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JAMES COOK
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Explorations of understandings of

mental health in an

urban Aboriginal and Torres Strait Islander sample

Thesis submitted by

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In July 2011

for the degree of Doctor of Philosophy

in the School of Arts and Social Sciences

James Cook University

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Acknowledgements

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The work presented within this thesis was approved by the Ethics Committee of James Cook University. The work within is original and has not been presented for the award of any other degree.

Meegan Kilcullen

Townsville

July 2011

Abstract

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 perhaps required. In order to enhance Indigenous health and wellbeing, it is necessary for non-Indigenous practitioners to find a culturally safe way in which to enter the negotiated space of cross-cultural mental health. Such practice can be facilitated through understanding both the points of similarity and divergence in perspectives of mental health across cultures. While the majority of Indigenous people live in urban areas, understandings of Indigenous mental health have primarily been derived from research in rural and remote communities. It is unclear whether findings from rural and remote research are applicable in urban Indigenous communities. The aim of the current research is to address this gap and to explore understandings of mental health in an urban Indigenous sample. This study provided a voice for urban Aboriginal and Torres Strait Islander people to convey their understandings of mental health so that an accurate representation may be available for those who are engaged in health promotion and mental health treatment.

Using a positive psychology framework, a strengths-based approach was taken in this study in order to explore understandings of mental health. A qualitative research investigation 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 thematic analysis. A model of Indigenous mental health was developed taking an holistic perspective. Four themes

emerged as reflecting health and wellbeing and are presented in a model of Indigenous mental health:-

- *Coping Skills:* emotional, behavioural and cognitive;

- *Knowledge:* regarding physical health and access to mental health care;

- *Social Support:* personal resources and help-seeking behaviours; and

- *Connectedness:* cultural, social and family and kinship.

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 was highlighted. Further, the theme of connectedness also emerged as central to supporting cultural identity. Not only did connectedness promote and protect mental health and cultural identity, factors that diminished cultural identity also negatively impacted upon mental health. The striking similarity between mental health and cultural identity, as seen in the common theme of connectedness, highlights the necessity of attending to cultural factors to facilitate positive health outcomes.

This model of Indigenous mental health begins to fill in the boundaries of the negotiated space that is cross-cultural psychology - the space where both Indigenous and non-Indigenous knowledge offers a path or guidelines to enhance health and wellbeing. It is essential to address those factors that are similar across cultures – *coping skills*, *social support* and *knowledge*, but also to engage at the cultural interface of *connectedness* to culture, kinship and social networks.

This information has implications for cross-cultural clinical practice, through providing a map for non-Indigenous practitioners to engage in culturally safe practice. Further, this information 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 'close the gap' in health and mental health outcomes for Indigenous people.

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Foreword

How to present this work so that it would fulfil my obligations to the academy and to the people who shared their knowledge with me? This is the central question that has occupied my thoughts throughout this entire journey. For the most part I felt stuck between worlds/cultures, having intimate knowledge and awareness of the power and privilege that comes from being a member of the 'white', 'mainstream' community or, as others would describe it, a part of the 'colonisers' world. Yet I also have an awareness of the need to conduct myself in a respectful and culturally appropriate manner within the Aboriginal and Torres Strait Islander community. Indeed, my continued development of understanding the worldviews of others has been supported by the Indigenous community and specifically the generous people of the School of Indigenous Australian Studies, James Cook University. To illustrate my journey to awareness I offer the following stories.

Understanding of my place in the world

I begin this section on a personal level as being a culturally competent practitioner of psychology requires a thorough examination of the self and one's place in the world. This is important because as Eckermann and colleagues (2006) state, "[u]nless we are aware of the professional baggage we carry, how can we know how we might affect others?" Examining one's heritage allows us to begin to recognise and understand not just differences between ourselves and people of different cultures, but also, and perhaps more importantly, to understand similarities between us. While differences are more salient and commonly viewed negatively, more may be known by examining similarities between cultures. As eloquently stated by McGoldrick and colleagues, "we must work to see the limitations of our own view so we can open our minds to the

experience of others" (2005, p. 11). My cultural heritage is Celtic. My father's people originate from County Sligo, Ireland. My mother's people are originally from the Isle of Skye, Scotland. More recently, my family has roots in country Victoria and country New South Wales. My immediate family has its roots in country central Queensland. I now reside in Townsville on land traditionally owned by the Wulgurukaba and Bindal people, and have done so for some twenty years. I am still a Celt at heart. Like those from other communities, it is from knowing this heritage that I derive my sense of self and understand and locate myself within my family, the community and ultimately the wider social environment.

In the beginning…entry into the community

During my honours year, I was invited in to the Aboriginal community to explore grandmothers' experiences of raising their grandchildren. The project was a strengths-based study that examined factors that affected grandmothers' resilience in their role as primary-carers of their grandchildren. Prior to the research project, I spoke to a grandmother about her experiences to gain some insight as to whether this project might be of interest to the grandmothers and the wider Aboriginal community. We spoke about the strengths-based approach the study would take in exploring grandmother's resilience and this approach was enthusiastically received. So, I was encouraged to begin the project and was invited to speak with several grandmothers. These grandmothers then recommended others who were also interested in talking with me. It was based upon the acceptance I had experienced within this community that ideas were allowed to germinate and be nourished by the Aboriginal community about exploring the wider topic of mental health and cultural identity. It is to these women that I owe my space in their community.

And on to this project…

When participating in the School of Indigenous Australian Studies (SIAS) postgraduate workshop I was asked to deliver a précis of the current doctoral research project. I delivered a concise overview of the methodology, including the research question, objective, theoretical framework, and research and analysis method. After the presentation questions were then asked by SIAS staff and students. Questions surrounding the appropriateness of the research being conducted by a non-Indigenous person were raised, together with the implications of the research. I was being asked to substantiate the validity of my being in the research area and the benefits I foresaw for Indigenous people. These were details that I had left out of the project presentation, to my detriment. Coming from a psychology background, I went to the workshop with a concise overview of the current *method* of research, not an overview that would explain *why* I was doing the research and the implications and benefits for Indigenous people. I had made an assumption that, by default, being in the field and being supported by my supervisors and previous research participants, the grannies, would be validity enough. This was a powerful lesson in cross-discipline and cross-cultural information sharing.

After the workshop, I felt 'control burned'. Like the scrub needs a fire to clean away old debris to make fertile ground for new growth, so too, my assumptions had been razed to the ground to make way for new ways of communication. It was a supportive environment to make such a communication mistake, however, I felt summarily rebuked by the people who mattered the most, Indigenous people. This led me to question my 'right' to be in the Indigenous research arena. Having the support of my supervisors was not enough for me to 'omit' the basic explanation that constitutes the respectful entrance into that research field. Having the experience of being 'control burned' led to many sleepless nights and tearful days questioning whether I was

appropriate to complete the task at hand. Was I entering where I was not wanted? This feeling was exacerbated by the fact that participant recruitment was slow. When pitching the project to Indigenous government workers, students and community, the vast majority were actively interested in the project and were willing to disseminate the project information through their networks, however, this did not translate into completed participant interviews. This perpetuated an existential crisis. I took this crisis to my supervisor/cultural mentor.

My supervisor and I discussed my concerns about being in the field. She assured me I was 'doing the right thing' and conducting myself and the research in a culturally appropriate and respectful manner. She discussed the issue of slow recruitment. While people might be very interested, they were also very busy, and that many people working in the Indigenous community were overloaded already. We discussed more helpful ways of inviting participants. These were based on her extensive research experience. It was decided that a focus group/workshop lunch would be an appropriate way to invite participants as they may be more willing to speak in a group with less individual focus. We resolved to pilot a focus group. The pilot group was not necessary because at that point in the project recruitment accelerated. It was with the generous input of my cultural mentor that provided the space to continue in a culturally safe manner that forms the basis of this project.

With respect the term 'Indigenous' has been used in this thesis to refer to Aboriginal and Torres Strait Islander Peoples while acknowledging two separate cultural groups each with their own world views and cultural values and beliefs.

Chapter 1: Mental Health – Frameworks and Definitions

Section 1.1 Aims and objectives

This study aims to contribute to the knowledge base that supports the practice of psychology through exploring urban Aboriginal and Torres Strait Islanders' perceptions of mental health. This exploration aims to contribute to the knowledge base that supports the practice of psychology through filling in the boundaries of the negotiated space that is cross-cultural understandings of 'mental health'. It is essential for this space to become clearer in order to participate in culturally safe clinical practice. The author of this thesis presents as both the learner and informer of the knowledge provided by the participants.

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" (Calma, 2010, p. vii). Such models do not appropriately consider the negative impact of colonisation and past government policies upon mental health. Further these models have not taken into account the capacity for resilience and empowerment that is derived from being a member of a dynamic culture. It is important for the practice of clinical psychology to have models or maps of the territory that is being negotiated. In this case, this territory is 'mental health'. It is this gap in the models of mental health that is addressed by this thesis through exploring the common country of 'mental health'.

The space in which clinical psychology is practiced across cultures continues to be defined (see Dudgeon, Garvey & Pickett, 2007; Purdie, Dudgeon, & Walker, 2010). Moreover, understanding this space provides the basis for engaging within culturally safe and competent clinical practice. It is at this cultural interface that practitioners are

required to have understanding of their own culture and worldview. As such, to provide culturally safe clinical practice it is essential to 'know' and 'be' yourself and this has been especially highlighted when working in the Indigenous community (Dudgeon & Ugle, 2010). In order to 'be' oneself, and understand the influences of culture and history, engaging in self-reflection is essential. Applying self-reflection to clinical practice opens the possibility of understanding the way in which others make meaning of their lives. Indeed, engaging in critically reflective practice provides a way in which to negotiate the space of cross-cultural clinical interaction and enhance the cultural competence of clinical psychologists (Walker, McPhee, & Osborne, 2007). Critically reflective practice provides a way in which to enhance practice through the critique of assumptions and acknowledging the influence of one's beliefs and values, knowledge and experience (Walker, et al., 2007).

Given the poor health outcomes of Indigenous people (Australian Bureau of Statistics, 2010b), a culturally safe way in which to enter the negotiated space of cross-cultural mental health is necessary so as not to further 'bedevil' Indigenous mental health outcomes. When entering this space, practitioners will benefit from understanding Indigenous and non-Indigenous models of mental health. Points of similarly and difference between models can be highlighted and engaged in a culturally safe manner. The model offered in this thesis provides information with which to enter the negotiated space and is based upon the lived experience of Indigenous people and their understandings of mental health. This model is not intended to be prescriptive, but to offer way in which to begin a new conversation about mental health in clinical practice. As Eckermann and colleagues state, "[i]f we take the time to develop enough trust to learn from each other how not to be Binan Goonj – that is, *'hearing but not listening'* – we can arrive at a shared understanding of how best to communicate"

(Eckermann, et al., 2006, p. 104). In this way, meaningful contributions may be made by health professionals to 'closing the gap' in health and mental health outcomes for Indigenous people.

Section 1.2 Overview of Literature

The following review of literature explores definitions and perceptions of mental health. As outlined in the review, the concept of 'mental health' is slippery. It has shifted from disease models that maintain an illness perspective to more recent wellness models with a strengths-based perspective. This shift can be seen in the definitions offered by mental health experts (Swan & Raphael, 1995; World Health Organisation, 2005). This shift from an illness to wellness perspective is evident in research exploring individual perceptions of mental health that reflect both negative and positive connotations Such research has demonstrated that the concept of mental health elicits both negative associations of illness, such as depression and schizophrenia (Donovan, 2004; Donovan, Henley, Jalleh, Silburn, Zubrick & Williams, 2007; Donovan, Watson, Henley, et al., 2003) and wellness factors such as self-esteem, coping capacity, social networks and communication.

The current strengths-based focus has forced researchers to look at components of wellness that support mental health such as happiness. The leading psychological framework that contributes to a strength-based perspective of mental health is positive psychology. This perspective seeks to identify and amplify strengths of individuals and communities (Diener, 2009; Maddux, 2009; Seligman & Csikszentmihalyi, 2000). Similarly, components of social capital such as trust and community participation are explored in terms of their positive impact upon mental health (see Berry, 2009; Berry & Rickwood, 2000; Halpern, 2005; Putnam, 2001). These frameworks also look to

describe mental health as a holistic concept encompassing the strengths of individuals and communities.

Perceptions of mental health in Indigenous communities are also explored in this literature review (Brown, 2001; Emden, Kowanko, de Crespigny, & Murray, 2005; McLennan & Khavarpour, 2004; Vicary & Bishop, 2005; Vicary & Westerman, 2004; Ypinazar, Margolis, Haswell-Elkins, & Tsey, 2007). Most research has been conducted in rural and remote areas of Australia, regions that support a 'traditional' way of life. For example, Ypinazar and colleagues (2007) metasynthesis of such research highlight perceptions of mental health centred on themes including culture and spirituality, family and community, socio-historical and economic factors, loss, and fear and education, The 'dynamic interconnectedness' of these themes was particularly highlighted . However, despite the fact that the majority of Indigenous people live in urban areas of Australia, there is relatively little research exploring perceptions of mental health in the urban context. It is therefore unknown whether perceptions of mental health of urban people reflect those of individuals who live more remotely. In order to address this gap in knowledge, this thesis addresses the question "What are urban Aboriginal and Torres Strait Islander peoples' understandings of mental health?"

Section 1.3 How is 'mental health' defined?

1.3.1 From a biomedical to biopsychosocial approach

Western medical definitions of mental health have centred on the biological bases of disease processes (see Kendler & Jablensky, 2011; Palm & Möller, 2011 for a review of Kraeplin). This focus is evident in the labelling of mental illness and personal distress in terms of pathology. Attempts to understand mental health, more particularly

mental disorders, from an organic perspective are evident in early taxonomic systems developed in the field of psychiatry. These early classification attempts provided the basis for current systems that privilege mental disorders rather than mental health (American Psychiatric Association, 2000; World Health Organisation, 2010). Areas of focus include depression, anxiety, schizophrenia and suicide. Within this Western medical model of mental health, particularly in the field of psychiatry, treatment options have largely focused changing the organic bases of mental illness rather than addressing psychosocial factors.

However there has been a shift from conceptualising the determinants of mental health as solely biological to including cultural, social and historical influences (see Hunter, 2003; Kleinman, 1988; Kunitz, 1994; Kunitz & Brady, 1995). Research has been conducted within the field of cross-cultural mental health aiming to understand the interaction between disease and illness experience and cultural, social and historical factors (Kleinman, 1988). These important works take into account the impact of biomedical and sociocultural factors upon illness experience. As Kleinman (1988, p. 3) states, "from a cross-cultural perspective, the fundamental questions in psychiatry [and perhaps more broadly, mental health professions]...all are caught up in the reciprocal relationship between the social world of the person and his body/self (psychobiology)". With the integration of these broader factors into conceptualisations of mental health, mental illness and personal distress can be understood in a wider context (Kleinman, 1988; Kunitz, 1994). Additionally, this shift in perspective provides an emerging framework within which to understand cultural impacts upon the personal experience and begin to explore these in terms of positive functioning. The opening up of conceptualisations of mental health as an individual concern within a sociohistorical

context provides a basis for emerging broader definitions of mental health across cultures (Swan & Raphael, 1995; World Health Organisation, 2001).

This shift in focus from biomedicine to include socio-cultural perspectives of mental health is evident in research in Australian Indigenous communities (Hunter, 1997, 2002, 2003; Hunter & Harvey, 2002). Aspects of mental health that have come under focus have included expressions of depression (Vicary & Westerman, 2004), suicide (Hunter & Harvey, 2002; Tatz, 2001), and substance use (Burns, d'Abbs, & Currie, 1995; Gray, Saggers, Sputore, & Bourbon, 2000). While this list reflects the identified priorities of Indigenous health, and as such describe illness experience and psychological distress, it is important to note the impact of socio-cultural factors is also being considered. Keeping both the illness and wellness experience in mind is crucial as Hunter (2002) suggests, "as important as broad, holistic construction [of emotional and social wellbeing] are in the wider arena of Indigenous affairs, psychiatric practitioners must first be attentive to clinical priorities." This cautionary note highlights the need for maintaining a broad perspective of mental health, while continuing to engage at the personal, and clinical level as there are pressing demands 'on the ground' that need to be addressed. Maintaining this focus on ameliorating illness experience is crucial given the mental health outcomes of Indigenous peoples (Australian Bureau of Statistics, 2010b). Further, it is also necessary to maintain multiple foci of mental health in order to both ease illness experience and strengthen the mental health capacity of individuals and communities. This study takes a focus on building "those modest but practical clinical ways" (Hunter, 2002) in which to understand broader impacts upon the health and wellbeing of Aboriginal and Torres Strait Islander people.

1.3.2 What is mental health?

"There is no health without mental health" (World Health Organisation, 2001). From this declaration, the importance of mental health is clear, and so too is the need to understand what is 'mental health'. 'Mental health' as a concept is elusive to define. It is an intangible concept and is, unlike physical health, measured not in terms of objective 'units' but by indicators. Individuals who have 'mental health' cannot actually say what it is. However, they can describe what it is not, and what a 'mentally healthy' person looks like. Various models and definitions of 'mental health' reflect this.

Defining mental health via a western medical paradigm has focused upon the biological bases of disease processes and labelling of mental illness and personal distress (see Kendler & Jablensky, 2011; Palm & Möller, 2011 for a review of Kraeplin). Attempts to understand mental health, but more particularly mental disorders, from an organic perspective are evident in early taxonomic systems developed in the field of psychiatry. These early classification attempts provided the basis for current systems that privilege mental disorders rather than mental health (American Psychiatric Association, 2000; World Health Organisation, 2010). Areas of focus include depression, anxiety, schizophrenia and suicide. Within this Western medical model treatment options attempt to ameliorate illness have been largely through changing the organic bases of mental health. Such a focus on biomedical is perhaps understandable given the early work was conducted in the field of medicine, and particularly psychiatry.

However, there has been a shift in focus from the organic to consider more broad impacts and influences upon mental health from the biological bases to include cultural, social and historical impacts and influences upon mental health (see Hunter, 2003; Kleinman, 1988; Kunitz, 1994; Kunitz & Brady, 1995). 'Mental health' is often

defined by individual and social indicators of wellbeing. For example, these indicators include coping capacity and skills, self-esteem and sense of self, and the impacts early childhood influences or experiences of crises and trauma. The 'slipperiness' of the conceptualisation of 'mental health' is also evident in definitions used by leading agencies in mental health. The World Health Organisation (WHO) describes mental health as a:

> state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2005, p. xviii)

Again, indicators of individual and social wellbeing are used to define mental health. Mental health is not just the absence of illness but is a resource that provides the cornerstone for living a full and productive life through successful functioning of individuals, communities and society. As such, mental health is the experience of positive subjective wellbeing, positive individual traits and positive contribution at the community level. Those who experience positive mental health are those who have psychological and social resources that allow successful engagement within the community.

Adding to the WHO (2005) definition are those that also consider the contribution of cultural, and spiritual aspects that enhance mental health (ABS, 2006; Swan & Raphael, 1995). Aboriginal and Torres Strait Islander mental health:

> … does not just mean the wellbeing of the individual but refers to the social, emotional and cultural wellbeing of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. (Swan & Raphael, 1995)

Research has been conducted within the field of cross-cultural mental health seeking to understand the interaction between the disease and illness experience and cultural, social and historical factors (Kleinman, 1988). These important works take into account the impact of biomedical and sociocultural factors upon illness experience. As Kleinman (1988, p. 3) states, "from a cross-cultural perspective, the fundamental questions in psychiatry [and perhaps more broadly, mental health professions]...all are caught up in the reciprocal relationship between the social world of the person and his body/self (psychobiology)". With integration of these broader sociohistorical factors into conceptualisations of mental health, the aetiology of mental illness and personal distress and implications for individuals and communities can begin to be understood as more than an individual experience (Kleinman, 1988; Kunitz, 1994). Additionally, this shift in perspective provides an emerging framework within which to understand cultural impacts upon the personal experience and begin to explore these in terms of positive functioning. The opening up of conceptualisations of mental health as both an individual concern within a sociohistorical context provides a basis for emerging broader definitions of mental health across cultures (Swan & Raphael, 1995; World Health Organisation, 2001).

An holistic view of mental health considers wellness across three levels – physical and mental elements; spiritual and cultural aspects; and environmental or ecological factors (Vicary & Bishop, 2005; Ypinazar, et al., 2007). In particular, this view defines mental health as an individual's ability to develop and maintain positive social relationships at the individual, family and community levels. Research conducted with Indigenous people in rural and urban Western Australia canvassed attitudes and beliefs regarding mental health and health services (Vicary & Bishop, 2005). The same pattern of conceptualising mental health in terms of indicators of wellbeing rather than

objective units was reported. These indicators of mental health were described in holistic terms as concepts embedded within social, cultural and spiritual contexts. An individual's ability to problem-solve, maintain family connections and be connected in the community are common factors reported as supporting positive mental health.

In contrast to the biomedical model of health directing Western medicine, Indigenous perceptions of mental health and wellbeing are more holistic and consider physical, emotional, cultural and spiritual influences on mental health. It is commonly accepted that the concept of Indigenous health and wellbeing is not accurately reflected using a mind-body dichotomy (Australian Institute of Health and Welfare, 2009; Brown, 2001; Dudgeon, et al., 2007; Eley et al., 2007; Reid & Trompf, 1991; Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2009; Swan & Raphael, 1995; Vicary & Bishop, 2005). While the term 'social and emotional wellbeing' is also used in the non-Indigenous community, it is used to reflect a more positive approach to health in the indigenous community (Garvey, 2008). The term social and emotional wellbeing indicates the acceptance of the concept that all aspects of life influence mental health.

The terms 'mental health' and 'social and emotional wellbeing' (SEWB) have been used interchangeably within the literature. Given that the term 'mental health' has been associated with mental illness and disorder as in the biomedical/pathogenic model, some communities prefer the term 'social and emotional wellbeing' (Australian Health Ministers, 2003; Garvey, 2008). As noted, this is particularly the case in Aboriginal and Torres Strait Islander communities and is reflected in the earlier Swan and Raphael (1995) definition of 'mental health'. The concept of SEWB provides a broader view of health via the acknowledgement of the cultural and spiritual domains and socio-political contexts that impact upon and influence mental health (Australian Indigenous

Psychologists Association (AIPA), 2010). Such aspects of mental health have been identified in Indigenous communities as having important contributions to successful functioning. In particular, the concept of SEWB takes into account the connection between people and country, kinship connections and ancestral connections as a source of positive functioning. Indeed, research has described the "dynamic interconnectedness", or interwoven nature and impact of culture, spirituality, kinship and impacts on social and emotional wellbeing (Ypinazar, et al., 2007).

Indeed, the shift in focus from biomedicine to include socio-cultural perspectives of mental health are evident in research with Australian Indigenous peoples (Hunter, 1997, 2002, 2003; Hunter & Harvey, 2002). Aspects of mental health that have come into focus have included expressions of depression (Vicary & Westerman, 2004), suicide (Hunter & Harvey, 2002; Tatz, 2001), and substance use (Burns, et al., 1995; Gray, et al., 2000). While this list is not exhaustive, it is important to note that the focus of these works is on the illness rather than wellness experience. However, while these studies focus upon the expression of mental illness, each highlights the importance of family and social interactions within that context. As Hunter (2002) cautions, "…as important as broad, holistic construction [of emotional and social wellbeing] are in the wider arena of Indigenous affairs, psychiatric practitioners must first be attentive to clinical priorities." This cautionary note highlights the need for maintaining a broad perspective of mental health, while continuing to engage at the personal, and clinical level as there are pressing demands on the ground that need to be addressed. Maintaining this focus on ameliorating illness experience is crucial given the mental health outcomes of Indigenous peoples (Australian Bureau of Statistics, 2010b). Further, it is also necessary to maintain multiple foci of mental health in order to both

ease illness experience and strengthen the mental health capacity of individuals and communities.

The current study takes a focus "on those modest but practical clinical ways" (Hunter, 2002) in which to understand broader impacts upon the health and wellbeing of Aboriginal and Torres Strait Islander people. This conceptualisation of wellbeing corresponds with a broader way in which to view mental health and SWEB and the contexts that support positive functioning. This shift from deficit models of mental health has been embraced by advocates of strengths-based approaches. Strengths-based approaches consider mental health not only as an absence of illness or disease, but also as the presence of a person's ability to develop and maintain mental health. The dominant strengths-based psychological model is positive psychology.

