognitive impairment was assessed by the Mini Mental State Examination (MMSE). Random coefficient models were employed to evaluate inter-individual and intra-individual effects of MMSE on change in hearing thresholds. At baseline, hearing loss was prevalent in 89% of men and 87% of women aged 85 years and older. The overall prevalence of hearing impairment (PTA>25 dB) co-morbid with probable cognitive impairment (MMSE<24) was 8%, and probable cognitive impairment was associated with increased risk of hearing loss after adjusting for age and sex (OR=1.7, SE=0.25, p<.001). Age and sex adjusted random coefficient models revealed significant effects for inter-individual differences in MMSE on both intercept ( $\beta=-0.79, SE=0.08, p<.001$ ) and change ( $\beta=-0.40, SE=0.01, p=.002$ ) in pure-tone hearing thresholds. There were also significant effects of intra-individual change in MMSE score on hearing thresholds ( $\beta=-0.15, SE=0.04, p<.001$ ). Associations remained significant after adjusting for socio-demographic, health and lifestyle covariates. Lower cognitive functioning was associated with faster age-related declines in hearing. These findings join a growing literature which links cognitive impairment with hearing loss. However, it is unclear whether these results are explained by a common underlying neurological factor, or simply reflect the difficulties experienced by individuals with sensory loss when completing standard cognitive assessments. With age-related hearing loss being the most prevalent chronic condition in the oldest-old, it is important to consider how this sensory loss influences the screening, assessment, diagnosis and management of individuals with dementia or other neuropsychological conditions.

**Mental health and connectedness: exploring urban Aboriginal and Torres Strait Islanders understandings of mental health**

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It has been acknowledged that the mental health of Aboriginal and Torres Strait Islander people has been 'bedevilled' by the inappropriate application of non-Indigenous models of mental health. Given the poor health outcomes of Indigenous people, another approach to mental health practice is required. The space in which clinical psychology is practiced across cultures continues to be defined, with many services being provided by non-Indigenous practitioners. In order to enhance Indigenous health and wellbeing, it is necessary for non-Indigenous practitioners to find in a culturally safe way in which to enter the negotiated space of cross-cultural mental health. This will be facilitated through understanding both the points of similarity and divergence in perspectives of mental health across cultures. The current study aimed to provide a voice for urban Aboriginal and Torres Strait Islander people to convey their understandings of mental health so that an accurate reflection may be available for those who are engaged in healing through health promotion and disease prevention. This study explored urban Aboriginal and Torres Strait Islander's understandings of mental health using a positive psychology framework. A qualitative research design was conducted with a sample of 19 Australian Aboriginal and Torres Strait Islander participants. Data was collected via individual semi-structured interviews and focus groups. Qualitative analysis was conducted using a grounded theory method. Four themes emerged as reflecting health and wellbeing – coping skills, knowledge social support, and connectedness. The theme of connectedness emerged as reflecting a unique contribution to Indigenous health and wellbeing. The role of connectedness to country, family and kinship, knowledge and social networks were highlighted. Further, the theme of connectedness also emerged as central to supporting cultural identity. This information has implications for cross-cultural clinical practice, through providing a map for non-Indigenous practitioners to engage culturally safe practice. Further, it will support the development of culturally safe health and wellbeing programs that sustain and nurture the cultural identity and mental health of Indigenous people. In this way, meaningful contributions may be made by health professionals to 'closing the gap' in health and mental health outcomes for Indigenous people.