Section 1.4 Positive Psychology - A theoretical framework

Positive psychology focuses on "human strength and positive attributes" (Diener, 2009, p. 8). Positive psychology moves away from the traditional focus of clinical psychology, that of dysfunction, disorder and diagnosis and rather seeks to describe and amplify strengths and positive attributes of the individuals, families and the wider community (Maddux, 2009; Seligman & Csikszentmihalyi, 2000). As with other psychological frameworks, positive psychology uses a biopsychosocial framework when considering difficulties and problems that are encountered on a life journey. However, positive psychology retains a focus on identifying and amplifying strengths of individuals and communities in order to identify and develop pathways to a meaningful life and enhance wellbeing.

Positive psychology centres around three themes to describe human strengths and attributes that contribute to a meaningful life (Seligman & Csikszentmihalyi, 2000).

These themes are positive subjective welling, positive individual traits, and positive influences at a group level. Within these three themes, past, present and future experiences are viewed through the capacity to build and amplify the positive aspects of the lived experience. Positive subjective experience refers to valued experiences such as wellbeing, optimism, happiness, faith and hope. At the individual level, positive traits include, for example, the capacity for love, future-mindedness, wisdom, courage, spirituality. Positive influences at the group level enhance citizenship through nurturance, work ethic, and responsibility. Indeed, aspects of these themes are explored in the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (cited in Australian Bureau of Statistics, 2010a) where individuals rate levels of 'being happy', 'peaceful and calm', 'full of life', and having 'lots of energy'.

Within these three themes of positive psychology lie different approaches to understanding strengths. These approaches will be quite familiar to other schools of thought within psychology. These include emotional, cognitive, interpersonal, self-based, and biological approaches. For example, emotional approaches include consideration of happiness and self-esteem, cognitive approaches consider the role of optimism, self-efficacy, hope and courage, while interpersonal approaches examine love, forgiveness and compassion as ways to develop positive lives. Self-based approaches look at the way in which humility and reality negotiation facilitate a positive life, while other approaches consider spirituality, narrative and resilience as positive attributes and strengths. A positive psychology framework presents these and other aspects of human strengths and positive functioning as a way in which to understand mental health.

Section 1.5 Exploring definitions versus community perceptions of mental health

As outlined, leading agencies define mental health in terms of positive functioning across individual, social, cultural and spiritual domains. For example, individuals who are 'mentally healthy' are seen as fulfilling their individual potential through developing abilities to cope and make contributions to the wider community. Further, other definitions provide a holistic conceptualisation of 'mental health' that includes cultural aspects of functioning at the individual and community levels. While these definitions provide a positive and holistic view of mental health, it is important to know whether this is the way 'mental health' is understood in the wider community. Disjuncture between these understandings may impact upon effective service delivery aimed at enhancing health and wellbeing. Identifying beliefs and understandings of mental health has been explored by Donovan and colleagues (2004; 2007; 2003) in an Australian context. The following chapter reviews this literature regarding community conceptualisations of 'mental health' and being 'mentally healthy'.

Chapter 2: What is 'mental health' and being 'mentally healthy'?

Section 2.1 Mental health

Research conducted by Donovan and colleagues (2007; 2003) in Western Australia examined perceptions of mental health and mental illness with the aim of identifying factors that influence and promote mental health. Respondents were asked three questions; "Thinking about mental health, what thoughts, words or images come to mind when I say the words, 'mental health'?", "Now imagine a person who is 'mentally healthy'. What words would you use to describe such a person?" and "What could you do to remain or become more mentally healthy?" Responses to these questions were explored in a sample of 1000 metropolitan and 500 rural respondents. It is worth noting at the start that no significant differences were found regarding conceptualisations of mental health between metropolitan and rural respondents. Therefore, the following discussion makes no rural versus urban distinction.

When respondents were asked to define mental health, 72% of responses had dominantly 'illness' connotations. Mental health was defined by respondents as illness or disease, or as the absence of disease. Thinking of the term 'mental health' elicited images of mental health disabilities, intellectual disabilities, stress, coping and worry, mental health facilities, and treatments. Respondents tended not to define mental health in the positive terms used by the WHO and others but rather in negative terms (see Barry & Jenkins, 2007; World Health Organisation, 2005).

When respondents were asked to describe 'mentally healthy' people, responses were phrased in more positive terms, as something that everyone should actively maintain. The majority of respondents described 'mentally healthy' people as those who

were happy and content, emotionally stable, mentally alert, normal, in control of one's life, possessing good coping capacity and being physically healthy. These types of responses correspond with the strengths-based focus of positive psychology. Similarly, these definitions of being "mentally healthy" fit with the multifaceted definition provided by the WHO encompassing individual and social aspects of mental health.

In addition to being asked to describe 'mental health' and 'mentally healthy people', respondents were asked what factors they thought promoted and maintained mental health. Three factors were identified. These included keeping one's mind active, having the opportunity to have control over one's life, and having good friends to talk over problems. These factors indicated perceptions of positive mental health as a function of a degree of control, active participation in one's life and being socially connected. Conversely, factors that contributed to being vulnerable to mental health problems or being mentally unhealthy included external influences such as excessive drug and/or alcohol use, life crises or other traumas, and having no friends or support network. In this research, being connected on a social and community level was reported to be an important factor for maintaining mental health on both a functional level, such as help-seeking behaviours and seeking assistance in problem solving, and on an emotional level demonstrated by having someone to talk over problems (Donovan et al., 2007; Donovan et al., 2003).

In Donovan's research (Donovan et al., 2007; 2003) The most frequently reported factor that summed up good mental health was 'being content with who you are'. Around 41% of respondents indicated this factor as having the greatest influence on positive mental health. As cautioned by the researchers, this factor is difficult to operationalise when trying to apply it to mental health promotion. In fact, being content with oneself may be a result of social and community connection and contentment with

one's role accomplishment (positive integration into family, social and employment situations for example). Being content may also be a reflection of one's self-esteem, maintained by self-worth, self-confidence and self-efficacy. Further factors reported as summing up good mental health included being active and participating in life, being able to cope with everyday problems, being able to talk openly to others and being able to control one's emotions. All of these factors too may encompass positive self-esteem which in turn promotes good mental health.

Understandings of mental health have also been explored in Queensland and specifically North Queensland (Swinbourne, 2008). In a sample of 1000 North Queenslanders and 1000 other Queenslanders, attitudes and perception of 'mental health' and 'being mentally healthy' were examined. In addition to examining 'mental health' and 'being mentally healthy', self-reported health and well-being was reported as were attitudes towards help-seeking behaviours, community participation, and awareness of mental health advertising campaigns.

The results of this study were similar to those reported in other research (Donovan, 2004; Donovan, et al., 2007; Donovan, et al., 2003; Swinbourne, 2008). When asked to think about the term 'mental health', the majority of respondents expressed negative connotations in terms of disease or absence of illness. Conversely, when asked to describe a 'mentally healthy' person, positive connotations were more readily reported. Respondents were also asked to identify factors that they felt developed and maintained mental health (Swinbourne, 2008). A third of respondents identified physical health factors as key to developing and maintaining mental health. Such responses included eating well, limiting alcohol and drug intake and managing disease. Cognitive factors, such as being positive, improving self-esteem and keeping one's mind active, were also identified by approximately 25% of respondents as a

means of remaining or becoming mentally healthy. Respondents reported that improving a sense of self worth and participating in self-help activities improved self-esteem. Rest and relaxation together with social skills were also identified as ways in which to gain 'mental health' or remain 'mentally healthy'. Rest and relaxation included participating in spiritual activities such as prayer, and meditation. Indeed, these factors fit well within the strengths-based framework of positive psychology. These factors have been shown in other studies to facilitate resilience and mental health as they provide a way in which to relinquish control of difficult life situations to a higher power, become connected with likeminded people, and reduce stress (Eckersley, 2007; Pargament & Mahoney, 2009; Tse, Lloyd, Petchkovsky, & Manaia, 2005). Some respondents simply stated that getting more sleep facilitated mental health. Social factors that contributed to mental health included participation in family and community life, spending time with friends and nurturing relationships. Being sociable at work provided a way to access support and provide a connection to other workmates.

Overall, respondents were able to identify ways in which to protect mental health. These factors tended to fall into categories of being either active or passive mechanisms. Active mechanisms were described in terms of being able to *do* something with the aim of protecting the mind and mental health. Most respondents identified mental health protection in active terms. Mental health was seen to be protected when an individual did something active such as read, communicate with others, be physically active, eat a healthy diet, or have hobbies. Enjoying good mental health was seen by many respondents as a direct consequence of participating in these activities. In contrast, a quarter of respondents thought that good mental health could be acquired through passive mechanisms and as a fortunate by-product of another action. Passive mechanisms for protecting mental health were supported by the perception that no help

would be required for change and life would improve automatically. For example, such respondents reported that mental health would be protected by retiring from work, when the number of dependents that required care reduced, or resolving debt. However, these factors were not being actively addressed.

Additionally, many respondents reported that mental health was protected by acceptance of life situations and the way things are (Swinbourne, 2008). Acceptance of life was not viewed as a passive avoidance of difficult life circumstances or wishing it was different. Acceptance was viewed as actively coming to terms with who you are and the reality of the situation. Such responses described protecting mental health by taking everything in moderation, being relaxed and carefree and accepting one's position in life. While many respondents were still unsure how to protect their mental health, they described protecting mental health by having a normal life.

In other research, social support and help seeking behaviours were considered to contribute to mental health through being able to identify personal resources and support mechanisms during times of crisis (Donovan, 2004). It has been demonstrated that individuals who are better able to develop and maintain adequate social and communication skills, can participate in community activities, and are willing to engage in social and family activities experience better mental health outcomes (Baumeister & Leary, 1995; Cohen, 2004; Flood, 2005; Townsend & McWhirter, 2005). Social support networks opened avenues to being able to talk over problems with friends and family, to better access to mental health care and increased access to other resources for self-care. The key to mental health care is not only the availability of resources but also acknowledgement by an individual that care is required.

Donovan's research (2004) has also demonstrated that an individual's social connectedness to family, social and community was also perceived as contributing to

mental health. Having a social network was the most frequently cognitively available positive mental health factor reported by respondents in this study. Respondents described being connected with others and doing activities they enjoyed as a way of coping with stressors. Connection at the community level included engaging in social activities and participating in voluntary activities. These activities together with more individual pursuits such as reading, physical activity, taking time to oneself, prayer and sleep were associated with positive mental health. Conversely, factors that created disconnection from the community were also reported. Respondents perceived unemployment, racism, rejection and discrimination to have a detrimental affect on the mental health of individuals. Indeed, other research also reports that the mental health of individuals and thus the health of communities are disrupted by experiences of racism and discrimination (see Karlsen & Nazroo, 2002; Paradies, 2007). These studies suggest that these factors contribute to poor mental health through disconnection of individuals from each other and from available protective resources.

Other research including survey and focus group studies acknowledge the link between social support and mental health (see Department of Communities, 2006; Flood, 2005; Marmot & Wilkinson, 1999). Such studies have shown that individuals who are socially connected report higher levels of social and emotional wellness. Participation in community and having strong family ties have been shown as principal means of improving and protecting mental health. A national survey investigating the influence of social connectedness on loneliness has found that those who are most socially isolated reported lower levels of support in family, community and workplace environments (Flood, 2005). In particular being socially connected provided access to social and emotional resources that protect mental health. For example, individuals in the Flood study (2005) described protective mechanisms such as having someone to talk

to in times of distress, having neighbours, friends and colleagues with whom to socialise and share experiences, being engaged in the paid and voluntary work, and participating in social and sporting clubs. They reported being less lonely than those who did not have access to these resources through participating in social networks.

Similarly, in a Townsville focus group report (DOC, 2006), older members of the community described having strong family and social networks as a factor that protected against low levels of social and emotional wellbeing. For these respondents, loneliness was mitigated by being able to access family and community resources. These residents described protecting wellbeing through developing and maintaining community spirit through volunteering and neighbourly friendliness, and by having access to active and positive aging pathways, such as sporting and social clubs and activities. Respondents were able to identify risk and protective factors for social isolation across social, local community and environmental domains. However, respondents were unable to identify protective factors that were specific at the individual level. This suggests that respondent's perceived protection from social isolation is a family and community concern rather than solely the responsibility of an individual.

It needs to be acknowledged that the *direction* of the causal link between mental health and social connectedness remains unclear. It is uncertain whether positive mental health functioning is a requirement of strong social connectedness or vice versa. However, it is also important to recognise that both mental health and social connectedness can be positively impacted upon in order to maximise health and wellbeing outcomes for individuals and communities.

2.1.1 A model of mental health

From focus group responses, Donovan and colleagues (2003) developed a descriptive model of perceptions of mental health and its development. Focus group discussions were conducted across metropolitan and rural areas of Western Australia in order to identify factors that were perceived to be indicative of mental health. The model is presented in Figure 1. This model of conceptualisations of mental health illustrates an interaction between social, ecological and psychological factors. Central to this perception of mental health is the development of one's self-esteem and sense of self. From the data gained, it appeared that self-esteem and sense of self were perceived to be both positively and negatively affected by developmental, environmental and social factors. Mental health was perceived to be influenced by formative factors from childhood, school and work that impact upon attachments within family and other institutions. Being able to participate, learn and be recognised or valued for contributions to social networks affect the strength of these bonds and thus sense of self and self-esteem. For example, a childhood which is loving and stable provides a solid basis for developing a strong sense of self. A strong sense of self is carried through to the schooling experience and has a flow-on contribution to positive employment experiences. Other studies have demonstrated that it is not enough to just participate and learn in those environments, but one needs recognition for these contributions in order to enhance self-esteem and sense of self (Masten, Cutulli, Herbers, & Reed, 2009; Rutter, 1999).
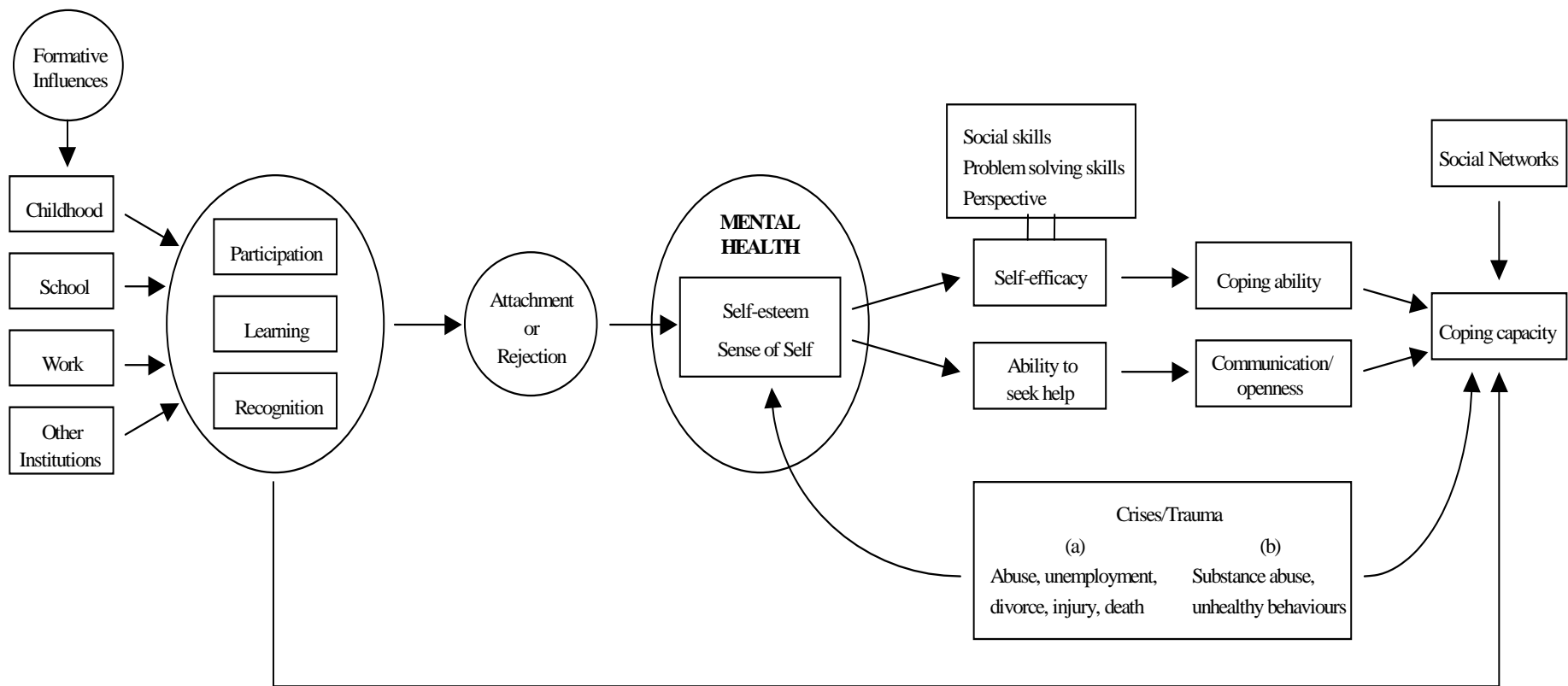
Figure 1: Summary of respondent's conceptual framework for mental health (From Donovan, et al. 2003)

The conceptual model also outlines the perceived impact of strong bonds and attachments upon mental health. Affiliations that are developed through being valued for contributions to family and community were perceived to further allow the development of coping capacity. Being able to cope with difficult life situations has often been referred to as being resilient (see Masten, et al., 2009; Rutter, 1999). In essence, early life experiences affect the way in which individuals participate in social and emotional situations. The model outlines the link between how being valued for participation contributes to feelings of either attachment or rejection within social networks and to perceived mental health. If earlier experiences are not successful, experiences of rejection from others (family, colleagues etc) were perceived by respondents to pave the way for diminished self-esteem, self-confidence and thus mental health. According to this model, strong attachments provide a basis for good mental health through the mechanism of resilience.

According to the model, the perceived quality of an individual's mental health contributes to their ability to function in wider society (Donovan, et al. 2003). Self-esteem and self-confidence is linked to an individual's ability to interact within social groups, to develop problem solving skills and gain perspective on life situations. Other research has also linked these factors to self-efficacy (Bandura, 1977). Self-efficacy is related to the belief that successful initiation and execution of these skills facilitates the ability to cope with life situations and ultimately one's total coping capacity. Individuals must be able to recognise the need to seek help, together with planning remedial action in order to maintain mental health. The ability to seek help is augmented by the ability to develop and maintain effective communication skills. As outlined in the model in Figure 1, these factors too contribute to the development of coping capacity.

In the model in Figure 1, social connectedness is perceived to impact upon mental health through supporting the development of coping capacity. Social networks provide inoculation from isolation and poor mental health through both emotional and functional support. When one is integrated into family, social and wider community groups, opportunities are increased for accessing emotional support in the form of sharing life's experiences and discussing problems. Functional support is demonstrated through the ability to seek advice and help to solve one's problems. Being connected to family and community has been demonstrated in other studies to mediate the effects of social isolation on resilience and mental health (Australian Research Group, 2003; Flood, 2005; Kilcullen, 2006).

The model also outlines perceptions surrounding the mediating role that crises and trauma have on mental health and coping capacity. Sources of difficult life experiences may be a result of interactions with others, such as abuse, unemployment, divorce, injury or death. Drawing upon the support of social networks and family connections has demonstrated to alleviate distress during difficult life situations (Berry, 2009; Berry & Rickwood, 2000). Additionally, crises of substance abuse and other unhealthy behaviours may negatively affect mental health and one's coping capacity. However, Donovan and colleagues model (2003) also illustrates the perception that individuals who demonstrate a strong sense of self and self-esteem may find resilient ways in which to cope with these crises and traumas. In fact, resilience has been demonstrated by individuals who have been exposed to many life crises and traumas (Clarke, Harnett, Atkinson, & Shochet, 1999; Rutter, 1999). Resilient individuals have drawn upon positive coping strategies, including problem solving skills, acceptance, and self-reliance in order to cope with demanding life situations.

What is evident from this modelling of conceptualisations of mental health is that an individual's perceptions of mental health accurately reflect definitions provided by experts (Swan & Raphael, 1995; WHO, 2001). Even though understandings of the term 'mental health' have earlier been described in negative associations, when asked to conceptualise wellness, broader, more encompassing terms are used. Such conceptualisations have included maintaining physical health, 'keeping active', 'knowing yourself', 'being content with who you are', and connection to community. As such, a strengths-based view of mental health appears to be emerging (Donovan, 2004; Donovan et al., 2007; 2003). When given the opportunity, people's conceptualisations of mental health move from describing deficits to detailing strengths of individuals and communities. This movement from a deficits model of mental health to a strengths-based approach has been highlighted by a positive psychology framework (Seligman & Csikszentmihalyi, 2000).

Section 2.2 Social capital

The protective qualities that social connectedness provides to an individual's mental health have been widely researched (eg Cohen, 2004; Donovan, 2004; Donvoan et al., 2007; Swinbourne, 2008; Townsend & McWhirter, 2005). Social connectedness through community participation and social networks provides access to psychological, social and cultural resources that facilitate good 'mental health'. However, 'connectedness' per se may not be the complete story. In order to more fully understand the way in which connectedness plays such an important role in terms of mental health, it is important to examine underlying processes that make this possible. Social capital may provide the mechanism for such an understanding.

The concept of 'social capital' refers to "features of social life – networks, norms, and trust – that enables participants to act to together more effectively to pursue shared objectives…to social connections and the attendant norms and trust" (Putnam, 1995, pp. 664-665). Social capital is a property of both the individual and community. This is reflected in the three functional levels of social capital – bonding, bridging and linking (Halpern, 2005). Bonding social capital refers to social networks and connections between family members, neighbours, friends, and colleagues. These connections enhance civic participation, and developing trust through reciprocal relationships. Additionally, these connections provide a means for information transfer within informal social networks. Bonding social capital is described as 'inward-looking', supporting shared identities and the development of homogenous groups through adherence to shared norms and sanctions (Halpern, 2005). Alternatively, bridging social capital is regarded as 'outward looking', including members of the wider community. Bridging social capital connects individuals from diverse social groups such as religious groups and other affiliations, and individuals from different ethnic groups. Like bonding social capital, bridging differences across social groups enhances community participation and social trust. This aspect of social capital is important for such activities as information sharing, service delivery and program implementation across communities (Cullen & Whiteford, 2001). Both bonding and bridging social capital reflect horizontal social connections between family, friend, colleagues and community members. In contrast, 'linking' social capital refers to vertical connections that link community members with large organisations such as government. This type of social capital is concerned with linking those with unequal power and resources so that both individuals and communities are strengthened. Further, strong linkages across power relations enhance translation of governmental policy into the implementation and

delivery of effective programs (Cullen & Whiteford, 2001). Taken together, individuals and communities are strengthened through facilitating bonding, bridging and linking factors that increase stocks of social capital. However, a 'dark side of social capital' needs to be acknowledged.

High stocks of social capital do not always result in positive outcomes for individuals and communities. Individuals who are disconnected from the wider community may form connections with deviant communities such as youth gangs, organised crime groups, and totalitarian regimes (Halpern, 2005; Kawachi, 1999; R. Putnam, 1995; Putnam, 2001). As Putnam suggests, 'good' and 'bad' social capital are defined by whether increased connectedness of groups contributes to and serves the interests of the wider community. Indeed, high levels of social capital characterised by strong connections, high levels of trust, and specific social norms that 'glue' the group together are evident in these less positive communities. Social capital in these groups creates strong connections through participating in group activities that build trust between group members. Also, clear and often prohibitive norms guide group participation to further bond the group. Such levels of social capital allow the development of a shared identity and thus the development of a restrictive, narrowly defined in-group. Members continue to enjoy high levels of social capital contingent upon maintaining membership of the group through increased levels of cooperation. Participation in the wider community is not possible without threat of isolation from the in-group. Likewise, isolation is experienced by outsiders through narrow definition of group membership. Indeed, these narrow definitions of in-group membership can lead to stereotyping and discrimination of 'outsiders', and as such, become an instrument of exclusion and oppression of outsiders. Therefore to assess whether levels of social

capital are an indicator of positive functioning of individual and communities, it is necessary to be aware of whether the wider group's interests are being served.

The following section explores the nature of connectedness and social capital, and particularly components of social capital, that facilitate positive relationships with others and in the wider community – trust, identity and empowerment.

2.2.1 Trust and identity

Berry and Rickwood (2000) explored the interactions between the components of personal social capital and psychological distress. Personal social capital was defined as a "logically linked sequence of social behaviours: community participation, social support and trust in others". Personal social capital was explored using a community participation scale developed for the study, Social Goals Value Inventory, Support Evaluation List, Organisational Trust Inventory and the General Health Questionnaire. These self-report questionnaires were completed by 162 participants. This research predicted a negative relationship between personal social capital components and psychological distress. That is, reports of psychological distress would tend to decrease when participation in the community, social support and trust increased. Individuals who were connected within the community through participation and support networks tended to experience less psychological distress than those who were not so connected. Further, the researchers found that individuals who were connected within the community also tended to report higher levels of trust. While levels of participation in the community and social support did appear to provide protection from psychological distress, levels of community trust remained the strongest predictor of psychological distress. Community trust refers to trusting not only family members and significant others, but also unfamiliar others in the wider community. Berry and Rickwood (2000)

suggested that mental health benefits of social connectedness are mediated by trust. It may be that trusting others allowed individuals to engage in community activities and to actively seek assistance from support networks. As such, trusting others could be hypothesised to provide a protective mechanism for mental health via facilitating engagement with family members and others in the wider community.

The relationships between trust and distress has also been examined in a cross-generational study of approximately 1000 respondents in an Australian rural community (Berry & Rogers, 2003). Members of three generations (Long Civics, Baby Boomers and Generation X) reported their levels of trust and psychological distress on two trust scales (Organisational Trust Inventory [OTI]; World Values Scale [WVS]) and a psychological distress scale (Kessler Psychological Distress Scale [K10]). Overall, those who reported fewer symptoms of psychological distress also tended to report higher trust. This was particularly the case for the Long Civics (oldest generation) who reported significantly fewer symptoms of distress and greater trust than the younger generations. Interestingly, differences across generations were found in terms of factors that comprised trustworthiness. For Generation X, protection from psychological distress was gained by believing that others are reliable; for the Baby Boomers protection came from believing that others are honest and are not out to take advantage, while for Long Civics, believing that 'most people would not exploit the vulnerable' predicted psychological distress. So, regardless of its precise nature (reliability, honesty, being non-exploitative), trust appears to act as a protective mechanism for mental health through facilitating social connection.

The social capital component of trust as a protective mechanism has also been explored in the Indigenous Australian context. Brough and colleagues (2006) explored social capital and identity in an urban context with a sample of 100 Aboriginal

respondents. Using individual interviews and focus groups, this qualitative study examined components of social capital, and in particular, the connection between social capital and identity. When exploring the nature of social capital, participants most often referred to the influence of cultural identity on their positioning within the community (Brough, et al., 2006). It was through their identity that they negotiated the space between bonding and bridging capital. Participants described this gap in terms of their perceptions of self, place, racism, 'mainstream' and 'us'. Although tension was experienced in this negotiated space, a strong sense of identity provided connections within and across communities. For example, placing 'self' within both 'mainstream' and Aboriginal communities was negotiated through multiple layers of identity. Some participants described the 'mainstream' work/political realm as a space in which to be wary of having cultural knowledge and identity eroded through participation. Indeed, "knowledge of culture, including language, was seen as being in danger of being corrupted in the mainstream" (Brough, et al., 2006, p. 404). This seems to reflect a degree of lack of trust within the Aboriginal community regarding being able to develop positive connections and experiences in the 'mainstream' community. Additionally, racism, in the form of stereotyping of who is an Aboriginal person and what constitutes Aboriginality was reported to diminish levels of trust within the community. Levels of community trust were also negatively impacted upon via overt and covert racism by community members. As others have reported, a level of community trust mediates components of personal social capital and psychological distress (Berry, 2009; Berry & Rickwood, 2000; Berry & Rogers, 2003; Grimsley, Meehan, Green, & Stafford, 2003). As suggested by the results of the study (Brough, et al., 2006), the nature of social capital needs to be explored not only through levels of community trust but also in conjunction with the influence of cultural identity.

Berry (2009) has also investigated the associations between social capital and mental health within rural Australian Aboriginal and non-Aboriginal communities. The study explored social capital components of community participation, perceptions about participation, and personal social cohesion. For Aboriginal participants in this study, psychological distress was associated with the social capital components of community participation including social connectedness, breadth or variety of participation, optimism and trust. Those participants who participated in a variety of community groups and reported higher levels of optimism and trust were less likely to report psychological distress. It may be that higher levels of trust and optimism facilitated the ability to participate in various community groups thus protecting mental health. Interestingly, participation in political groups (as the main source of participation) was associated with higher levels of distress. Historically, the socio-political context has been dire for Australian Aboriginal people. It may be inferred that this has not engendered a sense of trust in the political system thus negatively impacting upon the mental health of those working within this context. As these authors point out, it is important to identify the appropriate components of social capital in order to understand influences upon mental health.

Section 2.3 Summary

As outlined in previous chapters, mental health is a slippery concept that has shifted from an illness- to wellness-focus. This shift is evident in the definitions offered by experts that describe mental health in terms that encompass positive life functioning. Similarly, community members' perceptions of mental health reflect these broad definitions. Mental health functioning has also been linked to social capital components such as community participation, social support and trust in others. The influence of these components has been demonstrated to vary across communities. However, most of the mental health research reviewed has been conducted in a non-Indigenous context. The next chapter reviews research regarding conceptualisations of mental health in an Indigenous context. It needs to be noted that little such research has been conducted and what exists has been conducted predominantly in rural or remote locations.

Chapter 3: Indigenous Mental Health

Section 3.1 Factors reported to influence mental health

Since Reser's (1991) call for a "more encompassing, interdisciplinary and less culturally parochial perspective" of mental health, Indigenous mental health research has started to gather momentum. Conceptualisations of mental health that include social, historical, cultural and ecological indicators are more consistent with an holistic approach within Indigenous communities (Dudgeon et al., 2007; Garvey, 2008; Swan & Raphael, 1995). In order to counter the lack of information regarding conceptualisations of mental health in Australian Indigenous communities, Ypinazar (2007) conducted a qualitative meta-synthesis. The benefit of meta-synthesis comes from bringing together descriptive information from individual studies and developing links between such results at a broad, conceptual level. While meta-analysis usually implies the integration of a large number of studies, this was not possible in this case. The criteria for inclusion in the synthesis required articles to be empirical, peer-reviewed, written in English and provide details regarding methodology. As the authors note, a 'dearth' of information in this area resulted in just such five articles from 4 studies meeting criteria for inclusion (Emden, et al., 2005; McLennan & Khavarpour, 2004; O'Brien, 2005; Vicary & Bishop, 2005; Vicary & Westerman, 2004). The included studies were conducted in urban/rural/remote (2 studies/3 articles), and rural/remote-only (4 studies/5 articles) areas across Australia. The combination of urban/rural/remote studies included in-depth interviews and focus groups, and the rural/remote-only studies were conducted via in-depth interviews. In all studies, participants described perceptions of factors that influenced mental health and illness. Participants reported factors centring around five themes including culture and spirituality, family and community (kinship), historical,

social and economic events, fear and education, and loss. An overarching, or meta-theme of 'dynamic interconnectedness' emerged from the meta-synthesis. Dynamic interconnectedness refers to the influence of and interactions between the cultural, historical, economic and social factors that impact upon the lives of Indigenous people. The next sections explores perceptions of mental health in Australian Indigenous communities through the themes identified in the meta-synthesis (Ypinazar, et al., 2007) and the participants descriptions in the five individual articles (Emden, et al., 2005; McLennan & Khavarpour, 2004; O'Brien, 2005; Vicary & Bishop, 2005; Vicary & Westerman, 2004).

3.1.1 Culture and Spirituality - country

Indigenous mental health and well being is closely linked with community and a connection to country (Berry et al., 2010; Burgess & Morrison, 2007). Indeed, while the meaning of health for Aboriginal people must be understood across many domains "the most important is that of country, for it is in this context that [good health] is given most forcible social expression" (Rose, in Mobbs, 1991, p. 298). Country is the lived experience of the land, the history of the land, and ancestral connection to land. It is connection to country that locates individuals within the social context and is essential to a sense of belonging (Emden, et al., 2005; McLennan & Khavarpour, 2004). This sense of belonging ties individuals and communities to a shared way of knowing and being on country that supports community cohesion. Knowing one's connection to country is paramount to a sense of belonging and separation or isolation from country has been equated with "death of spirit" (Brown, 2001). Being away from country for an extended period of time has been reported to have negative consequences upon mental health (Brown, 2001; Vicary & Bishop, 2005; Ypinazar, et al., 2007). For example, in a

study in Western Australia, Westerman found that symptoms similar to clinical depression were described as "longing for, crying for, or being sick for country" (Vicary & Westerman, 2004). Aboriginal people have described a deep connection with ancestral land and feeling "heartsick for country" when disconnected from country or when human activities upon that land destroy its integrity. Aboriginal people consider themselves to be "living, breathing, thinking physical manifestations of [our] land…[and country] is the whole of reality, a living story that forms and informs all existence…[as] alive…life itself" (Kwaymullina, 2008, p. 9). This view of country is in keeping with the holistic view of mental health advanced by others (Swan & Raphael, 1995; WHO, 2005).

The importance of country is integrally linked to cultural and spiritual domains of Indigenous life (Burgess & Morrison, 2007; Garvey, 2008; Morgan, 2008). Indeed, spirituality is considered to be a major difference between Western and Indigenous concepts of mental health. The spiritual world has been reported to have an "active influence" on an individuals' mental health status (Vicary & Bishop, 2005). Country provides a spiritual link through aspects such as connection to sacred sites and performing of ceremonies on ancestral land. Spiritual connection can be maintained through performing rituals and maintaining traditions through storytelling and ceremony. Strong spiritual links afforded by connection to country have been described as having positive influences on wellbeing through increased energy, feelings of protection, confidence and pride (McLennan & Khavarpour, 2004). 'Spiritual connections' have been previously described as being a source of strength and resilience (Kilcullen, 2006). Differences in ability to cope and mental health outcomes were noted after reconnection to spiritual practice of lore, women's business, ceremony and rituals. Connection to culture and spiritual practices are integral to Aboriginal identity and

mental health (O'Brien, 2005; Ypinazar, et al., 2007). Poor mental health due to loss of cultural identity is reported to have been manifested as low self-esteem and emotional wellbeing and increased reported stress (O'Brien, 2005).

3.1.2 Family and Community

The central role of family and community in supporting mental health has been well documented both in and out of academia (Emden, et al., 2005; McLennan & Khavarpour, 2004; O'Brien, 2005; Vicary & Bishop, 2005). Understanding one's role in the community via kinship ties has been described as pivotal to social, emotional and cultural wellbeing and the basis of culture and identity (Dudgeon, 2000; Dudgeon, Wright, Paradies, Garvey, & Walker, 2010). Kinship and network ties bind individuals and communities together and support mental health through building reciprocal relationships. Knowing one's place in the network provides a stable and strong sense of belonging to that community through ancestral linkages. Social isolation has long been recognised as a factor that contributes to poor mental health in non-Indigenous as well as Indigenous communities (see Berry, 2009; Berry & Rickwood, 2000; Berry & Rogers, 2003; Flood, 2005). As others have noted, community participation, social support and trust are key components of personal social capital that protect mental health. Conversely, absence of social networks and thus responsibilities leaves a person vulnerable to poor mental health as clear roles and interactions are not available in which to guide reciprocal relationships necessary for 'survival' (see Wilson, 1997). Strong social networks provide a clear way in which to interact in the community and support a strong sense of belonging. Not only is this strength gained through interaction with family members, but also members of other Indigenous communities with whom no ties were formally recognised. Encountering Indigenous people in other communities

provides a positive social experience which increases a sense of connection and belonging and thus positively influences mental health. As described earlier, community trust refers to trust of both familiar and unfamiliar others in the wider community. In this light, it may be that trust of others in Indigenous communities, both family and non-family, supports community participation and thus social connectedness. Further, a sense of shared identity may enhance community trust. Indeed, others have described a negative correlation between a sense of trust and participation in Indigenous community groups, and psychological distress (Berry, 2009). It may be that a shared sense of identity predisposes individuals to both participation and trust, consequently providing a protective mechanism for mental health.

The existence of positive role models in the community, especially elders, is hypothesised to support mental health through increasing self-belief and strengthening pride in Aboriginal culture and Aboriginal identity (McLennan & Khavarpour, 2004; O'Brien, 2005). Social and emotional wellbeing is supported through the transmission of cultural knowledge from elders who instil traditional rules and discipline in younger generations. In a small study, Aboriginal grandmothers who were raising their grandchildren described themselves as the custodians of cultural traditions and "overall supervisors" of the following generations (Kilcullen, 2006). The older generation provided information regarding traditional ways in which to parent children. Being respected matriarchs and sources of cultural knowledge was perceived as providing strength and contributing to the resilience of both the elders themselves and younger individuals who were the recipients of such knowledge. Such ideas were also evidenced by older Torres Strait Islander women who were raising their grandchildren. The grandmothers were viewed as a mentor and custodian of knowledge for the family. The child was there not only to keep the grandmother active, but also to be taught

"emotions, sensitivity and respect [for elders in the family]…at a young age" (Kilcullen, 2006, p. 36). As such, supporting and bridging the transmission of cultural knowledge across generations provided strength and promoted mental health. Conversely, when culture, spirituality, family and community connections are broken, poor mental health outcomes have been reported (Ypinazar, et al., 2007).

3.1.3 Historical, Social and Economic Factors

The influence of historical, social and economic factors on Indigenous people's mental health has been well documented (Brown, 2001; Carson, Dunbar, Chenhall, & Bailie, 2007; Emden, et al., 2005; O'Brien, 2005; Paradies, 2006a; Vicary & Bishop, 2005; Ypinazar, et al., 2007). Past government policies aimed at assimilating Australian Indigenous people into the non-Indigenous community effectively ensured removal from land, disconnection from language and children being removed from families. This separation from culture and country has resulted in negative outcomes in terms of mental health (O'Brien, 2005; Ypinazar, et al., 2007). Social and emotional problems such as grief and trauma have been linked to disconnection from culture. Anger and resentment at being dispossessed of country are reported by those individuals who have been removed from family and country (see Wilson, 1997). Removing people from families and land has resulted in identity confusion and role confusion. Clearly defined roles are less likely to be available to current generations due to the disruption of the transmission of cultural knowledge through the generations. Traditional roles have been eroded with changing social roles and it appears that men are feeling this loss more than women (AIHW, 2009). For example, Indigenous men are more likely than women to use substances at 'at risk' levels, be hospitalised for mental or behavioural disorders, and engage in self-harm or commit suicide. This disparity might be explained by

women being able to retain their roles as caregivers and custodians of cultural knowledge while also adapting to new roles as economic supporters of their families (Kilcullen, 2006). Women appear to have greater flexibility in their roles than men and as a result have been able to adapt, for example, to changing employment needs. Changes in traditional roles have resulted in changes to self definition in the social context. As social relations are important to identity as an Aboriginal person, potential changes in cultural identity may be predicted.

The effects of institutionalised and interpersonal racism have also been reported to have negative outcomes on the health of Indigenous people in Australia (Emden, et al., 2005; Paradies, 2007; Ypinazar, et al., 2007). Institutionalised racism refers to covert racism at the policy and procedure level, whereas interpersonal racism includes experiences of racism at the individual, social interaction level (Karlsen & Nazroo, 2002). Both mechanisms produce discrimination on the basis of a person's race. As outlined earlier, interruption to social connectedness through the breakdown of community participation and trust is suggested to result in increased psychological distress (Berry & Rogers, 2003; Brough, et al., 2006). Racism is one such factor that breaks down opportunities to develop trust relationships based on reciprocity and mutual obligation.

The association between self-reported racism and health has been explored in a review of 138 quantitative studies conducted predominantly in the United States but which also included studies from Canada, Australia and New Zealand, Barbados and Dominica (Paradies, 2006b). Over 70% of the studies reported negative mental health outcomes associated with self-reported experiences of racism. That is, in almost three quarters of the studies, negative mental health outcomes were reported when racism was experienced. When individuals experienced situations in which racism occurred, they

reported negative changes in their emotional, cognitive and physical state. The negative mental health outcomes included psychological or emotional distress, depression, anxiety and stress. Additionally, over 60% of the studies reported that individuals described an association between self-reported racism and engaging in risky health behaviours, such as cigarette smoking, and alcohol and substance use.

The effects of racism have been examined in an isolated rural community in Western Australia (Larson, Gillies, Howard, & Coffin, 2007). Negative mental health outcomes resulting from racism were reported by both non-Indigenous and Indigenous people. It was found that more than 40% of respondents had experienced interpersonal racism in the four weeks prior to the study. Indigenous respondents were more likely than others to report experiencing racism. Those who had experienced an event of racism reported they had been physically and emotionally upset by the experience. Other researchers have also described the negative impact of racism on the ability of individuals to develop social connections and subsequently on mental health. Brough and colleagues (2006) reported that disconnection across communities through racism and stereotyping resulted in poorer mental health via a personal social capital mechanism of distrust. Such distrust was thought to diminish opportunities to build social capital across Indigenous and non-Indigenous communities in an urban context. In this way, mental health is hypothesised to be negatively impacted upon via diminished opportunities for social connectedness, community trust, and participation. Further, lack of connection reduces opportunities to negotiate roles of social responsibilities and reciprocal relationships across communities.

3.1.4 Loss

An overwhelming and pervasive sense of loss has been reported by Indigenous Australians across cultural, spiritual, emotional, social and economic domains (Ypinazar, et al., 2007). Individuals report loss of family members through suicide, overdose, and other mental illness, loss of traditional roles for men, loss of cultural identity, and loss through stolen generations. As previously outlined, continued connection to country has been described as a source of spiritual, emotional and social stability. When these connections are broken, individuals report many negative consequences. Men have described a loss of traditional roles and thus sanctioned control of the political and social landscape as a result of disconnection from cultural ties. Others have described a loss of cultural identity as a result of disconnection from land and country (see Clark, 2000; Ganesharajah, 2009). As country provides the context in which all aspects of life are experienced, having access to country, whether tangibly or spiritually outlines guides social relationships through ancestral lineage. Knowing one's spiritual connections through country provides the framework for understanding and operating within culturally appropriate bounds. Loss of respect for ancestral connections and the role of elders by the current generations may have resulted from the disconnection to country.

Members of the stolen generations describe experiencing confusion about their identity as Aboriginal people (Emden, et al., 2005; Vicary & Bishop, 2005; Wilson, 1997). In these studies, identity confusion resulting from loss of links to culture was reported to contribute to the experience of poor mental health. Individuals reported feelings of shame about their Aboriginal identity and guilt about the resulting poor mental health outcomes. These outcomes are reported to have manifested as depression, anger and remorse which have left some vulnerable to self-medication with alcohol or

drugs. Alcohol and substance use serves as a way in which to relieve psychological distress resulting from the breakdown and loss of social relationships. However, consumption of substances also serves to generate other factors that also negatively impact upon mental health. The results of this negative cycle of poor mental health are evident in health statistics across the decades (AIHW, 2009). The mental anguish that results from social disruption has been linked with domestic violence, drug and alcohol use, and emotional instability (O'Brien, 2005).

3.1.5 Fear & Education

In Ypinazar and colleagues' (2007) metasynthesis, other factors identified as contributing to poor mental health included a fear of engagement with Western therapy services and of treatment outcomes. Aboriginal conceptualisations of mental health have been shown to differ from those of outlined by the Western paradigm of health (Vicary & Westerman, 2004; Westerman, 2004). The biomedical model of health is particularly focused on the organic bases of health. Placing preference on organic origins of mental illness conflicts with Indigenous understandings of mental health. For example, as part of a larger study exploring beliefs and attitudes towards mental illness and mental health services, differences in expression of depression were identified in Indigenous communities (Vicary & Westerman, 2004). It needs to be noted that this research was framed in terms of 'mental health' but in fact conceptualised this as mental illness. This qualitative study identified differences in the conceptualisation of mental illness between Indigenous and Western conceptualisations in urban and remote dwelling samples of Indigenous people. For example, mental illness was described in terms of cultural factors such as ruptures in social relationships, transgressions of cultural law, and spiritual influences. Depression was described as a "disturbance in a

person's wellness", rather than a mental illness. Disturbances of wellness were considered in spiritual and cultural terms. For effective treatment to be possible, the causes of the depressive state must be identified. A person may experience depressive symptoms as a result of spiritual or cultural 'wrongdoings', such as marrying outside of cultural bounds or breaking taboos. However differences in the level of depressive symptoms were also recognised and such differences guided the level of suggested treatment. When symptoms were mild and perhaps expressed on a daily basis, they were considered to be 'characterological', or a character trait. When individuals displayed these symptoms, this was explained as "that's just the way he is" and therefore required little or no treatment (Westerman, 2004). However, when symptoms were acute, such as suicide attempts, or visible in the public domain, these symptoms were considered to be pathological, requiring treatment. This distinction is not evident in the Western diagnostic system, where both chronic and acute symptoms of depression have a medical label and associated treatment regimes (American Psychiatric Association, 2000; Barlow, 2001).

Culturally inappropriate labelling and treatment of mental disturbance has led some Indigenous people to be fearful of contact with Western mental health services (Vicary & Bishop, 2005; Vicary & Westerman, 2004). The impact of labelling and diagnosis of mental disorders has contributed to shame and stigma associated with experiences of mental ill-health. Family members have been reported to withhold those who are experiencing mental ill-health from therapeutic services due to the fear of them being labelled as mentally unwell. For some people in these studies, it is only when traditional and culturally appropriate treatment options are exhausted that family members may present to Western services (Vicary & Bishop, 2005; Vicary & Westerman, 2004).

Section 3.2 Summary

Research exploring Aboriginal and Torres Strait Islanders understandings' of mental health has been limited however it has recently been gaining momentum. Previous work has explored factors that influence mental health rather than what constitutes mental health. While the factors that comprise mental health are still unclear, previous work suggests that factors that influence mental health can been found across cultural, spiritual and social domains. A meta-analysis of recent qualitative work reveals the interconnected nature of factors across these domains that influence mental health. These factors included culture and spirituality, kinship, and socio-historical and economic factors. These factors cannot be assumed to be the essence of mental health however their influence on mental health is made visible. Positive influences on mental health included connection to country which provides a solid foundation for mental health through spiritual and cultural connections, cultural identity, and kinship and community connections. However, negative influences were found in the impact of past government policies resulting in stolen generations, racism, dispossession and impacts of contact with Western services and programs that were not culturally appropriate.

Chapter 4: Comparison of health perceptions and outcomes, and experiences of colonisation,

Section 4.1 Indigenous and non-Indigenous Australian perspectives

As can be seen in the previous chapters, commonalities in perceptions of mental health are evident between non-Indigenous and Indigenous communities (Donovan, 2004; Donovan et al., 2007; Ypinazar, et al., 2007). In Donovan's work perceptions of mental health were linked to ideas such as having good self-esteem, having good friends, perceiving a capacity to cope with daily problems, and being active within the community. Mental health was protected and promoted through keeping both the mind and body active, having control over one's life, and being socially connected to aid access to material and emotional resources. Central to mental health is the development of self-esteem and sense of self (Donovan, 2003). The development of these factors is influenced by early formative interactions which have a flow on effect upon the development of good mental health. Early experiences influence the strength of bonds and attachments with others, direct the way in which we perceive and enact our ability and coping capacity to interact within family and community settings and thus influence social connectedness. This relationship between individual functioning and experience and community connectedness is at the heart of a positive psychology framework of understanding mental health. Through this framework, strengthening mental health is enhanced through positive experiences such as wellbeing and happiness, the capacity for love and spirituality and connectedness to community through responsibilities and obligations.

These perceptions of mental health are also seen in Indigenous communities and are linked to the concept of Indigenous holistic wellness (Ypinazar, et al., 2007). These

perceptions are reflected across cultural, spiritual and social domains. Ypinizar and colleagues' (2007) metasynthesis identified positive influences on mental health included acknowledging the importance of country and respecting spiritual and cultural activities and knowledge. Further, maintaining kinship and community connections through understanding obligations of reciprocal relationships supported mental health functioning. In turn, observing these connections strengthens a sense of belonging and knowing one's cultural identity.

In essence, cross-culturally, those who are mentally healthy 'know who they are' and are connected to the community. This relationship between a sense of belonging or identity, community connectedness and mental health is evident across other cultural groups.

4.1.1 Canada, New Zealand and the United States

A comparison between health outcomes of Indigenous and non-Indigenous peoples in Canada, New Zealand and the United States demonstrates similarities to those in Australia (Bramley, Herbert, Tuzzio, & Chassin, 2005; Cooke, Mitrou, Lawrence, Guimond, & Beavon, 2007; Pulver et al., 2010; WHO, 2001). First nation peoples continue to experience poorer health outcomes across the board, as reflected in gaps in life expectancy, mortality rates and social determinants of health.

The Human Development Index provides a broad measure of social, economic and health status and has been in use since the 1990's. This composite statistical index has been used by the United Nations to rank a country's development across these domains. Overall, Australia, Canada, New Zealand and the United States rate highly among the developed countries across the globe, however, the indigenous peoples of these countries do not fair as well (Cooke, et al., 2007). In general, non-Indigenous

people enjoy longer and healthier lives with greater levels of education and access to economic resources in comparison to Indigenous peoples. However, of these Indigenous people, Indigenous Australian's fare the worst. The highest levels of development across these domains for Indigenous Australians do not match the lowest levels for the other Indigenous groups. Indeed, unlike the experience of some other Indigenous groups, there has been limited narrowing of the health gap between Indigenous and non-Indigenous people in Australia (Griew, Tilton, Cox, & Thomas, 2008). Recognition of the impacts of historical events upon the identity of Indigenous groups is essential to understanding the disparity between health outcomes

4.1.2 Colonising experiences in Canada and New Zealand

The negative impacts of colonisation across Indigenous groups in Australia, Canada, and New Zealand must be acknowledged. Colonisation was not a peaceful process but one marked by extensive and violent resistance by Indigenous people to the loss of land. However, differences in the *reason for* and *process of* colonisation in these countries are evident. It may be that understanding the impact of these differences upon identity aids insights into current health disparities. The colonisation of Canada and New Zealand have some important similarities in the assumptions underlying the 'settling' process (Armitage, 1995). Colonisation of Canada required the colonisers to recognise First Nations people as "important allies in the process of colonial competition" (Armitage, 1995, p. 70) that is, in the race between France, England and Spain to procure land. While recognition of First Nations people was in the context of competition, it afforded an early opportunity to assert Indigenous nationhood and thus identity, though not political power. It is only very recently that participation levels in the political realm have increased, together with acknowledgement of land and sea

rights, and statements of reconciliation recognising the negative impact of past governmental policies. Similarly, in New Zealand, the Treaty of Waitangi in 1840 provided early acknowledgement of Indigenous identity through recognition of land and Maori people as a distinct cultural group. This document recognised the uniqueness of Maori people and their ownership of land and British citizenship. In essence, the earlier experiences of both Indigenous groups facilitated at least some continued connection to land, allowing connection to cultural practice and knowledge. This, in turn, may have supported a sense of belonging and thus identity. This does not negate the subsequent negative impacts upon health post-colonisation. However, recognition of identity at initial contact may have laid more solid foundations to which Indigenous peoples could return, even after centuries of subsequent dispossession and dislocation from land. However, it was a different experience for Indigenous Australians.

The colonising assumption of 'terra nullius' did not facilitate the same continuity for Indigenous Australians (Moreton-Robinson, 2003). The legal notion of 'Terra nullius' or 'land belonging to no one' effectively dispossessed Indigenous Australians of the land on which they lived for millennia. These legal concepts freed colonisers from seeking agreement, treaty or negotiating land usage. Unlike in Canada and New Zealand, meaningful engagement with indigenous inhabitants during early colonisation was not required in order to successfully colonise the new lands. Indeed, Kunitz (1994, p. 83) notes in reference to early settlement (1820-1900) in Queensland, "Aboriginal resistance was substantial wherever pastoralists attempted to establish control over vast tracts. Watering holes were fouled by livestock; vegetation was destroyed; the native flora and fauna on which the Aborigines depended were damaged; and the Aboriginal themselves were slaughtered in great numbers whenever resistance was encountered. While Indigenous people of Canada and New Zealand effectively

became minority citizens in their own country, the lack of recognition of Indigenous Australian's sovereignty of the land relegated them to both minority and, perhaps more importantly in terms of identity, non-citizens. This dispossession from land effectively disrupted a sense of belonging and connectedness that support culture and identity (Moreton-Robinson, 2003).

4.1.3 Beginning to understand the intersection between mental health and identity

The experience of Indigenous Australian's dislocation and dispossession of land appears to bear similarities to those of African American people (Eyerman, 2001). The majority of Africans removed from their homelands to the Americas during the Atlantic slave trade were transported in the 18th century. Upon enslavement, connection to and citizenship in their homelands in Africa were disrupted. Moreover, new connections were not forged in the country of destination. This cleaving of connections between the two countries provided little opportunity for new identities to be forged. Indeed, historical struggles surrounding the integration of African Americans into the United States are well documented.

The resulting difficulties of racial identity and attitudes within this socio-political context have been explored (see Cross, 1994; Parham, 1989; Worrell, 2008). Nigrescence theory describes a developmental/stage approach to racial identification in African American communities. The theory contends that racial identification is reflected by changing and integrating racial attitudes across developmental life stages (see Marks, Settles, Cooke, Morgan, & Sellers, 2004). Research has aimed to explore the relationships between racial attitudes and mental health using measures of racial identity scales (Multidimensional Inventory of Black Identity), perceived stress (Perceived Stress Scale) and psychological distress (Brief Symptom Inventory) (Sellers,

Caldwell, Schmeelk-Cone, & Zimmerman, 2003). A longitudinal study (1994-2000)

consisting of over 550 African American middle-school students was conducted using

self-report measures and individual interviews in five waves. This study particularly

explored racial identity concepts of 'centrality' of African American identity, and

'public regard', the beliefs about whether others view African Americans positively or

negatively. Overall, this study found that individuals who reported higher 'centrality' of

identity reported lower levels of psychological distress. However, psychological distress

was not related to the 'public regard' variable, or others' beliefs about the public

perception of African American people. The relationships between 'centrality', 'public

regard' and psychological distress were mediated by racial discrimination and, to a

lesser extent, perceived stress. Those who reported 'centrality' of identity perceived

higher levels of racial discrimination, however, this sense of identity also moderated the

effects of racial discrimination on perceived stress. A strong sense of identity protected

individuals from experiencing stress associated with racial discrimination and also

overall lower levels of stress to non-race related stressors (Sellers, et al., 2003). The

authors suggest that 'centrality' of identity, or knowing who you are, acts as a protective

factor, or buffer to psychological distress even in the context of racial discrimination.

As noted earlier, both Indigenous and non-Indigenous Australians report similar

perceptions of mental health – being at peace and being connected to community

(Donovan, 2004; Donovan et al., 2007; Ypinazar, et al., 2007). Even though similar

perceptions are reported across groups, understanding health disparities may lie in

exploring the historical disruption in the ability to identify as both citizens and as a

distinct Indigenous group. More fully considering identity in the historical context in

which Indigenous Australians have occupied their own lands may shed light on both

pathways and barriers to identity formation within Indigenous Australian communities.

The concept of identity will be discussed in the next chapter.

Chapter 5: Identity

Knowing one's identity provides the basis from which to explore and understand the world and facilitates meaning-making in one's life (see Singer, 2004). Identity formation is influenced by both the internal and external world. It has been argued that for Indigenous people, "identity is a pre-requisite for mental health" (Durie, 2004). The self is holistically defined in terms of the individual and their interactions with others such as family, community, and the wider society (see Garvey, 2007; McNamee, 1996; Swan & Raphael, 1995). For indigenous cultures, the self is intricately entwined with family, community, society, and spirituality (see Clark, 2000). Pat Andersen (1995) stated that "our identity as human beings remains tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spiritually and to our systems of resource ownership and exchange." It is also pointed out that, for some, there are dire consequences for not being able to engage in cultural, social and spiritual connections. Disconnection from country through past policies and government practices has led to "despair and dispossession [and] poor health" (Anderson, 1995, p. 15). For this reason, it would be remiss to have a discussion about Aboriginal and Torres Strait cultural identity without considering the socio-historical context. These issues, together with factors that influence cultural identity are discussed in the following sections.

Section 5.1 The politics of identity – race, colonisation and cultural identity

The act of colonisation has had a profound and lasting impact on Australian Indigenous peoples through interruptions to transmission of cultural knowledge, disconnection from family and community, and dislocation from country (see Wilson,

1997). As discussed previously, these outcomes of colonisation are not peculiar to the Indigenous peoples of Australia but are also the experience of other colonised peoples across the globe (see Daes, 2000). The process of colonisation is premised on notions of the cultural superiority of the colonisers automatically relegating the colonised to an inferior status. It has been argued that "all forms of oppression….[including] colonialism…[is predicated on] the utter denial of the victims' relevance" (Daes, 2000, p. 5). Denying the relevance of individual, community and nation through colonisation has had a lasting impact on the cultural and spiritual lives of the colonised. The act of colonisation has interrupted cultural transmission and changed the course of identity development in the indigenous community.

The concept of race is inextricably linked to the colonisation of Indigenous peoples across the globe. As such, it has been argued that the construction of race is a "colonial strategy" (Root, 1998, p. 142) used to justify the oppression and marginalisation of colonised peoples. Indeed, race was "not an initially agreed upon system" (Root, 1998, p. 143) of classification between the colonisers and colonised. Race was, and continues to be used as a category applied by external agents to those people who are colonised. Everyone has culture, however, for some culture is less visible than for others. This is due to the invisibility of the 'whiteness' of the dominant culture through the colonisation process (McGoldrick, et al., 2005; Moreton-Robinson, 2004). As such, being 'white' in the dominant society is seen as being 'cultureless' or 'raceless'. Indeed, "as a categorical object, race is deemed to belong to the other" (Moreton-Robinson, 2004, p. 76), and it is this illusion that drives the notion of an objective 'other', or the 'different' as having 'culture'.

There has been a long history of defining Australian's first nation people in terms of race (see Paradies, 2006a). Exploration, definition and classification of what it

means to be an Indigenous person has been conducted by those who were outside of Indigenous communities. Indeed, classification and racialisation served the purpose of control over the "socialisation, mobility and biological reproduction" of Indigenous people (Paradies, 2006a). Since colonisation, the definition and identity of Aboriginal people has been considered in terms of essentialist notions of who is an Aboriginal person. A 'real' Aboriginal person was equated with the noble savage, living closely to the ecological and spiritual roots of the Indigenous culture. This essentialist view, perpetuated by static notions of culture, excluded some individuals from identifying as Aboriginal people. In this way, the essentialist notions of an authentic Indigenous person that perpetuates segregation and racialisation can be seen as "oppressive authenticity" (Sissons, 2005).

Oppressive authenticity refers to the way in which defining identity of Aboriginal people in terms of 'purity' of ancestry and connection to 'traditional' knowledge continues to perpetuate marginalisation and objectification of Indigenous people (Sissons, 2005). For example, defining Aboriginal people in such a way maintains a hierarchical and oppressive system based on phenotypical differences. Since colonisation, phenotypical or objective measures have been used to define Aboriginality, for example, identity based on skin colour and have led to the use of such terms as 'full-blood', 'half-caste' and 'quarter-caste' (Dodson, 1994; Sissons, 2005). Indeed, these definitions have been used in government legislation and in the community to define who was a 'real' Aboriginal person. Manifestations of identity via skin colour can be seen in the current context. A young Aboriginal woman recently reported that she was denied employment because "she didn't meet the colour standard", that is, not "look[ing] 'indigenous' enough" (Snow, 2010). Thus, 'definition-by-other' controls the way in which Aboriginal people are permitted to identify and has

had a lasting impact upon Aboriginal people. Operating within this notion of a 'real' Aboriginal person provided the basis for exclusion from both mainstream and Indigenous communities.

A 'traditional' Indigenous culture has provided the framework for perceptions of Indigeneity (Edwards, 1998). This view privileges the historical, pre-colonial perception of a person who lives closely with the land, practices spirituality and recognises traditional lore. Further, a traditional Aborigine would be an individual who participates in cultural performance such as ritual and ceremonies, adheres to the rights, responsibilities and restrictions of the kinship system, and performs hunter-gather practices. Indeed, the traditional Aboriginal person would have access to and be directed by such knowledge in all aspects of life. As such, the lived experience of being a traditional Aboriginal person would provide the basis for a strong identity within the community. However, this essentialised view of Aboriginality does not take into consideration cultural change due to historical influences.

Differences in ideas about what makes up Aboriginal identity and refuting the concept of a pan-Aboriginality remain a discussion point in Indigenous and non-Indigenous communities (Oxenham et al., 1999). Of particular importance is the way in which Aboriginal people define themselves. The politics of identity provided the initial framework within which identity was examined. In particular, the effects of past government policies could be seen in the discussion of 'denial of denial'. In order to be assimilated into the mainstream Aboriginal people were required to actively relinquish their Aboriginal identity. This denial of identity had many lasting affects on the psyche of Aboriginal people (Wilson, 1997). It is argued that this and other policies that broke down the links between the generations are the basis for poor health and wellbeing outcomes for Indigenous people. As people begin to reclaim their Aboriginal identity,

the flow-on effect of this denial is pervasive. Since changes to government policies now favour self-determination, it is no longer a requirement to deny Aboriginality so that mainstream resources may be accessed. However, the Aboriginal identity of those who chose (or felt they needed to choose) to deny their Aboriginality during the assimilation period is often questioned by those who did not make such a choice (Oxenham, et al., 1999). An issue surrounding acceptance of individuals who denied their heritage during this period arises for those who did not. It is suggested that the process of reintegration into the community would be eased if the denial was acknowledged. The 'denial of denial' seems to be a barrier to acceptance back into the Aboriginal community as the authenticity of identity is questioned by those in the community. Denying Aboriginality during this time brings into question the authenticity of 'growing up black' and disrupts the 'lived experience' of being an Aboriginal person. As mentioned, one of the accepted criteria for identifying as an Aboriginal person is acceptance into the community. If one misses the experience of 'growing up black' acceptance back into the community is likely to be associated with much questioning of 'credentials' and gradual reintegration.

Questioning of Aboriginal identity by both Indigenous individuals and by others has been discussed by researchers (eg Dodson, 1994; Oxenham, et al., 1999). For instance, questions of and requests to verify identity by those outside of the community are experienced in the form of requiring a Certificate of Aboriginality in order to access specific resources (eg AIATSIS, 2011). In contrast to individuals who have remained connected to community, those who were removed may find verification of identity difficult. However, questioning identity also occurs by and of Indigenous people. Oxenham and colleagues (1999) described conflict regarding the need to portray a politically unified identity and the desire for a self-identification that reflects a diversity of identity. While it was important to forward a unified front for Aboriginal people, thus

enforcing a pan-Aboriginality, a private undercurrent of dissent was acknowledged. Reconciling the politics of identity may represent a delicate balance between one's internal and external life. Not only is the external life influenced and directed by government policy, the effects of those policies carry over into an individual's internal life. While government policy directs the way one is required and allowed to identify, it is suggested that this external pressure of race-based policies are internalised and affects the way in which an individual views themselves (Cowlishaw, 2006; Oxenham, et al., 1999; Paradies, 2006a).

However, others question such 'patrolling of the borders' of Indigeneity (Paradies, 2006a). It is suggested that to impose (self or other) boundaries upon who can or cannot identify is to reinforce the binary notions of being Indigenous and non-Indigenous. It may be more inclusive and thus more useful to embrace a notion of 'hybridity' of Indigenous identity, one that encompasses a multiplicity of sources of identity formation. To embrace a multi-identity concept of Indigeneity is not to disregard or devalue the negative impacts of historical pressures on the Indigenous community, but rather to deflect an essentialised version (Holland, 1996). A multi-identity perspective would provide those who have been disenfranchised a way in which to be reintegrated into the community. Indeed, having alternate paths to identity may offer a way in which to avoid the demand for authenticity that is linked back to 'traditional' culture. Distancing from, or breaking the link between identity and a 'traditional' concept of culture may provide a way in which those who do not fit the 'authentic' version of Indigeneity or have been disenfranchised from the community another means of identifying as an Indigenous person.

Section 5.2 Aboriginal Identity – a broad perspective

According to Clark, "Aboriginal identity needs to be self-determined based on our own constructs, experiences, and feelings" (2000, p. 151). Clark interprets identity as the 'essence' or spirituality of an Aboriginal person. Spirituality "states, informs, and reforms Aboriginal culture and social identity" (2000, p. 151). Clark (2000) conducted a qualitative study with Aboriginal people who had been removed from their families as children. Nine semi-structured interviews were conducted exploring broad questions about being separated from family and culture, and Aboriginal identity. From these nine interviews, four common themes emerged – "discovering being Aboriginal", "deception", "the affirmation of Aboriginal identity", and "multiple identities". Participants described feeling and being different to others in their family and community throughout childhood. Often their identity as an Aboriginal person was revealed to them through negative experiences such as racism. They described being treated differently by caregivers and school community (as children) which reinforced a sense of disconnection within these important social contexts. Participants' identities were also influenced by the negative discourses that perpetuated views of difference, ambivalence and inferiority of Aboriginal people. For example, participants were told that they were 'lucky' to have escaped poor parenting and alcohol misuse of their parents. Such discourses were reported to contribute to continuing feelings of inferiority.

The construction of Aboriginal identity was also influenced by deceit and denial of the situation and circumstances of their removal from the family (Clark, 2000). Stories of deceit about parental whereabouts, parental fitness and how they came to be removed from families were common for participants. Participants were also denied information about their parents and families. Clark (2000) suggests that being deceived

or denied accurate information about their family members may have led to participants having a reduced ability to discover their Aboriginal identity.

According to participants in Clark's study (2000), factors that affirmed Aboriginal identity included being connected back to family and culture. While knowing, and being linked back to family was defined as a crucial step to affirming Aboriginal identity and participating in an 'Aboriginal way of life', this process could also be difficult. For some respondents, a lack of understanding and being rejected by family member proved to be a distressing process which negatively impacted on identity formation. Being removed from the family resulted in a lack of shared family history and disconnection from family and cultural stories that support and maintain identity. For those who were accepted back into family and community, being reconnected to culture was critical when re-establishing identity. However, for other participants, having 'real' Aboriginal identity meant being connected with 'traditional' culture. Aspects of traditional culture that were described by these respondents included language and knowing family connections. The division between 'traditional' and urban 'Aboriginal way' of being was highlighted. Central aspects of urban culture and Aboriginal way of being included language, connection to family, kinship systems, and social groups, being linked to other Aboriginal people and services in urban settings, being employed or studying at identified institutions, and being able to access Aboriginal art and music.

While Aboriginality was the core identity acknowledged by participants, multiple identities were defined according to different contexts (Clark, 2000). Conflicts of identities were described especially during childhood years. During this time negative information about being an Aboriginal person was forced upon many participants through racism. This type of information did not fit with their experience of

being Aboriginal. Participants acknowledged the influence of their non-Aboriginal heritage, and roles as educators and parents on cultural identity. However these alternative avenues of identity formation were reported as being secondary to their core Aboriginal identity. Overall, the themes that provide avenues of identify formation described by Clark (2000) seem to be consistent with an ecological model of identity formation (Root, 1998). These themes acknowledge the influence of both personal and historical traumatic events and the influence of family and the wider community on identity formation. Thus, identity can be viewed as a multifaceted concept influenced at both the micro and macro level.

The role of shared identity in relation to connectedness and health have been explored in a study of urban Australian Aboriginal and non-Aboriginal women (Osborne, Ziersch, Baum, Gallaher, & Shen, 2010). In this study, a data comparison was conducted between two larger studies that used survey data collection methods to explore social capital, and health. Women were asked to indicate levels of community participation in social, recreational and civic organisations, and also to complete a self-report health measure (SF-12 Health Survey). Results indicated that women from both cultural groups reported similar rates and types of participation. More than three-quarters of non-Aboriginal women reported good health while just over half of Aboriginal women did the same. Even so, Aboriginal women reported the same levels of participation as non-Aboriginal women. From these results, the authors caution that increasing community participation does not always lead to better health outcomes. There appears to be a more subtle component at play for the Aboriginal women. The authors suggest that connectedness was facilitated for Aboriginal women in the study via a sense of shared identity through participating in culture-specific organisations. For example, Aboriginal women reported that they participated in community or health

service groups specifically for their community. In this way, shared identity appears to strengthen bonding capital, or horizontal capital (Grimsley, et al., 2003), the social capital that 'glues' family, significant others and like-minded others in the community. As others have suggested, a sense of shared identity increases trust and reciprocal relationships that enhances connectedness and health and wellbeing (Brough, et al., 2006).

5.2.1 Identity – Country and Belonging

Indigenous health and well being is closely linked with connection to country (Burgess, Johnston, Bowman, & Whitehead, 2005; Burgess & Morrison, 2007; Ganesharajah, 2009). Connection to country provides a sense of belonging through links across time, space, generations and relationships. "Indigenous people's sense of belonging is derived from an ontological relationship to country derived from the Dreaming" (Moreton-Robinson, 2003, p. 31). It is argued that knowing ones self in this way is a dynamic process that can be interactive, constructive and reconstructive through the dreams and lived experiences of being on country. For some, learning about country begins in childhood. Children are 'grown up' to understand their place within and responsibilities to country. So, as knowledge of country is developed throughout childhood and into adulthood, identity strengthens through practices and knowledge as people age.

An integral way of establishing connections and understanding relationships between people is reflected in the standard questions upon greeting another Indigenous person: What's your name? Who's your family? Where's your country? Of particular interest is the question of country. Knowing one's country is central to having access to cultural knowledge, which includes ancestral stories that underpin values and beliefs,

understanding the relational context of social interactions and spiritual knowledge. As described by Aluli-Meyer in an Hawaiian context (2008, p. 219) "Indigenous people are all about place. Land/*aina*, defined as 'that which feeds,' is the everything to our sense of love, joy, and nourishment. Land is our mother...this is an epistemological idea". Land/country is a relational being. Country is the essence of life, the centre of being. One is born to country, grown up in country, and returned to country. Country supports, nourishes and nurtures values, beliefs, morals, and spirit. Country is not just the ecological landscape but is the embodiment of cultural and spiritual connections across time and space. As such, it defines the space in which all knowing is derived. Country "shapes my thinking, my way of being, and my priorities of what is of value" (Aluli-Meyer, 2008, p. 219).

While it is acknowledged that living on country is not possible for all Indigenous people due to historical factors and economic demands, those who live off country also find ways in which to engage country so that wellbeing and identity are strengthened (see Garnett & Sithole 2007). Visiting country provided a way in which to escape the pressures of urban living, and individuals report feeling "fitter and happier" (Garnett & Sithole, 2007, p. 19) and energised by their visits. Being on country provided the opportunity to care for the land and fulfil cultural obligations through resource management that "let the country know we are there" (Garnett & Sithole, 2007, p. 21).

Country is the lived experience of the land, the history of the land, and ancestral and spiritual connection to land. As stated by Morgan (2008, p. 202) "the symbiotic relationship Indigenous people have with country and how it defines our identity are as old and profound as the land itself…country is fundamentally about community, culture and identity ". These lived experiences of country can include both tangible and non-tangible uses. Experiences of country or 'caring for country' include hunting and

gathering and being able to identify foods and flora and fauna resources, use of fire for controlling resources such as grasses, having access to sacred and ceremonial sites for performance, and spiritual interconnectedness with ancestors and ancestral stories. Having access to country provides support for these practices and are reported as those that help to define, develop and support cultural identity. In this way, country is not only 'lived on', but also 'moved through' (Burgess & Morrison, 2007).

While country provides a physical source of survival and sustenance, it also provides a spiritual connection that sustains identity. Being connected to country provides a point of engagement that allows the fulfilment of cultural and spiritual obligations and as such a way in which to support identity (Garnett & Sithole, 2007). Further, caring for country not only provides a vehicle for developing and maintaining identity, it improves the health of individuals. For example, in a study that used objective measures of physical health (eg BMI, CVD indicators, blood pressures, diabetes) and a self-report psychological distress measure (Kessler 5, K5), 'caring for country' was associated with significantly better health outcomes (Burgess et al., 2009). Individuals who 'care for country' were more likely to have better physical health outcomes and also report lower levels of psychological distress. Participating in activities on the land provided ways in which to "promote ecological, spiritual and human health" through supporting and sustaining reciprocal relationships between the land and people (Burgess et al., 2009, p. 567). However, it may be that those who care for country experience better health outcomes which then allow them to participate in caring. That is, better health facilitates caring. Given the uncertainty of the causal direction of relationship, it becomes important to recognise factors or mechanisms that facilitate both 'caring for country' and positive health.

It is suggested that social capital mediates the relationship 'caring for country' and better social and emotional wellbeing (Berry, et al., 2010). In a review examining 'caring for country', mental health and climate change adaptation, Berry and colleagues proposed that 'caring for country' is both directly linked to positive mental health and also linked via social capital. Caring for country enhances mental health through connection to the land by providing opportunities to fulfil cultural rights and responsibilities thus supporting cultural identity. Additionally, caring for country supports mental health through connectedness via community participation and enhancing community trust. Moreover, as communities assume control over 'caring for country' programs, the development of a sense of empowerment is also evident (Berry, et al., 2010). However, it has been noted that the components of social capital may not be so easily generalised across cultures or indeed, across Indigenous communities (Christie & Greatorex, 2004). While the components of social capital have relevance within Indigenous communities, it may be that country- or place-specific knowledge needs to be overlayed across these components in order to make meaningful interpretations.

5.2.2 Identity – Spirituality and Religion

"Spirituality is inextricably linked to cultural identity" (Tse, et al., 2005). Spirituality and religion influence identity development through meaning making in one's life through a "search for the sacred" (Pargament & Mahoney, 2009) and through connecting with a high power outside of oneself. It has been difficult to define spiritualty (see Hassed, 2002; Pargament & Mahoney, 2009). However, spirituality can be broadly thought of as a connection to a higher power to make sense of the world and connection to place and community. Religion often refers to more quantifiable

experiences such as attendance at church or religious group, offering prayer, or being affiliated with a religious group. Spirituality is often thought of as a more personal, subjective experience while religion is a more institution based concept (Pargament & Mahoney, 2009). These two concepts are not mutually exclusive and 'it is not difficult to conceive of a person being religious without being spiritual or spiritual without being religious' (Hassed, 2002). Thus, both religion and spirituality are used as ways in which to understand oneself and our place in the wider world.

It is important to understand that the development of spirituality as "the capacity to envision, seek, connect, and hold onto, and transform the sacred may be what makes us uniquely human" (Pargament & Mahoney, 2009, p. 616). The 'search for the sacred', or spiritual identity, is thought to be a dynamic process flowing though several stages and occurring within a socio-cultural context. The first stage of discovery is when "people are able to discover the sacred in many parts of life, or life in its entirety" (Pargament & Mahoney, 2009, p. 614). Discovery of the sacred is enhanced through single or multiple events that illuminate life beyond oneself, such as the birth of a child. Once there has been discovery of the sacred, attempts to retain that discovery through various spiritual pathways are made. Conservation of the sacred is enhanced through such activities as participation in religious or spiritual ceremony, group meetings, prayer and meditation. As external events may impinge upon one's spiritual beliefs, a process of transformation of beliefs takes place. Transformation of dissonant beliefs is an important process in order to re-establish equilibrium to mental health and identity.

While a perceived 'traditional' spirituality has been held for Indigenous people, this essentialised version limits the understanding of the influence of colonisation and religiosity on Indigenous people (Saggers & Gray, 1991). Traditional spirituality refers to pre-colonised practices that facilitated ancestral connections through such practices

as ceremony, ritual and myth, and storytelling. Traditionally, spiritual practice has supported identity development through providing ways in which to understand and engage in connections with family, community and ancestors. Particular roles have been performed by individuals within communities that have supported identity development (Brown, 2001). For example, knowledge gained throughout childhood provides the basis for participating as healers in the community. While these practices are contemporaneously performed, meanings behind some of these practices may have been transformed due to the disruption to the knowledge base supporting them. Colonisation has interrupted the transmission of the cultural knowledge that supported traditional spiritual practice and has disrupted links between generations. However, new ways in which to engage pre-colonial spirituality are constantly being developed in order to express spirituality in a changed society. For example, the integration of Christianity and culture and spiritual practices is evident in the Torres Strait Islander culture and is illustrated through celebration of the Coming of the Light' (Garvey, 2000). This celebration takes place each year to mark the arrival of Christianity to the islands by a Christian missionary society.

The coming of religion to the Indigenous community has also played a role in shaping identity (Garvey, 2000). This was especially so for those individuals who had been removed from their families and placed on missions. In these situations, Christian teachings were used as a means of enlightening Aboriginal people. However, there has been a transgenerational acceptance of Christianity. For some, orthodox religion has been integrated with Aboriginal spiritual and cultural beliefs as a means of making sense of both practices. For others, orthodox religion provides the primary way in which to make meaning of self, relationships and the wider community in both daily and transcendental interactions.

5.2.3 Urban Identity

The politicisation of identity within Indigenous communities remains a source of tension across communities (for review see Dudgeon, 2000; Dudgeon, Mallard, & Oxenham, 2000). As noted earlier, the process of identity within Indigenous communities has been impacted upon by the process of colonisation. For Indigenous people, there has been a political need to present a unified identity in an effort to gain citizenship and political power. However, the homogenising of diverse Indigenous groups has resulted from this need. While contemporary Indigenous identity acknowledges the socio-historical context, maintaining the urban/remote divide promotes the view that some Aboriginal people are considered to be 'real' while others are not. As noted in Clark's study (2000), this state of affairs is not confined to the mainstream community. Aboriginal people can also be guided by this notion that 'real' Aboriginal people live in a traditional way, steeped in culture, in remote areas. However, it has been argued that being 'urban' is just another way in which to categorise and label Aboriginal people and that Aboriginal people retain their Indigenous worldviews and identity over and above the label of 'urban' (Dodson, 1994; Dudgeon, 2000). Indeed, the question of 'who is urban' may undermine identity itself. Living in urban areas is a structural demand that does not undermine the need to belong to country (Maddison, 2009). Once again, in this context, the labelling of Indigenous people as 'urban' seem to be applied by outsiders, such as government and policy makers. However these terms are applied, they are in existence and are now spaces in which to negotiate what makes identity in this new context.

Aboriginality in urban spaces continues to be defined by cultural connection to place, historical and colonial connections to place, and also contemporary connection to place (Fredericks, 2004; Fredericks, Leitch, & Barty, 2008). While portrayals of urban

Aboriginality in the media are, for the greater part, negative, individuals in the community continue to find definitions for and of themselves. Connection to culture in the urban environment is reflected through such activities as continued dance performance, cultural ceremony, and welcome to country ceremony. However, the objective meanings behind these performances are influenced by who has requested them. Caution is offered against an outsider-driven request for a display or performance of 'culture' in the urban environment as only wanting to be involved with the 'pretty business', or exotic parts of Aboriginality (Fredericks, et al., 2008). Isolated performances of these activities do not reflect everyday living. The division between the imposed identity and the lived experience provides a source of dissonance regarding which identity is more 'real'. Highlighting cultural differences through focusing on the 'exotic and supernatural' often leads to losing sight of 'natural and prosaic' factors that support health and wellbeing (Brady in Hunter, 2004).

Section 5.3 Summary of Identity

Colonisation has had a profound impact upon Aboriginal and Torres Strait Islander people. This impact is particularly important for understanding identity development for Aboriginal and Torres Strait Islander people who have experienced negative social and cultural consequences from colonisation. The concept of race as identity has had a negative affect on Indigenous people through promoting definitions and images of an 'essentialised' Aboriginal person. This conceptualisation has been refuted in more recent times.

Connection to country, which encompasses relationship to land, people and spirit, is acknowledged as a fundamental influence on identity in the Indigenous community. Knowing 'who you are', 'who's your family' and 'where your country is'

provides the point of reference for knowing one's identity. Knowing one's country affords rights to and of that place but also brings with it cultural responsibilities and obligations that need to be fulfilled. Success or failure to exercise these rights and responsibilities are also reported to affect identity.

While a notion of 'pan-Aboriginal' identity is refuted by some, its usefulness as providing a political unity for Indigenous people has also been acknowledged. As with other cultures, while there is a shared experience of what it is to be Indigenous, it is important to note individual differences in life experience. However, it has had the effect of masking the diversity among the many nations that constitute the Aboriginal community.

Chapter 6: Methodology

Section 6.1 Summary of literature, aims and objectives

This study aims to contribute to the knowledge base that supports the practice of psychology through exploring urban Aboriginal and Torres Strait Islander's perceptions of mental health. In order to enhance cultural competence of clinicians, it is necessary to understand the space between cross-cultural understandings of mental health – to shed light at the cultural interface. As outlined, the concept of 'mental health' is slippery and includes indicators across individual, social, spiritual and cultural domains. A review of the limited work exploring conceptualisations of mental health in Indigenous communities has revealed some similar results to investigations in non-Indigenous Australian communities. Both groups reported negative connotations regarding the term 'mental health', with responses surrounding mental illness or absence of wellness. However, Indigenous understandings of mental health were also linked to negative impacts of socio-historical factors. In contrast, when asked about mental wellness or 'being mentally healthy', this produced positive connotations surrounding contentment, emotional stability, and connectedness to self and others. In essence, cross-cultural similarities were seen in the centrality of 'knowing who you are' or identity to concepts of mental health.

The concept of identity of Indigenous people has long been under scrutiny from outsiders. The negative impacts on cohesion or connectedness within and across cultures resulting from the limited ways to identify have been discussed. Additionally, the impact of colonisation on identity for Indigenous groups across the globe was also explored and differences between early colonial experiences were noted. In particular, pathways for early, positive identification in the new social landscape were less

available, if not absent, for Australian Indigenous people. Further, all Indigenous groups discussed in this review experienced poorer health outcomes than did non-Indigenous people of those countries. However, of these groups, Indigenous Australians experienced poorer health outcomes than both their Indigenous counterparts and non-Indigenous Australians. It may be that the effects of the early disruption to identification and current manifestations of this disruption continue to negatively impact upon Indigenous Australians' health and wellbeing.

As noted previously, ways to identify as an Indigenous person have included ideas of universality, especially in the concept of 'pan-Aboriginality'. These notions effectively homogenise a diverse group of people. Similarities in cultural connection for Indigenous people are noted across geographical areas, however, the structural demands of living in an urban environment have also impacted upon the expression of culture. It is noted that the majority of research regarding Indigenous Australians has been conducted in rural, remote and very remote areas. However, a quick search of statistics reveal the majority of Indigenous Australians live in urban areas (ABS, 2006b). It is unclear if this research is applicable in these populated areas. It is this gap in knowledge that this thesis addresses.

The current study was conducted in a large regional city in North Queensland. All respondents lived in the urban areas, that is, suburbs of the city. Of the participants in this study, only one person identified as a traditional owner of the land on which the research took place. It is acknowledged that Aboriginal and Torres Strait Islander people are a diverse and dynamic group. Thus, this study does not claim to describe the local meanings of mental health and cultural identity. That said, this work aimed to explore similarities in the conceptualisations of mental health both across and within

cultures, and the intersection of mental health and cultural identity across Aboriginal and Torres Strait Islander people.

Section 6.1 Cross-cultural research

According to Denzin and Lincoln (2003, p. 5), "qualitative research involves the studied use and collection of a variety of empirical materials…that describe routine and problematic moments and meanings in individuals' lives". Accordingly, qualitative researchers deploy a wide range of interconnected interpretive practices, hoping always to get a better understanding of the subject matter at hand. It is understood, however, that each practice makes the world visible in a different way. Hence there is frequently a commitment to using more than one interpretive practice in any study." Additionally, the qualitative researcher can be viewed as a "*bricoleur,* as a maker of quilts…us[ing] the aesthetic and material tools of his or her craft…[that] are not necessarily set in advance" (2003, pp. 5-6) in order to construct an interpretive analysis and make meaning of the research problem. The resulting *bricolage* or patchwork "which is the results of the *bricoleur's* method is an [emergent] construction" (Weinstein & Weinstein in Denzin & Lincoln, 2003, p. 5). In this way the current study could be conducted in a manner that was authentic to both Western and Indigenous ways of sharing knowledge to develop understandings of the way in which meaning is made in the world. It was hoped that making the patchwork quilt of knowledge that was shared across cultures may bridge the knowledge systems of the Western and Indigenous ways of knowing. However, it is acknowledged that as a result of being a non-Indigenous researcher this study portrays an outsider's, or "privileged Western's" perspective of Indigenous knowledge (Denzin & Lincoln, 2003). It is working within this awareness and knowledge of differences in epistemologies that research methods are begun to be

decolonised (see Tuhiwai-Smith, 1999). However, Tuhiwai-Smith suggests that "decolonisation, however, does not mean and has not meant a total rejection of all theory or research or Western knowledge. Rather, it is about centring our concerns and world views and then coming to know and understand theory and research from our own perspectives and for our own purposes" (1999, p. 39). As a non-Indigenous researcher it was important to conduct research in a culturally sensitive manner by using methods that are considered culturally appropriate (Denzin, Lincoln, & Tuhiwai-Smith, 2008; Gunaratnam, 2003; Martin, 2008; Tuhiwai-Smith, 1999). Coming to understand the ontological and epistemological basis that guides us in the world is essential for being able to move outside ourselves in order to understand another's perspectives. Thus, a respectful approach to research across cultures or communities is facilitated through recognition and acknowledgement of the privilege and power that is afforded from being a member of the dominant/mainstream culture.

6.1.1 The Cultural Interface

The intersection, or point of contact between knowledge systems is what Nakata calls the 'Cultural Interface' and is the "contested space between the two knowledge systems…[where] things are not clearly black or white, Indigenous or Western" (Nakata, 2002, 2007). For the non-Indigenous researcher, bringing to awareness one's western knowledge system is required to avoid "particular knowledge systems achiev[ing] legitimacy and authority at the expense of other knowledge" (Nakata, 2002). Integrating knowledge systems requires an acknowledgment of similarities and differences between knowledge systems, that both systems are dynamic and that both systems are culturally and socially grounded (Agrawal in Nakata, 2002). It may be useful to conceive of the cultural interface as overlapping concentric circles. Within this

overlapping space a shared understanding of the way in which we know, experience and live in the world can be developed. The cultural interface allows for the development of cross-cultural understanding through shared understanding of culture (both Western and Indigenous) as dynamic. It is within this space that the current study took place, by my being allowed into the Indigenous space through the sharing of knowledge by participants.

6.1.2 Research site context

Interest in, and support for this research was expressed by the participants of this author's previous research (Kilcullen, 2006) and other related community members. Members of the community commented that the strengths-based approach taken in that earlier work contributed to community though mirroring the holistic notion of mental health in their community. This earlier project was undertaken under the keen eye of a cultural mentor with whom issues of appropriate ways to engage in research practices were addressed. The School of Indigenous Australian Studies also supported the current study through the provision of a cultural mentor.

Chapter 7: Method

7.1 Participants

There were 19 respondents in the current study, with 14 women (age range 22 – 56 years) and 5 men (23 -41 years) participating. See Table 1 for respondent demographic information. Of the 14 female respondents, 12 identified as an Aboriginal person, and 2 identified as Aboriginal and Torres Strait Islanders. Of the 5 male respondents, 1 identified as an Aboriginal person and 4 identified as a Torres Strait Islander person. All but one respondent were residents of Townsville, North Queensland and the other was a Torres Strait Islander man visiting from Cairns. Fifteen of the 19 respondents reported English as their first language, and more than half reported speaking a second language. The majority of respondents identified with traditional country. More than half of respondents were educated to year 12 or beyond, with the majority of respondents currently employed or studying. Of the 10 respondents who reported a religious affiliation or spirituality most reported Christian affiliations (eg Anglican, Catholic), while other reported both Christian affiliation and Aboriginal spirituality, or Torres Strait Island religion/spirituality.

This study was conducted in Townsville, North Queensland, in which 5.9% of the population identify as Aboriginal and/or Torres Strait Islander people. This percentage is more than twice the national Indigenous population distribution (2.5%) (Australian Bureau of Statistics, 2010b). The study consisted of 12 individual interviews and 2 group discussions. After consultation with a cultural mentor, it was decided that it would be most appropriate to conduct a discussion for men and another for women (3 males; 4 females). Conducting gender-specific group discussions provided a safe space

for sensitive information to be given freely by all participants. For the purposes of this study, all names have been changed to protect the anonymity of participants.

Table 1

Respondents Demographic Information

Gender	Identity	Age range	Marital status	Country	First language	Other language	Education
Female (n=14)	12 Aboriginal women 2 Aboriginal and Torres Strait Islander women	22-56 years	2 Never married 3 Married 4 de Facto 3 Divorced 1 Separated but not divorced 1 Did not report	8 Recognised traditional country 3 Did not recognise traditional country	12 English 1 English and Aboriginal English 1 Aboriginal English	2 Traditional language 1 Aboriginal English 1 Italian	1 Yr 8-10 1 Yr 11 3 Yr 12 4 Bachelor's degree 1 Higher degree 1 Cert III 2 Advanced Diplomas
Male N=(5)	4 Torres Strait Islander men 1 Aboriginal man	23-41 years	2 Never married 3 de Facto	5 Recognised traditional country	1 English 4 Torres Strait Creole	4 English	1 Yr 11 2 Yr 12 2 Bachelor's degree

Note. Some respondents did not provide all demographic information.

7.2 Materials

Interviews were guided by open-ended questions about mental health and cultural identity. The three initial questions regarding the term 'mental health', 'being mentally healthy' and factors that affected mental health were included in order to replicate Donovan's studies (2004; 2007). As past research in Ypinazar and colleague's meta-synthesis (2007) identified cultural themes when exploring perceptions of mental health in Indigenous samples, questions were developed regarding cultural identity and mental health. These questions were developed in consultation with a cultural mentor to ensure culturally sensitive exploration of factors that made up cultural identity and its intersection with mental health. Sample questions included:

- What do you think 'mental health' means? If you think about the term 'mental health, what does it mean to you?

- How would you describe a 'mentally healthy' person?

- What factors/things do you think protect mental health?

- What factors/things do you think improve mental health?

- Do you think someone who lives a less urban or more remote lifestyle would describe mental health differently?

- Do you think a non-Indigenous person would describe mental health differently?

- What makes up your identity as an Indigenous person?

- In what ways do you strengthen your cultural identity?

- Do you think knowing your culture impacts upon your life, especially your mental health?

After the completion of the interviews, participants were asked if they wished to add any further information that was not discussed during the interview. Asking this question provided an opportunity for respondents to provide additional information that

may not have been accessed by interview questions. Overall, respondents used this opportunity to emphasise and reiterate their previous ideas about mental health and cultural identity.

7.3 Procedure

Ethics approval (H3133) for the study was received from the James Cook University Human Research Ethics Committee. Recruitment took place through promotion of the project through the School of Australian Indigenous Studies, James Cook University, and placement of promotional posters in public spaces across the university. Snowball recruitment was the main method of recruitment used in this study and recruitment was slow in the beginning due to the word-of-mouth nature of this method. Interviews and group discussions for approximately 60 minutes in length were recorded. A period of between one and 3 hours was spent with each of the respondents. Approximately 60 hours of interviews were conducted, including approximately 20 hours of recorded data.

Interviews and discussions were conducted in a yarning style which is in keeping with effective methods of engagement with Indigenous participants (Tuhiwai-Smith, 1999). Individual interviews and group discussions were conducted at a location of respondents' choice including participant's home, workplace, and in the university environment. Prior to interviewing or discussion, participants were provided with a verbal explanation of the purpose of the study before gaining informed consent (see Appendix A and B). A plain language written information sheet was also provided to participants (see Appendix C). Participants were advised that participation was voluntary and they could withdraw at any time without penalty. After the research explanation was provided, both verbal and written informed consent was obtained.

Verbal and written permission was also obtained to audio-tape the interview and to consent to a second interview if required. No follow-up interviews were conducted. Participants were offered an opportunity to provide feedback and comments.

This research project was an exploratory qualitative study using inductive (or bottom-up) thematic analysis. Inductive thematic analysis is recommended for "under-researched area[s] [where] participant views on the topic are not known" (Braun & Clarke, 2006, p. 83). Analysis was aided by the use of qualitative data software NVivo 8 (QSR International, 2008). The analysis aimed to identify semantic-content themes from the rich data provided by respondents across the entire data set (see Braun & Clarke, 2006 for review of thematic analysis in psychology). It is an often an 'unclaimed' method of analysis which is incorporated into other forms of analysis such as grounded theory (Braun & Clarke, 2006).

Broadly speaking, thematic analysis is a method for identifying, analysing, and reporting on thematic patterns within data. The themes claimed in the analysis of this study are presented as a 'way of seeing' the data. As Boyatzis suggests, "often, what one sees through thematic analysis does not appear to others, even if they are observing the same information, events, or situations. To others, if they agree with the insight, the insight appears almost magical. If they are empowered by the insight, it appears visionary. If they disagree with insight, it appears delusionary" (Boyatzis, 1998, p. 1). It is hoped that the analysis presented in this study provides more of the former reflecting insightful interpretation of interview data. However, ways of seeing are influenced by one's worldview, experiences, sociohistorical and cultural positioning. Indeed, declaring one's position openly, as in the first sections of this thesis, provides others with a lens through which to view and ultimately understand the final analysis.

7.3.1 Thematic analysis - a brief overview of this study

Thematic analysis conducted in this study reflected a 6-phase process for qualitative analysis in psychology as outlined by Braun and Clarke (2006). These steps include 1) becoming familiar with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report. The phases of analysis and interpretation are not intended to be linear but rather an iterative or recursive process conducted over the course of the analysis. As such, interaction with the data, including coding, searching for and refining themes are performed concurrently. Initially, each interview question was analysed and mapped individually. The results of this analysis are presented in Chapters 8-10. Subsequent analysis and model development was conducted across the entire data set (all interview questions) and are presented in Chapter 12.

7.3.1.1 Mapping themes - providing roadmaps of themes

Phases of analysis are enhanced by the development of visual aids, or maps that represent the development of themes (Braun & Clarke, 1998). In this study, provisional maps were developed in phase three (phases outlined below) for each interview question. This was done by adding each emerging theme to the corresponding map. As analysis progressed through phases four and five and refined themes were developed were placed on maps to provide a visual representation. To provide guidance (not unlike signposts) for the reader, it is these maps that are presented at the beginning of results Chapter 8 - 10. Further, these refined maps were used to develop a model presented in Figure 8 encompassing refined themes across the entire data set (all interview questions). Details of the process of developing a model of Indigenous mental health

(Figure 8) are outlined in Section 12.1 Indigenous Mental Health - 4 Central Themes (p266).

7.3.1.2 Phases of analysis

Phase one of this study began with familiarisation with the data. This step began with the author conducting all interviews and transcribing interview data. Transcripts included pauses, interruptions, and other verbal and non-verbal information to retain response context. This phase of familiarisation was an important step to the development of codes and themes through becoming immersed in the data and thus gaining deeper understanding of both conversational material and underlying meaning of responses. Familiarisation with the data also included reading and re-reading the interview material.

Phase two, generating initial codes, involved line-by-line analysis of the transcribed interview data. This process began after the first interview was conducted. In some instances, codes that reflected respondents' words were retained. Retaining respondents' words provided a way in which to retain semantic meaning. As limited research is available examining salutary factors supporting Indigenous mental health, a decision was made at the beginning of the analysis process to not limit the breadth of data that could comprise a code, or the number of codes that could be considered a theme (Boyatzis, 1998; Braun & Clarke, 1998). As this research project was an exploratory study, placing limits on codes or theme breadth had the potential to render factors invisible that may in future research have an important contribution to understandings of Indigenous mental health (even if only one respondent reported it in the current study). As Boyatzis (1998, p53) suggests regarding theme development, "limiting the compare-and-contrast step [may be appropriate] in the early stages of

exploration of phenomenon, [as] often so little is known or understood that even articulating a dependent variable [single code] or appropriate independent variable [comparison of codes/themes across contexts] is difficult." Thus, delimiting the size of codes and themes was considered an important aspect of the analysis to provide rich descriptions of perceptions of mental health. The decision to not strictly define the size of coded data also facilitated multi-coding of data where information may reflect more than one meaning within the data.

Phase three entailed searching for themes within the coded data (Braun & Clarke, 2006, p. 89). As outlined above, this phase was conducted concurrently with initial coding of interviews. At this stage, codes were compared and contrasted in order to develop themes. However, as outlined earlier, this stage was limited so as to capture and retain rich description of responses. Concurrent coding and theme development also provided an opportunity to guide further questions if necessary.

Phases four and five comprised reviewing, refining and renaming themes developed in phase three. In this study, provisional mind-maps of themes were re-analysed and themes retained, reviewed or collapsed. It was important at this stage for the themes to reflect the exploratory nature of the study and to retain a broad focus. Themes were reviewed and refined during this phase to ensure a coherent pattern of themes in relation to the interview question. This compare and contrast phase was complete when a lack of new information indicated data saturation. At this point, no further interviews were conducted. Braun and Clarke (2006) suggests a two-part process of reviewing candidate themes - the first to check for coherent patterns to particular interview questions, and the second part to check for coherent patterns across the data set (including all interview data). Part one of this two-part process included analysis of each interview question separately (see questions in Section 7.1.4 Materials). Part two

of this process resulted in the final model of Indigenous mental health as presented in Figure 8.

7.3.1.3 Additional analysis

Initial interview questions ("What do you think 'mental health' means?" and "How would you describe a 'mentally healthy' person?) were also analysed to facilitate comparison with previous work these questions (Donovan2004; Donovan et al., 2007; Donovan et al., 2003; Swinbourne, 2008). Results of this analysis can be seen in Chapter 8, Sections 8.1-8.2, with interpretation in Chapter 11, Section 11.2. In particular, responses to questions regarding mental health were analysed in terms of the themes suggested in previous work (Swinbourne, 2008) - life balance, social support and help-seeking behaviours and connectedness. After the initial analysis was conducted, it became clear that while some themes from the current analysis fit well with those from previous work (for example Donovan, 2004; Swinbourne, 2008), there were other themes that could not be incorporated. Further, in the first part of phase four and five analysis, responses to questions regarding protecting and improving mental health were analysed separately. However, in the second part of phase four and five analysis (analysing across the data set), common themes were evident across questions that suggested respondents' conceptualised protection and improvement of mental health in very similar ways. In order to avoid repetition, themes developed from these questions have been merged in the map presented in Second 8.4 "What factors improve and protect mental health". Questions regarding perceptions of cultural identity and the intersection of cultural identity and mental health were analysed separately and are presented in Chapters 9 and 10.

7.3.1.4 Building a model of understandings of urban Indigenous mental health (Figure 8)

After the multiphase analysis conducted to develop the themes presented in Chapters 8 - 10, a process of comparison between themes was conducted. This phase of analysis was conducted in order to develop the model of understandings of urban Indigenous mental health presented in Figure 8. Themes across each map were compared to encompass a meta-view of factors that impact upon mental health and cultural identity. As such, a broad way of conceptualising mental health was developed. This comparison took into consideration the meaning and representations of mental health and cultural identity as described by respondents in the wider context of the entire data set (all interview questions) (Braun & Clarke, 2006). For example, coping skills and social support themes were acknowledged as unique themes (and thus their own place in the final map) after this meta-comparison highlighted their contributions across the entire data set. The themes of knowledge and connectedness were also evident across all levels of initial inquiry. Other, less often raised or endorsed themes have been pared from the final model so as to provide clarity regarding the central themes. This does not negate their importance as described by some respondents, and indeed within the literature. While the four central themes have been partitioned from other themes, the resulting model retains the interrelated nature of these central themes. This final stage resulted in an overall model of mental health presented in Figure 8.

7.3.1.5 Comparison between cultural identity and mental health themes (Table 3)

In order to gain understanding of similarities that were perceived to underpin both cultural identity and good mental health, a one-to-one comparison across maps was conducted between themes reflecting cultural identity and those that were culturally

specific mental health themes. These themes were developed and mapped during the thematic analysis of interview questions. Specifically, the maps developed were compared to identify *common* themes and the *most reported* themes within the central theme of *connectedness*.

Chapter 8: Results – Mental Health

The following chapters and sections outline respondents' understandings of mental health and cultural identity, and the intersection of these. Overall, respondents spoke of mental health and cultural identity in similar terms. Both positive mental health and strong cultural identity were expressed in terms of connectedness through culture, knowledge and social networks. The details of each of these components are provided in the following sections as they pertain to mental health and cultural identity. A map is presented at the beginning of each section to provide an overview of the knowledge shared by respondents.

Section 8.1 What is Mental Health?

Participants were asked "What do you think 'mental health' means? If you think about the term 'mental health, what does it mean to you?" Respondents were able to provide multiple answers. Table 2 gives a breakdown of responses.

Table 2

Number of Responses in Each Category to the Question "What is mental health?"

	1st response	Subsequent responses
Illness response	14	9
Wellness response	3	5
Don't know	1	0

Note. One respondent did not respond to this question.

8.1.1 Illness as 1st response

The majority of participant's initial responses to the term 'mental health' had a negative connotation. Fourteen of the 19 respondents described mental health in terms of mental illness, disorder or absence of mental health. Thus, it appears respondents found it easier to bring to mind negative connotations of mental health.

When talking about 'mental health', responses reflected images of mental illness and disorder. Some respondents initially referred to terms such as "go off in the head", "off their heads", as "someone who's got schizophrenia", "malfunction in the brain, something is not right, built up anger", "medication", "control the disease" and "crazy people". Mental health was also described in terms of health care facilities for individuals with mental disorder. Responses included "a person who is in a mental asylum. Poor mental health, having to go to the mental ward", and "psychiatric ward, ward B". Mental health was also described in terms of an absence of mental illness, as "basically living life without mental disorder. No ups and down, more balanced in things you do", and "I guess it would depend on how stable your mind as to how good your mental health's going to be".

Negative connotations of mental health were also associated with past experiences within the Indigenous community of forced removal from families and resulting dislocation from country. One respondent described her mother's experience of poor mental health:

My mother suffered with mental health, um, when I was 21, due to the impacts of colonisation and lots of other things that impacted her life. When she was about 45, 46, she tried to commit suicide. And from that point onward she suffered with mental health, which then deteriorated to physical health…Because when you talk about mental health, someone suffering from

mental health, it's not, it impacts the whole family, so you've got to look at it

from a holistic view point. (Aboriginal woman, Gail)

She went on to describe 'mental health' as:

Um, someone that is suffering from emotional, physical, spiritual, um,

dislocation and, um, ah, trauma and abuse, um, from their, um, um, I guess, um,

a lot of it from their country, from their families. It's something that impacts

them as a person, ah, when all those different factors, um, contributed to the

dislocation of that person's wellbeing and identity and all of that. Yeah, so,

that's what, just from own experience, I think that's what I means to me. Um,

yeah. (Aboriginal woman, Gail)

8.1.2 Illness as other response

Negative connotations of the term 'mental health' were also provided after an

initial negative or positive response. For those respondents who initially described

mental health in terms of mental wellness, many followed those responses with negative

images of mental health. Almost half of respondents (9/19) provided illness related

descriptions when asked if they could think of any other responses to the term 'mental

health'. Most of these respondents were also those who provided negative connotations

as their initial response.

Once again, illness responses encompassed mental illness, medical services and

a lack of personal resources. The following responses were provided by those

respondents who provided initial illness responses:

In all person…talking person with silly sense or, you know, wrong his house,

wrong in head. (Torres Strait Islander man, Charles)

I'm not really sure, you know, because you hear what definitions of mental health are to, like, medical people or whatever, I think they forget about the other, you know, what they consider little things, but it's big things for, especially some Indigenous people. And they're big to a lot of people, you know. They're the reasons why sometimes you get depression, you know, bog yourself down and you may have some mental health issues. Whereas I think some, like non-Indigenous people or a lot of people in the medical areas that look after them [Indigenous people] don't think about those holistic things sometimes you know. (Aboriginal woman, Daisy)

Then it's the flow down if your mental health's not good, then physically and spiritually. So even though you've got, to me, spiritually up here [in the mind], you can turn it around, it's all rolled into one. Everything is affected. It's not possible to be not affected by, what I'm saying, if you've got mental health, not good mental health, um, then the other, to me, physical and spiritual is going to be affected. (Aboriginal woman, Faith)

Interestingly, those who provided wellness descriptions of 'mental health' as their initial response also followed those with illness-related responses:

When you say 'mental health' the only thing I think of is schizophrenia or just like, I suppose, being stupid from drinking, being just a drunk I guess. Yeah, schizophrenia is a big one that, I think a few people in my family had, so, you know, turned all the kids off drugs and weed and stuff, cause they said you'd get schizophrenia. And then, yeah, everyone else is just kind of stupid from drinking…Mental health is like, my first cousin would never ever touch weed,

ever, cause he's that scared for schizophrenia cause his mum's beat it in his head

that 'if you touch it'. (Aboriginal man, Alex)

I think about people with schizophrenia and that and bipolar, yeah, and mental

health disorders. (Torres Strait Islander man, Ben)

Because, for example, if you're sick and you have chronic disease, chronic

disease eventually will have an impact on when it affects you up here [indicates

head], mentally. So, it's that holistic thing, that I think about jobs, education,

work, yeah, good health, all that. So, that's my definition of mental health.

(Aboriginal woman, Hope)

8.1.3 Wellness as 1st response

It was much less likely for respondents to initially provide positive connotations

when asked about the term 'mental health'. As seen in Table 2, only 3 respondents

provided "wellness" as a first respondent. Those respondents described 'mental health'

in terms of wellness and "being stable in your head", and "just your mental wellbeing

and your mental status and stability". A holistic view of mental health was also

reported:

When I think of mental health is when you consider the holistic view of one's

life when everything is going well and, um, you don't have anything major that

impacts on, that, um, um, that overall holistic wellbeing. And to me, that's,

that's mental health. (Aboriginal woman, Hope)

8.1.4 Wellness as other response

After initially providing negative connotations of the term 'mental health', some respondents were able to provide more positive descriptions. Five out of 19 respondents were able to follow negative responses to the term 'mental health' with positive, wellness-related responses. They provided the following responses:

Oh, I would probably break it down into two things. One is actual, well, you know, one end of the scale being an illness and whether, and then just general strength of mind. Um, ah, being able to cope with variations of emotions and you know, having that under control and going through whatever process you need to in handling that. Whatever it is, with the realistic and practical way, you know, of handling all that. So, you know, I guess, accepting that there's emotions and, you know, that you need to go that. But, um, knowing how to handle whatever the process is you need to go through. Yeah, but also viewing it as a positive, like your culture as a positive, like your culture as a positive. Like, um, and by that, gives you the identity. so, like, um, sometimes if people are living within a dominant culture they try and, like, avoid or downplay a particular part of their culture because that might not be popular to the people that surround them. Um, so, I think that acceptance and embracing everything that makes you, of your culture and knowing how that impacts on the rest of, you know, or your interaction with the rest of, um, makes you strong. Um, cause I see people who try and reject their culture, um, confused and I don't reckon they are well. (Aboriginal woman, Alice)

Because I've done studies so, and I've sorta, my understanding of mental health has sort of, before it was like this, wrong in the head, that was mental health. But then when you come look at the bigger picture of mental health, it's them things there that we were talking about [prior to interview], family support, that sort of new definition, that new age definition of mental health now. (Torres Strait Islander man, Charles)

Whole, your whole life pretty much having a full balance without any disorders, mental disorders. (Aboriginal woman, Brenda)

I think it's an overall thing being happy with family and friends. Um, but in nutshell for me, it's about how I feel. How I feel with my ability to cope and I think that comes from feeling pretty positive most of the time about life in general. (Aboriginal woman, Caroline)

[I] think it's more about the whole, like it's a wellbeing sort of state. Like, um, whether you have money, whether you have a good family environment, whether you have family, um, whether you have a good job, and I think all of those factors sort of, you know, impact upon people's mental health and how, like, stable they are. Yeah, yeah, so, I think it's a holistic thing, it incorporates a lot of stuff. (Aboriginal woman, Daisy)

8.1.5 Don't know

One respondent found it difficult to initially bring to mind what the term 'mental health' meant to her. She simply stated "I don't know how to answer that question" (Aboriginal woman, Jane). After a moment of consideration she was able to describe mental health in terms of an illness model that encompassed the medical services for those who experience poor mental health.

Section 8.2 How would you describe a 'mentally healthy' person?

Respondents were asked to describe a 'mentally healthy' person. All respondents were able to describe a mentally healthy person in positive terms, as someone who could maintain a stable and balanced life, who could develop and maintain social connectedness, had social support networks and could access such support when required. A mentally healthy person was described as someone who had access to those factors that promoted wellbeing. Figure 2 provides a map of factors reported to indicate being a 'mentally healthy' person.
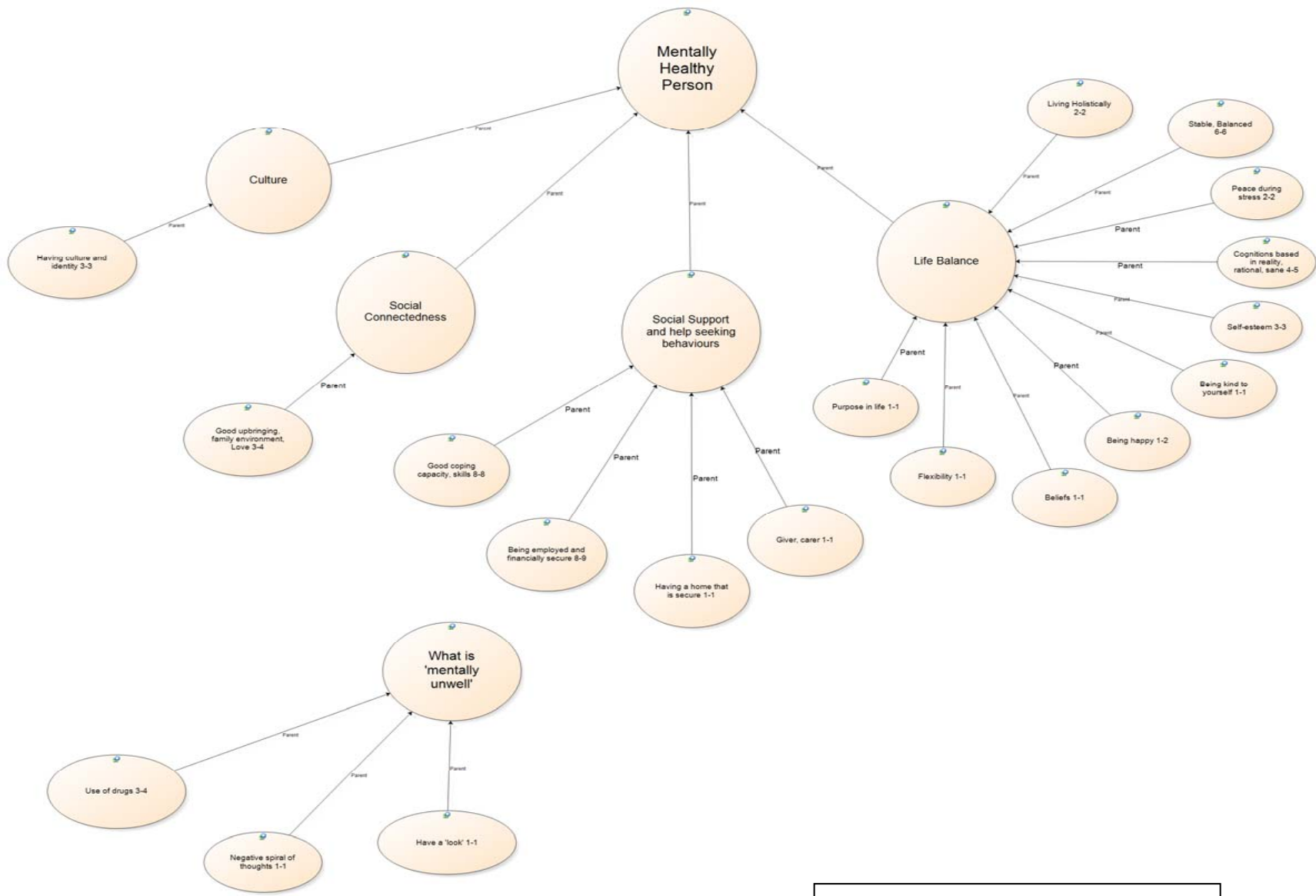
Figure 2. Respondents' descriptions of a 'mentally healthy' person.

Mentally Healthy Person

- Culture
  - Having culture and identity 3-3
- Social Connectedness
  - Good upbringing, family environment, Love 3-4
- Social Support and help seeking behaviours
  - Good coping capacity, skills 8-8
  - Being employed and financially secure 8-9
  - Having a home that is secure 1-1
  - Giver, carer 1-1
- Life Balance
  - Living Holistically 2-2
  - Stable, Balanced 6-6
  - Peace during stress 2-2
  - Cognitions based in reality, rational, sane 4-5
  - Self-esteem 3-3
  - Being kind to yourself 1-1
  - Being happy 1-2
  - Beliefs 1-1
  - Flexibility 1-1
  - Purpose in life 1-1

What is 'mentally unwell'

- Use of drugs 3-4
- Negative spiral of thoughts 1-1
- Have a 'look' 1-1

8.2.1 Life Balance

Life balance refers to being content with one's life at work, home and play, being emotionally stable and having an absence of major traumas. Life balance and thus mental health was described as being happy and content with one's life. Respondents talked about life balance including cognitive and emotional factors that defined a person as being 'mentally healthy'. These factors included being stable, being happy and living holistically, being kind to yourself, having beliefs that sustain you, having cognitions that were based in reality (being rational or sane), enjoying personal peace during times of stress, being flexible in thought, building self-esteem, and having a purpose in life.

8.2.1.1 Living holistically, being happy

Quite simply, someone who is 'mentally healthy' was reported as "someone that is happy…someone that's content, happy" (Aboriginal woman, Hope). This respondent reported that being happy was also associated other factors:

> To me, a mentally healthy person is someone that can function, that can make decisions, someone that is happy, that is surrounded by families, that has a job, that has a purpose in life, ah, being part of that extended family, someone that's content, happy, and someone that's strong culturally, spiritually, religiously. Yeah. (Aboriginal woman, Hope).

Living holistically through balancing of cultural, spiritual and religious aspect of one's life was considered to contribute positively to mental health. This was highlighted when one respondent stated:

Someone who is ['mentally healthy' is] living their lives in a holistic way. Meaning that they're in physical good health, ah, they're in spiritually good health, mental good health due to their position in society, um, has a big impact. (Aboriginal woman, Gail)

8.2.1.2 Being stable (balance without disorder)

Almost half of respondents thought that being 'mentally healthy' was associated with having stability and balance in one's life. They acknowledged that life difficulties were inevitable in everyone's life, however, to be considered 'mentally healthy' these difficulties were not due to mental illness or disorder. Respondents described a 'mentally healthy' person as "a stable person…a mentally healthy person is someone that's stable and that doesn't have a whole lot of issues. Yeah." (Aboriginal woman, Jane), as someone who was:

pretty much in balance with themself and every aspect of their life, so, psychologically, emotionally, them of course, physically, so being able to make good choices, good decisions and have a bit of direction and that, in their life, I guess. (Torres Strait Islander man, Ben).

A 'mentally healthy' person was characterised as someone who was able to maintain balance within their lives, with any life stressors not cause by mental illness or disorder. This was exemplified by someone who was:

Balanced, I don't know how to find a whole [description], I think basically just not having disorders, just being able to live life without problems. Yeah. Like, everyone has problems but it's not caused from a disorder. (Aboriginal woman, Brenda).

Similarly, another respondent stated:

…maybe balanced, hopefully it would be if they know that they've got some

issues that they have kind of made some adaptions to it. (Aboriginal woman,

Katherine).

Having balance in one's life was manifest when a person was:

Generally pretty much at ease with themselves and the world and other people.

It shows in their behaviour and their temperament, in their everyday living and

being and talking, and that. (Aboriginal woman, Faith).

8.2.1.3 Cognitions based in reality

A person who is 'mentally healthy' was reported as someone who could think

clearly and rationally and could make sense of the world. Respondents described such a

person as "someone who is in good mental health is someone, you know, not affect by it

[mental illness], you know, they will think clear and think straight" (Torres Strait

Islander man, Charles). Similarly, such a person had "good sense" (Torres Strait

Islander man, Darcy) and "most people [who are mentally healthy] tend to be pretty

rational and 'sane', in inverted commas 'sane'" (Aboriginal woman, Faith). Having

cognitions based in reality were also described as foundational for understanding the

difference between dreams and reality. This was described by a respondent when

searching for the meaning of being 'mentally healthy'. She was puzzling over this

definition when she stated that:

I think that if you dream and you have thoughts, um, whether they're good or

bad that you can sort of know what reality is, as opposed to what isn't reality,

um, that that's healthy. (Aboriginal woman, Daisy)

So, for this respondent, it was not that dreams and reality were either good or bad, but that a mentally healthy person would know the difference between these states. Additionally, for this respondent, having thoughts based in reality was also related to moral judgement and being able to discern right from wrong. She stated that an indication of someone who was 'mentally healthy' was evident:

> Because you sort of know what's morally right and what's right and wrong. And yeah, well that's how I feel about it. Like you know that these things are wrong, that you're thinking 'oh you know, something's bad', you think about it and you know that that's bad. But, I think with people who are mentally unhealthy they don't really understand that that's bad and that's why it's spirals. (Aboriginal woman, Daisy)

8.2.1.4 Self-esteem

Self-esteem was reported by some respondents (3/19) as being indicator that a person was 'mentally healthy'. Self-esteem was described as being happy with one's self, and this enhanced a person's ability to be able to contribute to the community. A person with good self-esteem was reported as someone who had a 'presence' or a confidence in themselves that could be noticed by others. For example, one respondent stated that good mental health was evident in:

> Someone who's got really good self-esteem, in the way they walk, in the way they present themselves, the way they look people in the eye and things like that. Um, yeah, um, even a shy person can still present to me good mental health because it's about your stance, it's about how you sort of, your presence in a place. So, yeah, that would be it for me. (Aboriginal woman, Caroline)

Another respondent reported that self esteem and having a 'presence' was associated with good mental health when explaining:

But yeah, I think if people are, it's more if they're happy within themselves as well. If they like themselves. Because, you know, they seem to think that if you don't like yourself it's pretty hard to like other people because you're not capable of sharing that like, and that sort of thing. (Aboriginal woman, Faith)

It is important to remember that self-esteem was acknowledged by respondents as one of many factors that contribute to being 'mentally healthy'. This was an important reminder when one respondent simply stated that "all those sorts of factors has a big impact on, um, you know, your self-esteem, your self-worth" (Aboriginal woman, Gail)

8.2.1.5 Peace during stress

Respondents reported that someone who was 'mentally healthy' could find a way in which to remain calm and peaceful even during time of life stress. This was simply acknowledged by one respondent (Aboriginal woman, Ida) when she defined a 'mentally healthy' person as "probably someone who things don't bother them. Yeah". In this statement, it is implicit that "things" happen that could be stressful, and yet, the person remains calm under the pressure. One respondent described herself as "I'm the happiest, I am, you know, I am" after exiting a period of turmoil in her life. For this woman, being happy was all the more savoured after experiencing this period of stress.

8.2.1.6 Being kind to yourself

A 'mentally healthy' person was also reported to be someone who was able to recognise the necessity of practising self-compassion in order to maintain life balance. After a period of physical incapacity, one respondent recognised that giving attention to other physical aspects of her life and providing a period of gradual recuperation would help to maintain a mental health. She reported that "I just want to show a bit of love to myself" to gain and retain wellness and this would be achieved by focusing on other aspects such as regaining fitness and also oral health after her injury (Aboriginal woman, Elizabeth).

8.2.1.7 Beliefs

Good mental health was supported through living in accordance with one's beliefs. As one respondent described "I think it all comes down to people's beliefs, you know" (Aboriginal woman, Elizabeth). So, a person who was mentally healthy was thought to be able to live in accordance with their beliefs. Maintaining life balance was possible when one's beliefs and actions were consistent.

8.2.1.8 Flexibility

Life balance and mental health were also reported to be sustained by individuals being flexible in their responses to life situations. A respondent stated, someone who is 'mentally healthy' is "basically, someone that can be flexible" (Aboriginal woman, Caroline).

8.2.1.9 Purpose in Life

In conjunction with previously outlined factors, a person who was 'mentally healthy' was conceptualised by respondents to have a purpose in life. This life purpose was built upon a solid basis of cultural, spiritual, and community connection. This was evident when one respondent stated that someone who is mentally healthy was someone that "had a purpose in life" (Aboriginal woman, Hope).

8.2.2 Social Connectedness

When asked to describe a 'mentally healthy' person, respondents provided the following responses surrounding having a good upbringing in a nurturing family environment.

8.2.2.1 Good upbringing

Several respondents stated that having a good upbringing in a nurturing, extended family provided a solid basis for mental wellness. Having a solid family basis was considered key to social connectedness through the family. One respondent reported that being 'mentally healthy' was a result of "a whole lot of things…it's love, it's how you've been nurtured, what you've been taught. It's all those kinds of things" (Aboriginal woman, Elizabeth). So, for this respondent, mental health was based on a connecting through emotional ties and family values. Another respondent expressed that one's mental wellness was supported when an individual was connected through the vast networks of family and extended family. She stated that someone who was 'mentally healthy' was someone "that is surrounded by families [and who is] part of that extended family." (Aboriginal woman, Hope)

8.2.3 Culture

Being a 'mentally person' was also reported in terms of connectedness to culture. Respondents provided the following comments regarding culture and cultural identity.

8.2.3.1 Having culture and identity

Mental health was perceived to be supported by being connected to culture and cultural identity. For one respondent, a mentally healthy person was "someone that's strong culturally". Having 'strong' culture was maintained by living according to beliefs and values that reflected cultural worldview. For another respondent, the impact of cultural identity on mental health was clearly outlined:

> I think for Aboriginal, Indigenous people it could mean like to be mentally well, you know, you need a few more things so maybe you need to know where you come from. Like, that's all tied into it. Like if you don't know where you are and that you could be a bit misplaced or lost. Yeah, like there are lots of indigenous people that don't know where they come from or their group. You know, like for us it's Gugu Badhun and we go there and we know it. But I know other people who don't know who their mob is or anything like that and I think that can have a bit of an impact. Like, I think the identity can have a bit of an impact on their mental health as well. And sometimes if you are not on country, like, I think some people in the communities they can say they are not well, um, when they are not on land they say they can feel sick and they are not right. Yep, for some, yeah. (Aboriginal woman, Katherine)

8.2.3.2 Balancing family responsibilities

For several respondents, being able to balance the responsibilities and obligations to their extended family networks presented a challenge. For these respondents, a mentally healthy person was someone who could balance their own needs with obligations to extended family members across their kinship connections. This is highlighted in the following passages:

But I liked your [other group member's] point about family because, you know, sometimes that people are so worried about their family, you know, like, um, it can really have an impact. You know, yeah. Yeah, it's good and then it's bad, it's kind of to the family…with someone indigenous maybe, like, 'oh my cousin's awfully so-and-so' and whatever, it's their problem. But I guess it's a bit more, um, well for us it's a bit more, no, I've got a responsibility to try and help them, especially if you are the oldest, you know. It's worse because you are kind of seen to them, well you go and help sort those things. Because, I'm the oldest, you know. Yeah, so, sometimes you get a bit of pressure being the oldest in the family. And especially when you don't have much. You know, like, when you've got a big family and you don't have much and you want to help everyone but, you know, it's hard. Yeah, so that can be a bit hard. (Aboriginal woman, Katherine)

Oh, just the weight of family...Yep, just sometimes if you're like, um pressure, um, yeah, because you are all together and it's all a bit of you've got to help each other out and that sort of stuff and sometimes that gets a bit full on. Yeah. (Aboriginal and Torres Strait Islander woman, Laura)

8.2.4 Social Support and Help Seeking Behaviour

In addition to life balance and social connectedness, being 'mentally healthy' was defined by respondents in terms of one's ability to access social support and demonstrate help seeking behaviours. It is not only important to have social support networks but also to know how and when to access these in times of need. Factors that reflect social support and help seeking behaviour included developing personal resources, support mechanisms and communication skills, participating within the community and social and family engagement. These factors also included having good coping capacity, being employed and financially secure, having a home that is secure, and being a giver or carer within the community.

8.2.4.1 Good coping capacity

Almost half of respondents (8/19) described the ability to develop and be able to draw on good coping skills and strategies as essential elements for being 'mentally healthy'. Someone who was 'mentally healthy' was able to recognise stressful situations and able to put in place strategies to cope. This was encapsulated by one respondent who reported her own experience in her role as aunty. She described helping her family members cope with difficult situations which in turn brought stress to her own life. She reported being able to cope with these situations when "they're stressors come to me, so I've got to find ways of dealing with the fallout, you know, their behaviour" (Aboriginal woman, Faith). This was also described by another respondent:

Well, that they would function pretty okay, in an okay way. Whatever's going on for them, whatever circumstance, and that's accepting that something might be very stressful, but knowing and being self-aware that they are stressed and

then putting in place some strategies to handle that. [They are aware of] what's

going on for them and the impacts of the environment on their wellbeing, mental

wellbeing. [They would have coping] tools, yep, and knowing to make good

decisions for them [selves]…about a particular situation. (Aboriginal woman,

Alice)

Good coping capacity was also described in terms of developing good decision

making skills and being optimistic in the face of adversity. This was reported by a

young Torres Strait Islander man (Ben) when describing, "so, being able to make good

choices, good decisions and have a bit of direction and that, in their life, I guess". This

was similarly described by an Aboriginal woman (Hope) when she stated that "to me, a

mentally healthy person is someone that can function, that can make decisions". For one

respondent, optimism was an important adjunct to other good coping skills. She

reported a 'mentally healthy' person was "someone that can cope with things going

wrong about them and seeing a positive side to it" (Aboriginal woman, Caroline).

It is important to note that good coping strategies were learnt skills, particularly

within the family network. One respondent acknowledged that the interruption of

knowledge transmission due to the forcible removal of children from families has

impacted upon the ability of some people to develop these skills at an early age. She

reported that:

I also think ['mentally healthy' people have] been taught good coping skills,

they been taught, yeah, a lot of, a lot of our people haven't been taught those

skills. I mean, you look at that whole history…into the stolen generation, the

report into the Stolen Generation, but he [author of report] stated himself, 'look,

what the actual stolen generation produced were people who couldn't show

affection, you know, lacked parenting skills' basically. (Aboriginal woman,

Elizabeth)

8.2.4.2 Being employed and financially secure

Another important indicator of a 'mentally healthy' person was personal

resources including employment and financial security. These personal resource

indicators of mental health were important to respondents of all ages. Respondents

agreed that someone "that has a job" (Aboriginal woman, Hope; Aboriginal man, Alex),

is "working" (Torres Strait Islander man, Darcy), or "go[es] to work" (Torres Strait

Islander man, Edward) indicated that they were 'mentally healthy'. Employment was

seen as an indicator of good mental health was linked to its positive influence on one's

life. This was evident in the following response:

 Of course, so, if you have employment, and you have finance and you have

 resources…someone that's [mentally healthy is], you know, work, you know,

 because work has a big impact. (Aboriginal woman, Gail)

It was important for one respondent to note that someone who was 'mentally

healthy' was able to manage finances well. She reported that:

Like, maybe if you've got like a fairly good job and you're happy within

yourself, um, if you're happy with the money that you're getting and you're able

to budget well and all of those things, I think that makes you stable as well.

(Aboriginal woman, Daisy)

Similarly, for other respondents having "employment and having family around

and knowing that everything is, kind of…work…you know, your day to day living is

gonna go smoothly" (Aboriginal and Torres Strait Islander woman, Lana) and

"working, good family life, financially stable, all those sorts of things, just the

everyday, like being able to function in everyday life" (Aboriginal woman, May)

indicated that someone was 'mentally healthy'.

8.2.4.3 Having a home that is secure

For one respondent, having a home environment that was secure was important

to positive mental health. This personal resource supported the development of good

mental health through providing a safe environment in which to raise a family. She

reported that:

> You have, um, a home, and within that home, it's a safe, secure environment,
>
> um, it's a thriving environment where you can, um, children or family can feel
>
> safe and secure but be nurtured and respected and encouraged. (Aboriginal
>
> woman, Gail)

8.2.4.4 Being a giver or carer

One respondent provided an intimate snapshot of her life when explaining the

role of care-giving as a marker of good mental health. Being able to look outside of

oneself and take into consideration the needs of others was indicative of positive mental

health and life functioning. However, the positive relationship was not only available to

those who had not experienced difficult life circumstances. The following tribute to her

mother's good mental health was generously and lovingly offered:

> [Long pause] That person [someone who is 'mentally healthy'] is very strong.
>
> [Long pause] and very much a giver in our community, because there's so much,

I don't like the word 'dysfunctional', but the reality is. I only have to look in my own family. My mum gets this worn out sometimes, you know. Got uncle in court, another uncle self-confessed alcoholic, best man out there, you know. When things are happening everyone comes, goes to her and she would be the perfect example of good case study, on, on, good mental health. (Aboriginal woman, Elizabeth)

Section 8.3 What is 'mentally unhealthy?

When reporting factors that indicated a 'mentally healthy' person, respondents also provided description of factors that contributed to being 'mentally unhealthy'. As with the term 'mental health', as reported earlier, they described a 'mentally unhealthy' person in negative terms. According to respondents, a 'mentally unhealthy' person was someone who had ruminating, faulty cognitions that kept them in a negative spiral:

Like you know that these things [cognitions] are wrong, that you're thinking 'oh you know, something's bad', you think about it and you know that that's bad. But, I think with people who are mentally unhealthy they don't really understand that that's bad and that's why it's spirals. (Aboriginal woman, Daisy)

Similarly, several respondents acknowledged the negative impact of substances such as alcohol and cannabis on mental health. One respondent described this when stating:

Well, definitely what you do to your body [affects being mentally healthy]. So, drug taking. Um, you know, that can't help, I mean there's enough studies to know that excessive drug taking impacts your function, mentally. (Torres Strait Islander man, Ben)

One young man shared his own experience of the impact of substance use on his own mental health and social functioning:

It [substance use] was just getting too much I think. Cause I just wasn't going to school. Even though I kept drinking past year 12, I've kinda, I've been very good at, um, covering up stuff, like, you know, doing a lot of things on alcohol and drugs and stuff, like, marijuana. (Aboriginal man, Alex)

A respondent spoke about a perception that individuals who were mentally unwell "have a look". She reported the possibility of being able to identify such a person by observing them and their interactions with others. She reported,

But um, it's usually a pretty good indication when people aren't, because first of all, they're going to have a look, to me, people have a look. When you've got something wrong with you. Whether it's spiritual physical or mental. There's a look. That's the only way I can describe it. and until you actually start talking and you'll sort of think, 'oh, ok, they've got, sort of, issues, depression'. So you kind of like know how you're going to handle it. (Aboriginal woman, Faith)

Section 8.4 What factors improve mental health?

In many ways respondents spoke about improving mental health in the same way as protecting mental health. Factors that improved mental health were described in terms of connectedness at the cultural and social levels, having access to social support factors including support networks, access to resources, and using help seeking behaviour, gaining knowledge about mental health care, including the impacts of physical health, and developing coping skills, in particular cognitive coping strategies.

These factors are mapped in Figure 3. Once again, respondents emphasised the importance of retaining a holistic view of mental health:

> When I think of mental health is when you consider the holistic view of one's life when everything is going well and, um, you don't have anything major that impacts on, that, um, um, that overall holistic wellbeing. And to me, that's, that's mental health. Because, for example, if you're sick and you have chronic disease, chronic disease eventually will have an impact on when it affects you up here [indicates head], mentally. So, it's that holistic thing, that I think about jobs, education, work, yeah, good health, all that. So, that's my definition of mental health. (Aboriginal woman, Hope)
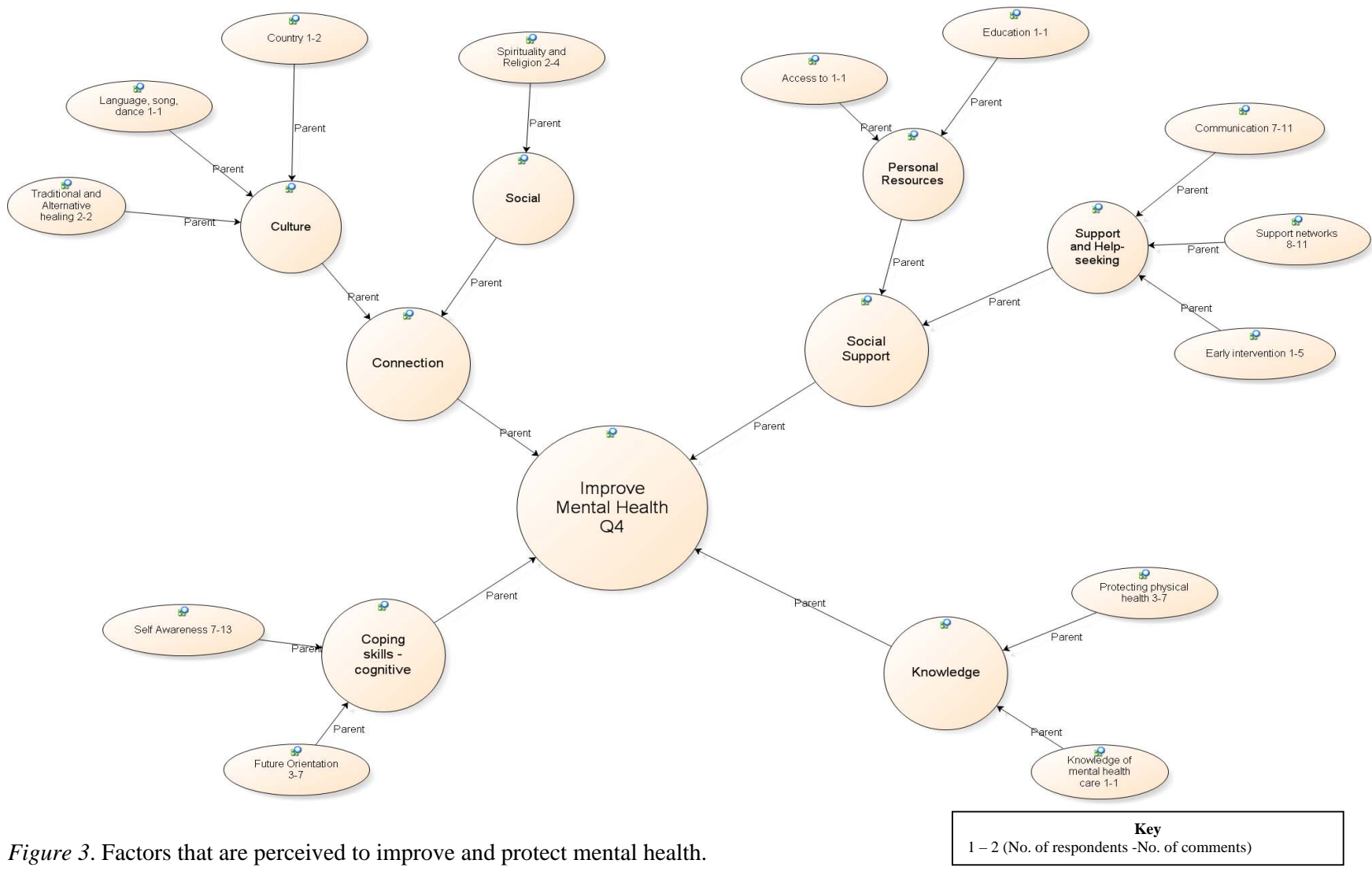
Figure 3. Factors that are perceived to improve and protect mental health.

8.4.1 Connectedness

Respondents described the important of connectedness at a cultural and social level when improving mental health.

8.4.1.1 Culture

Cultural connection was perceived to improve mental health through connection to country, practicing language, song and dance, engaging in spirituality, and traditional and alternative healing practices. These methods of connection provided the basis for strong cultural identity which respondent described as facilitating a sense of place and belonging.

Country

In a similar way to the connection to country that protected mental health, this connection was also reported as a way of improving mental health. In a poignant description of longing for country, a respondent described the mental health benefits of being reconnected to land:

You know, like when I was living out at the mainland, up in [a town], I knew I was down, I knew I was really depressed but I wouldn't go off and get medication because I felt my illness was, I was longing for home and I had been away from mum for, I hadn't seen my mum for a year. And I was grieving for my mother and I was grieving for country. Because when my mother rang me up on the phone and said 'when you coming home?', I broke down, and I knew straight away that I was, um, grieving for country and I needed to go back and connect with my family and connect with where I was born. And, that lifted my

spirits. And we were over [on country] for 3 months. And I came back, and I

was right again. So, it's a different kind of, yeah, it's that kind of grieving, and

that kind of, um, um, um, grievance that I was feeling for my family. Because

I'd never been away from my family, oh, except when I went to college, but I

used to get homesick a lot too. But we knew we were going home every 3

months. But, living out on the mainland, and being married to my husband who

lived out on the mainland, it was hard for him to see that, that it was important

for me to go home. Yeah, cause I found it difficult to, um, um, um, to get

motivated. And it, and in the back of my mind I was longing to see my mum and

to be with my family and I would think about 'oh, yeah, you know we go fishing

and going camping and stuff like that'. And they used to tell me on the phone

and that mourning was there inside of me. And I said to my husband 'I need to

go home to see my mother', you know 'and be with my family'. And um, that

was all it took was those 3 months to cure me again. (Aboriginal woman, Hope)

Language, song, dance

Similarly, connection to culture through practice of language, song and dance

was also reported to improve mental health. Respondents described that having the

opportunity to practice traditional language and participate in cultural activities such as

song and dance improved mental health as it provided a balance within their lives. It

should be noted also that a holistic view including the positive influence of Western

medicine were also acknowledged. A respondent described this when stating:

That healing process involves language, songs, dance, having a balance but

really having a good grasp of that, but also having that stability of that western

medicine as well, which can help, of course. So, I'm not saying it's all bad. I'm

saying having that combination of both in order to assist people with mental health conditions. (Torres Strait Islander man, Ben)

Traditional and Alternative Healing

For one respondent, understanding and having access to both traditional and Western healing methods was proposed as a pathway to improved mental health for Aboriginal and Torres Strait Islander people:

So I think people have just got to get educated on both sides and be more open to it. so, yeah, cause I mean, like, when you're looking at traditional medicine and healing, that can be an important healing process for an Indigenous person with mental health issues. (Torres Strait Islander man, Ben)

Similarly, alternative healing methods were also described as a means to improving the mental health of individuals. It was an important adjunct to other healing methods for a respondent who stated that:

Um, I've even taught my girls to heal with the hand, like, they know that there's heat that comes from the hand and you don't have to touch each other [for healing to occur]. (Aboriginal woman, Caroline)

8.4.1.2 Social

Social connectedness through participation in religious practices and spiritual beliefs were also reported by respondents as improving mental health.

Spirituality and Religion

Being connected to spiritualty was perceived to provide a way in which to protect and improve mental health. Belief in the spiritual domain provided a way in which to improve mental health particularly in times of grief, by providing continuity of life and connection to family members. For example, the experience of grief due to loss of family member was mediated by maintaining a spiritual belief. This was highlighted by a respondent when she described her family's situation:

> I know [spiritual connection] helps me. I know it helps me a lot of the time. I mean, for instance, the year before last, my sister, my husband lost two sisters in one year, a brother-in-law, all before June. The following year, which is last year, he lost his mother. So we've been through a lot of grief and stuff like that, but I think, it's like, our thing with death is 'no but they're still with us, we just can't physically see them'. (Aboriginal woman, Caroline)

Similarly, another respondent described the positive affect of her connection with God on mental health. She reported:

> I feel really blessed. Knowing that, um, I've had answer to prayers, you just receive so many blessings. Sometimes you receive blessings to me that I haven't really deserved. And I'm thinking 'oh, no' and it kind of like makes you feel shame. But, you know, when you repent of your shame and ask for forgiveness for that sin or that harsh word that you said to somebody…yeah. You really have to ask their forgiveness. That's what the word says. Um, but when everything is all falling into place, it's just beautiful. And I often think, I feel sad for those who are without god. But, again, it's a personal thing. I just think 'well, what do you they do?' and obviously they don't do very well, given what I can see in

front of me and what they're going through, and that. But, yeah, it's a personal

thing, Christianity. But, to me it works. Prayer certainly works. Conversations

with God. It's that communication. Um, but, then you've got to believe there is a

god, first. You know, so, for me it works really well when everything is falling

into place. (Aboriginal woman, Faith)

8.4.2 Social Support

Social support factors that were reported to improve mental health included

access to support networks, communication, education and early intervention programs,

and access to economic resources. Several of these factors were also described by

respondents when describing factors that protected mental health. These factors

included support and help seeking behaviours such as early intervention programs,

communication and access to support networks.

8.4.2.1 Personal Resources

Access to resources, economic

The importance of having access to resources through economic means was

described by one respondent. She reported that it was her ability to use economic

resources to access appropriate mental health care that was the key to improving mental

health. She retold a story of her mother's experience of trying to access to support

services without similar economic resources. She reported that:

All I can see, the main thing that I can see is the differences between [pause]

economics. The economics helps so much. If you've got the availability to get

the help that everyone else…you level the plane out. I think my mother, she

actually [sought] the help of psychologist after I went to a psychologist, I said to

here 'look you've just got to go, it will improve the way you think, you know,

you'll be able to do some many different things'. My mother went to someone

who had just come out of their psych degree and she was very young and to talk

about my mum's identity problems and domestic violence, drug addiction,

alcohol issues with someone who's looking at the nails every five minutes, I

think, probably the level of help with the difference in money makes a big

difference. I think the help that I've gained through paying $150 an hour and the

help that my mother has been given via the government has been on a lesser

level. So, I think that maybe that's the biggest thing that I see, that people have,

as you know, help with their mental health, they're probably not getting what

they much deserve because of their lack of funds. It's a bit sad to watch that.

You can't do anything, you can't help anyone apart from be there for them. You

can't really change their situation, you've just, you know, accept that the help is

much different sometimes. And that acceptance having help that's much

different, you know, I think that a lot of people have the drive to get better, but

when they don't have, um, help because of their economics, their motivation

lessens. (Aboriginal woman, Brenda)

Education

Education of the younger generation was reported as important to improving

mental health in the long term. Being educated provided opportunities to engage in the

community in an effective and appropriate manner. The importance of education was

described by a respondent:

It's important for them to go to school, get an education. You can only fight fire
with fire. So, if you're just going to be not learning anything, don't care, not
going to go to school, then everybody's just going to be going around the same
mountain again [vicious circle]. So, you can't understand written law, ya can't
understand what's going on in the bigger world around ya, if you can't read and
write and you can't understand what's being read to ya or what people are
saying. That's probably what I'd say. Just get the young ones to hang onto that
and just rise up and be the best people they can be. (Aboriginal woman, Ida)

8.4.2.2 Support and Help Seeking Behaviours

Support and help seeking behaviour were reported to be important for improving
mental health. In times of difficulty, respondents described early intervention,
communication and support networks as pathways to improving mental health. These
pathways were similar to those described as factors that protected mental health.

Communication

It was reported that mental health was both protected and improved by talking to
others during difficult life situations. However, respondents reported when trying to
improve mental health that talking to trusted family members was more appropriate
than talking to others. This was particularly so for several Torres Strait Islander men.
They reported that the reason for this was:

I suppose we *sabe* one another. We know one another. Yeah. We can relate to
each other. Yeah, yeah. Be an older brother, eh [to go to for help]. (Torres Strait
Islander man, Charles)

They can look for support from other people. Family members. Family members
are good. Instead of an outside person, someone that, you know, don't
know…yeah, like a friend. I reckon to talk to family than to a friend, you know.
But that's my opinion anyway. [Family is better] because of your parents, that
bonding. The bond between the families and that and because we're close. I'd
like to bring, let's just say in the family members, there's a gap there [between
self and outsiders], you know. Whereas we [discussion group members] are like
that [demonstrates crossed fingers/closeness]. (Torres Strait Islander man,
Darcy)

It was evident that there was a closed group of people that were appropriate to
communicate with to improve mental health when a respondent stated that:

Yeah, probably certain people [to rely on when help is needed, rather than a
whole range of people in the family]. Yeah, yeah [older brother, older sister for
advice and help]. (Torres Strait Islander man, Darcy)

Mainly the older ones, older brother, older sister… for advice. (Torres Strait
Islander man, Edward)

Access to family members to improve mental health was also important for
parents. A respondent described the positive influence on mental health for both parent
and child by being open to discussion with children as problems arose. Additionally,
having access to a trusted person for themselves during difficult times was reported:

It's also an understanding with the things that happen in your head, it's about
who to talk to, and how to talk about things, or who you trust. And I've always

raised the girls it doesn't matter what they do, you know, we'd rather know if something, if they did something wrong, than find out later on...the kids being able to talk to us back that helps with their, their state of mind as well. But it certainly helps with your own, when you know your kids are talking to you. (Aboriginal woman, Caroline)

However, this was not always the case. Other respondents reported preferring to talk to health professionals rather than family members about problems they may have been experiencing. They described being able to talk more freely to outsiders as they felt they were not being judged. These respondents reported:

Yeah, get another perspective I guess [health professional, rather than family members]. Yeah, yeah. Like, from someone else. (Aboriginal and Torres Strait Islander woman, Laura)

Having more people to talk to. Cause like with me, I didn't want to talk to my family but it felt easier talking to someone completely, that I didn't know. I ended up in [local Aboriginal Health Service], talking to the social workers in there. Yeah, I think cause it was easier talking to them, cause with talking to your family I think you felt more judged. (Aboriginal and Torres Strait Islander woman, Nadine)

Support networks

The importance of having access to support networks to improve mental health was reported by respondents. Support networks were available both in the community

and family networks. A respondent reported that improving mental health was achieved by:

> And also, I guess, talking to family, friends, having good support network. You need, like, really good support networks. And positive support networks, yeah. And stay engaged in positive, you know, hanging around positive people, and that, you know. And like, not hanging around, like, just deadbeats, like, you know, birds of a feather flock together, pretty much. That sort of stuff. (Torres Strait Islander man, Ben)

Similarly, another respondent described the benefits of having access to a support network in the community:

> Possibly being able to have the support networks around you, whatever they are. To me, I can only really think of family and friends and having someone to come in maybe when you're feeling down and helping you out. um, I guess if there's people in the community that you can go to. Like, um, like, we're lucky because we have like a twin group who can come and volunteer and they can help you cook or they can just come over and fold some clothes, or, you know things like that, which help mothers who are in that sort of need. But, I don't know what there is for people who may be suffering mental health issues. Going through my, like, teenage years, I've got a cousin who's got mental health issues and it always seemed like he didn't really have support and he didn't have any family. He didn't have any really close family. My dad was the only family he had and we were obviously what he needed to be with. But, yeah, I don't remember anything much else for him. (Aboriginal woman, Daisy)

Support networks that were predominantly family oriented were described by Torres Strait Islander men:

It's always the older one, you turn to the older ones eh. I think if you're the eldest, then you turn to your other cousins, so your mothers, maybe your mothers kids who might be older you. Yep. So they might turn to that, father's, on this side [explaining relationship between discussion group members], who might have older kids that you turn to. Cause if you look at the, I suppose, kinship system of Torres Strait Islander family, you've got the immediate family, mum and dad, but also if you look at mum and dad, mum's brothers and sisters, their siblings, their children become your brothers and sisters also. So, they're not cousins, they're actually your brothers and sisters and that's the same on your father's side. Their brothers, their children become your brothers and sisters also. So, not your cousins. Cousins are the ones that are second, when you refer to cousins, eh. So, somewhere in that line you will always have someone who is older than you. But then if it's the eldest of the eldest then they might turn to the mother's either brothers or father's brothers. If you run out [of people to access]…then their dad becomes, that same person for his brother's kids, same role, so, yeah. (Torres Strait Islander man, Charles)

Access to support networks through this hierarchy was reiterated by another respondent:

Mmm. yeah. And even, say, like, me for example. Because I, like, dad always said, in our culture, I don't go to my old man [father] with it, I go there to his brothers, the uncles, even though they're uncles, we don't call them uncles, we call them dad as well. We go see them. (Torres Strait Islander man, Darcy)

One respondent spoke about the difficulties presented when support networks broke down. In particular this respondent contrasted these with the positive effects of having good support networks in times of difficulty. She reported that:

And sometimes it can be a family, you know, like, sometimes if you come from a family where everyone's, you know, not many people are working and say ones drinking or whatever they are doing, sometimes, you know, it's hard to break away from that. So, sometimes you can see the changes where people have a supportive family and there's, you know, people that are working and whatever, and sometimes that can, like that can change, but I guess that sometimes if there's a hopelessness in the family and everyone is doing it then, you know, I guess it's an expectation that it's normal. Just the way it is…So sometimes, you know, I look at the families and if I hear the name of a family I can say "oh, yeah" or "oh really". Like I was surprised because, you know, I kind of, yeah you know, yeah. So sometimes it can just be the fortune or unfortune of what family that, you know, you are born into. And if you try and get out of it sometimes it can be an "oh look, they are too good now", so I guess some want to get out but how do you when everyone else is like that. Yeah, and yeah, and so like, like [individual] here, I know that a lot of people in the family are in really prominent positions so it wasn't a real surprise when I realised, you know, had that strength and turnaround because, you know, it come from people of high calibre and well-known. But then other families, you know, you think, well they are all drinking and they are all whatever, so...yeah and that's normal so how does someone then break out of that, you know, if the family is so important…yeah, or people to come and say "hey, are you right" or they can book them up to places or something. Yeah, but when no one has had any

helpful support they don't know themselves, you know, because they've got all

their own issues. Yeah, so how can they kind of help someone else? (Aboriginal

woman, Katherine)

Early intervention programs

The impact of early intervention on improving mental health was described by a

respondent. This respondent spoke about the benefit of such programs and the

components necessary to effect change. Additionally, for such programs to be effective

it was reported that the development and delivery of cultural appropriate programs was

necessary:

Well I think programs…that will nurture and encourage people to foster a lot of

these strategies, I think. That if you have… I mean, they have them in the high

schools. They have Indigenous support officers or guidance officers and that's

all well and truly, but they're just there if, um, young people need to go to them.

They only use them when they're in trouble, or whatever. But I think that, um,

as an educator myself, that there should be, because the way that society is

going, um, there needs to be programs established to assist young people with

life skills. Yeah. And I know that they can't do everything within the education

system but within that framework, there is room there. And I'm part of an

Indigenous women educators here, and that's what we're working on as a

collective. Working on projects and strategies to assist our young women about,

you know, their moral ethics…we're trying to put in programs that will assist

that and nurture and support and, ah, educate...The traditional practices where a

lot of our young women are not getting the guidance and the nurturing and that,

about taking care of themselves…morally. You know, saying these are very

sacred, private spaces. You know, to have that self-respect and not allow other people to invade their private spaces. So, we're looking at developing those sorts of programs in a culturally appropriate way, to nurture and assist those young women. Yeah, well we're doing that with women, but we're hoping that men will do that with men's business. So we're trying to bring back those cultural practices of women's business in a western setting and society. And yeah, so that's what we're working on and we're going to be targeting, um, a couple of schools as a pilot program…so but it's really wonderful to see that. but then you can see the ones that, you know, need that support and they're the ones that we want to support. So people like our family networks are proactive in developing programs to assist those children in the schools that don't have that, that come from those broken families, that have been dislocated and that. So, we're working towards programs to support and assist them…which will impact on their mental health. (Aboriginal woman, Gail)

8.4.3 Knowledge

Respondents described the impact and importance of knowledge when protecting both physical and mental health. Respondents described the benefits to mental health of protecting physical health through diet and exercise. Additionally, gaining knowledge of mental health care was also described as a means to improving mental health.

Protecting physical health

Respondents reported the positive influence that protecting physical health had on improving mental health. A respondent said that "if my physical health is good, my

mental health is good" (Aboriginal woman, Faith). This was reiterated by another respondent who reported that:

> As well as trying to ensure that you're looking after yourself physically, it's the looking after yourself mentally as well. it's understanding that there's a physical side that you have to look after and you take most of the responsibility for that. What you put in your mouth is going to do something to your body eventually. (Aboriginal woman, Caroline)

Another respondent also described physical health factors that improved mental health included:

> Just live a normal life, like, drinking water every day, being healthy. Because you can be, like, very unhealthy and just, ah, yeah, like…like drinking and stuff like that, pretty much…keeping a good life, you know, like what a good life is. Just doing all those right things I guess. Keeping fit. Keep getting fit and healthy. (Aboriginal man, Alex)

This respondent also reported that substance use had impacted heavily on his mental and physical health. He shared:

> Then I just decided I can't keep, you know, doing stuff, I guess, like that, if you wanna, plus, I was getting real unhealthy too, like, with all that stuff. I think that's why I've got the high blood pressure Just from being, you know, stupid, for so many years. Just not eating breakfast, really maybe eating one meal a day. Waking up, drinking, you know. Being at the pub even when it opened, just, silly stuff really. (Aboriginal man, Alex)

Mental health care

The importance of knowledge of mental health and health care and understanding the uniqueness of mental health care requirements on improving mental health was acknowledged by respondents. A respondent stated that improving mental health encompassed:

Understanding what mental health is, I suppose. Understanding that there are tools to be able to help you. Understanding that, um, your life is very different from everybody else's life and sometimes we can have the same experiences, but we don't necessarily have to follow everybody else's path, that we have our own path. (Aboriginal woman, Brenda)

8.4.4 Coping Skills

Cognitive

Respondents reported cognitive coping strategies that could be used to improve mental health, including self awareness and developing and maintaining a positive future orientation.

Self Awareness

Being self aware encompassed the ability to recognising the need for help and being able to act upon this need. As such, self awareness, as described by respondents, was a precursor to being able to initiate help seeking behaviours. A respondent described improving mental health through:

A lot of it involves self awareness and, unfortunately, I don't know, I'm making a generalisation, but I wouldn't reckon everybody has that. It's something that

you have to practice and you either have it, this thing inside you where you can recognise, you know, you're thinking's not necessarily positive. So you need to something about it, and that might be self-talk or um, you know, get it from an external source, like somebody to tell you you're being silly, this is what's actually going on, you've got these five things, positive things happening for you, and you're concentrating on these two, you know, or one…[self awareness is] not a tangible thing, people can't necessarily see…and what's going on for you, internally, and un, a lot of that relies on you either, um, exposing some of that and what's going on for you, or, you know, but, I suppose that's what gets a lot of people in trouble. You know, seemingly functioning okay, and everyone is interacting with them like they're okay, but, you know, they're not, they're not. (Aboriginal woman, Alice)

Another young man spoke about the positive influence that developing self awareness had on improving mental health:

[Using substances] was just getting too much I think. Cause I just wasn't going to school. Even though I kept drinking past year 12, I've kinda, I've been very good at, um, covering up stuff, like, you know, doing a lot of things on alcohol and drugs and stuff, like, marijuana. So, I got used to it, from grade 9 upwards. So, I just got used to. What's….cause I think I was like, I was always punching stuff or headbutting, like, and that's just from dad's family. Cause that's what they all do. Cause I get real angry when I drink, so, I just decided to stop drinking, pretty much… Just didn't want to be like them. I prefer [my daughter] to like me. [Life is] definitely [different to a year ago]. Mmm, yeah, yep, definitely. That's what mum nearly says every day. She's shocked. [but I'm] not

really. I was always planned to get on track. Ever since I was young. (Aboriginal man, Alex)

Another respondent's description of becoming self aware reflected the holistic nature of improving mental health. She reported that:

Improving mental health is, um, [pause], when you're faced with the decision or situation that, um, [pause] to me, you have to work at what that situation is, um, whatever's happening in your life, use resources or whatever's available so that you can stay on that track of wellness, rather than, um, ignoring the signs or symptoms and thinking that you don't need those extra resources to help you to cope or endure or to try and work around the issue, whatever's come up. (Aboriginal woman, Hope)

Similarly, another respondent described the ability to recognise imbalance in one's life as a means to improving mental health. She stated:

Yeah, trying to recognise whether it's an imbalance, a natural imbalance, or whether it's just dealing with the pressures that actually occur, so, and when they are not able to deal with the pressures whether or not you can function fine or when they are like if it is hereditary you know, like with chemical balance or something like that so just trying to work out the two and then trying to fix whatever the problem is. Like, medication wise if it is, or trying to learn still with getting support as well and trying to deal with the pressure in those circumstances…Getting to a certain point where things get so bad that you finally look around and you say, ok, yep, I need to change this because if I don't change this, try and change this and get support and help…and just feeling that

way. Like, if you are down and you are going to stay that way for a while then,

you know, it takes a while to get through that down before you say something

has got to change, it just can't be the way it is. (Aboriginal woman, May)

Another respondent simply stated that "the realisation that [a situation is] not

good. It's not good to be like that, you now, the wanting to change, I guess" (Aboriginal

and Torres Strait Islander woman, Laura).

Future orientation

Future orientation was perceived by respondents to be important for both

protecting and improving mental health. A positive future orientation that included

goals that facilitated the development of a new and positive life path was reported as

important to improving mental health. Once again, these factors reflected a holistic view

of mental health. A respondent reported that such goals for a positive future included:

> Just everything I'm on track doing now. Like, getting a career, looking after my
>
> family. Keep getting fit and healthy. That's about it. So, I dunno, I was pretty
>
> much a drunk for many years. So, I think that it's just easier. Like I used to just
>
> drink and that, just cause it easy, you know. When things ever got difficult, and
>
> they could be very little things, it's just easier just to say 'stuff it' you know. I
>
> could kinda do what I want, so, but, eventually I snapped out of it. But mum was
>
> always in the background, you know, somewhat, even though she couldn't make
>
> me do anything, she was kinda there still. And I suppose, I never really wanted
>
> to let her down even when I was just doing whatever I wanted. So, that's really
>
> what it comes down to. I think, personally. (Aboriginal man, Alex)

This respondent also described the importance of not dwelling on the past and looking to the next generation for ways to improve mental health:

It's like I forget about the last generation, you know, but, like this generation we're in now and the one's that are coming is that one they should worry about cause the rest is done and dusted [middle generation] and they never really…they're not dead, or I'm not saying, but they've got, they've had their run, if you know what I mean. It's up to the next one…and they need the help, the next ones, but it's up to them to step up and say 'yeah, fair enough, shit happened, but, you know, if my dad's a murderer it doesn't make me a murderer, so I've gotta move on and do the best for me and not…', you know, not cop excuses but just look to what their parents did and say 'I'm gonna do one step better' and the next kid, one step better, and then eventually, you know, they'll be all good. (Aboriginal man, Alex)

Section 8.5 Do you think non-urban Indigenous or non-Indigenous people would

describe mental health differently from you?

The following set of responses was intended to outline the respondents' opinions about how they viewed the perceptions of others. While there is convergence of opinion in several areas of influence on perceptions of mental health, respondents also described unique ideas. Convergent areas included culture centred responses such as culture, family and spiritual connectedness, and access to knowledge. Unique areas, with few responses include access to resources and help seeking behaviours. It is important to note that the number of responses may not be a reflection only of degree of importance of a particular category, but of the cognitive availability of such responses. Figure 4 outlines respondents' ideas about other's concepts of mental health.
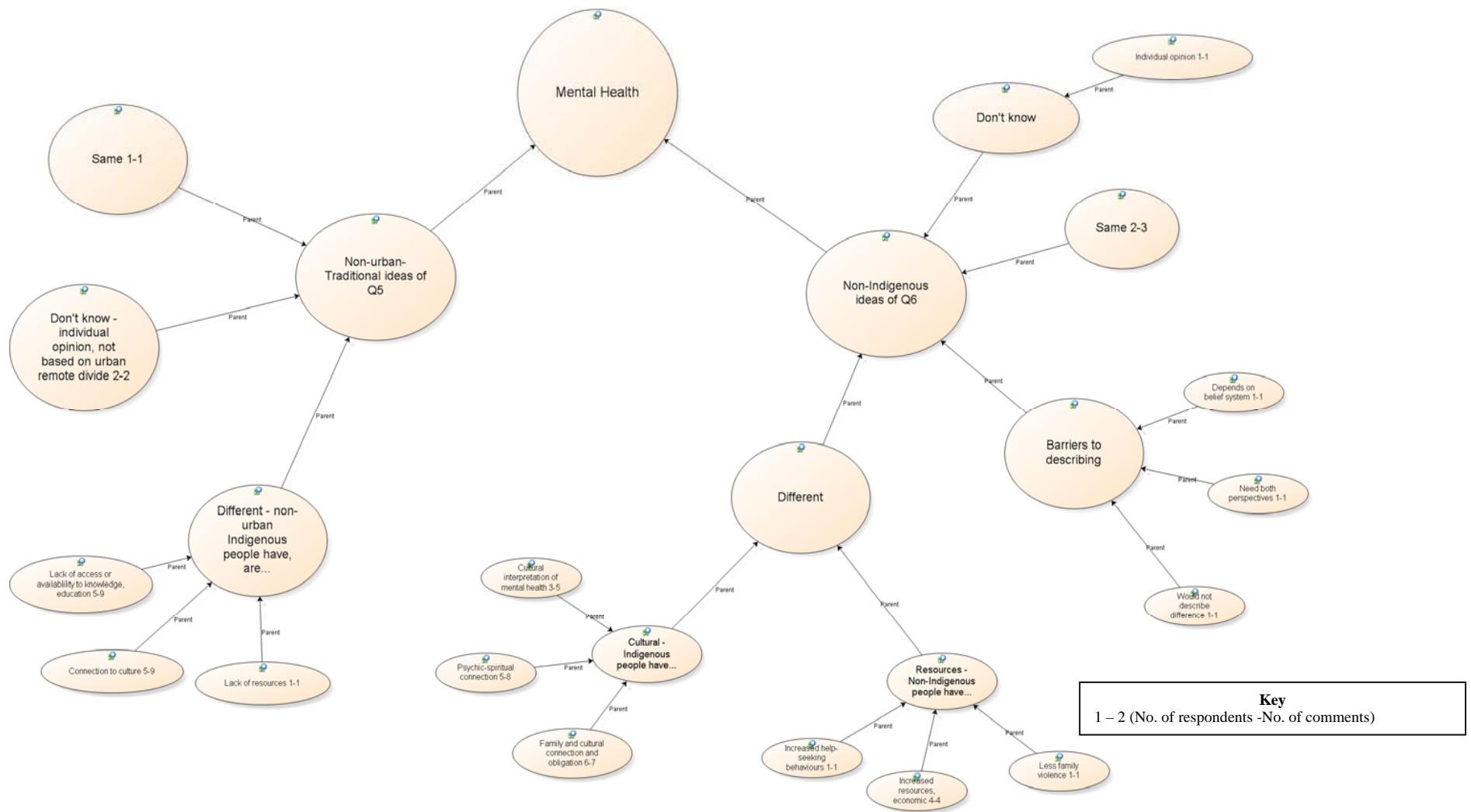
Figure 4. Model of respondents' conceptualisations of non-urban Indigenous and non-Indigenous people's perceptions of mental health.

8.5.1 What are non-urban ideas of mental health?

In the main, respondents described the perceptions non-urban Indigenous people as different from their own. They reported that differences were based upon a rural or remote Indigenous person's closer connection to culture and tradition, and a lack of resources and mental health education in rural and remote areas. It was often difficult for respondents to speculate about how a non-urban Aboriginal or Torres Strait Islander person might describe mental health due to the subjective nature of the question. This was highlighted when two respondents stated that:

> I don't know. Cause I don't know why they think…like, I don't even know what I think. Yeah, that's too tricky. I don't know. I don't know how a less urban person would think of mental health. I have no idea. I can't answer that question. (Aboriginal woman, Jane)

> I don't know, I don't know how to answer that." (Aboriginal woman, May)

However, after initial hesitation at offering an opinion, respondents did report more differences than similarities in the way they thought non-urban people might consider mental health.

8.5.1.1 Similarity

When asked if a non-urban Indigenous person might describe mental health differently to herself, a respondent cautiously considered similarities between the two views. She did not offer reasons for this, just that it might exist. She was the only respondent, however hesitant, to state that urban and non-urban views of mental health may not be different:

[Pauses] no. probably not. I dunno, everybody's got difference experiences but,

I'm just thinking back to some of the elders. [pause] ah, I dunno, probably not.

(Aboriginal woman, Ida)

8.5.1.2 Differences – non-urban Indigenous people have...

Respondents could more easily describe differences between views on mental

health between urban and non-urban Aboriginal and Torres Strait Islander people. They

reported that differences in perceptions of mental health were due to or influenced by

non-urban people having closer connections to culture, the cultural interpretation of

mental illness, a lack of knowledge regarding mental health, and a concomitant lack of

access to resources.

Connection to culture

Respondents reported that differences in perspectives on mental health may be

apparent due to the degree to which one was connected to culture through connection to

the land, family and kinship connections. They reported that living in rural or remote

communities provided opportunities to speak language, participate in cultural activities

and remain close to family and kinship networks. This perception was illustrated by the

following response:

Their [non-urban people] concept would be different because they're living,

they, I suppose, they're surrounded by family, they're surrounded by culture,

they're surrounded by, their whole life revolves around, whereas ours [urban

people] is work, culture missing it with people from there. (Torres Strait Islander

man, Charles)

Another respondent recognised that the degree to which one was connected to culture could influence perceptions of mental health. She stated that:

[The connection to culture was] operated differently, perhaps to the level of um, um, different level of acceptance as to what you could expect in terms of how much you operate within the language stuff, the access to land, you know, um, I suppose the urban life takes over, the practicalities of a job, you've not living on country, it's more about visiting as opposed to, you know, [living]. I live in Townsville but, um I would like to be able to visit and have access to my traditional country for my own well-being, mental wellbeing because that is linked to my cultural identity. so, um, it's just as important to me, access to that land as to my uncles and aunties who are older, but I have a, you know, an understanding of what we have to go through and the politics we have to play to get there. (Aboriginal woman, Alice)

Similarly, another respondent expressed a degree of hopefulness that this connection to culture would provide non-urban people with a positive view and experience of mental health. She reported that:

I think they might think differently, because, *hopefully* if they live in a community where they have family and friends or, you know, they're group or their mob or whoever, hopefully if they live in a community that's in the bush then, you know, they don't get affected too much by that. Because you'd think that, you would think that they would be fairly healthy being on their country, being in their culture, being spiritual, but I guess, still if something happened to them that affected them badly enough, like, maybe if they were in love with somebody and they couldn't marry that person, you know, I don't know. I don't

think that they would…I mean, there would still be cases of people getting

mental health issues I'm sure, but I think that they'd be totally different reasons.

And they wouldn't really have the same opinion as me. (Aboriginal woman,

Daisy)

The following response outlined the impact on perceptions and experiences of

mental health caused by removal from remote locations. This respondent recounted the

following life story:

Um, probably if they're more remote because probably exposed to our culture a

lot more than what I am. I mean, because of my grandparents being taken away,

I remember being very young and asking my grandmother 'well, what was it

like? Can you remember being taken out of the bush? What was it like?' And

because she was put on Palm when she was 12 or 13, they weren't allowed to

talk about culture then and we'd say to her 'well, what's the Aboriginal word for

this?' or "what's the Aboriginal…', and she wouldn't open up and it wasn't until

after she'd had a stroke and not long before she passed away that she started

telling us some of the stories. Um, and I've been, like I used to work in [remote]

places, and when you actually sit with the old people, it's the stories they tell

you…The things that I don't know what I'm missing out on, in terms of culture.

In terms of, when I used to sit there with the old people. For instance, when I

was at [a remote location], there was one family, they gave me a traditional

name, but I'd met their son in Sydney through the, um, Aboriginal and Islander

Dance Theatre and he would go home and he used to come when he was out of

money or, somewhere to sleep, he would come and stay with me. So, when I

eventually moved back up to North Queensland, and I was travelling, and I'd

met his mother quite a few times because she used to come down to teach the traditional dance to the students in Sydney, so when I was travelling up to [remote towns. she] just sort of grabbed me and said 'come on girl, I'm taking you here and showing you country'. And I like to talk to the kids about some of the things she shared with me cause they have more sense of culture cause they're [daughters], they're going to be more urban than me…and like, some of the things I've learnt from the old people and being in remote areas is just magical and having that, that, that sense of story and of dreaming that is real for them where as for me, I don't have that being an Urban Black, but I certainly have a lot of respect for it. And I think that's something that gives strength in the remoter communities. Yeah. (Aboriginal woman, Caroline)

Another respondent gave an example of how non-urban Indigenous people's connection to cultural knowledge affected their perceptions of mental health. In particular, she described interpretations of mental health in terms of taboos and other practices:

I guess, I was going to say was I think some, not black magic thinking sometimes, but I think there might be a bit of a um, not a superstition but a reasoning out there of why someone is like something. Like, it could be like, you know, they've gone in the wrong part where they weren't meant to be or some communities could connect mental illness with something they've done wrong like touch something or walk somewhere or gone with a girl or whatever. (Aboriginal woman, Katherine)

Lack of access or availability of knowledge, education

Respondents reported that differences in perceptions of mental health may be based upon a lack of access or availability of mental health education in rural and remote areas. They described the negative impact that a lack of knowledge has on being able to develop a functioning concept of mental health, and also receiving assistance with mental health issues:

> I think that a lot of things that contribute to their thoughts on mental health, not so much the same as ours. We all live different lifestyles. Because we're different in lifestyles, our thoughts will be different to start with and our capability of being able to go out and seek the same amount of help probably wouldn't be there. So, I would say that they would have less availability to help and probably don't see the same things as what people who have the availability of help, do see. (Aboriginal woman, Brenda)

The influence of a lack of assistance was outlined by the same respondent. She reported that a lack of mental health education and assistance was responsible for the:

> Repetition of what's actually happened year after year in their family lives, they'd only follow by example. Pretty much not so much, um, going to doctors, being able to go on mental health plans, go off and see a psychologist and help from psychologist, they probably wouldn't have a huge availability to that, and because they're incomes being different, possibly, they would not so much be able to get the same level of help…I think it's a lack of knowledge [of mental health], lack of knowledge. They don't understand that there is more to do. There is another life apart from the life they're leading. (Aboriginal woman, Brenda)

For another respondent, a lack of mental health education also influenced perceptions and experiences of mental health. She reported that:

I reckon there would be some differences in ideas of mental wellbeing and that's probably, um, the social issues that are, of course this is a generalising. But, you know, they seem to be a little bit more concentrated, I guess in a remote community, just due to the size and some of the other issues going on, like, housing, employment, um, and health services. Um, it's not to say that an individual in a remote community might have the same level of, or level, but same idea of mental health and wellbeing that an urban person might, but I think is about education about mental illness and prevention, cure and that sort of stuff. (Aboriginal woman, Alice)

Similarly, another respondent stated that:

Yeah, cause there's not that much, could you say like advertising, more or less, of what mental health is and what's out there and what, yeah, so they don't have the options, you could say, of what their idea of mental health is, kind of thing. (Aboriginal woman, May)

Another respondent described her experience of delivering mental health education in rural and remote areas. When asked if her perception of mental health was the same as a non-urban person, she provided an emphatic:

No. We've just come back from [remote region]. We did a Social and Emotional Wellbeing activity up there for one whole week and that was one of the questions about their understanding of mental health. They didn't even know what it was. Yeah. I said 'what is mental health to you' and they said, most

people that I spoke to didn't know one said 'when you're a bit thing up here [indicates head]'. Yeah, see. And that tells me that a lot of people are probably suffering from mental illness but can't make that connection that it is mental illness, there's something wrong. Mmm. Yeah, so, um, we asked them the question 'do you understand what social and emotional wellbeing is'. They said 'no, can you explain it to us'. So, we had to tell them, explain it to them. And I thought 'there's probably a lot of people here that's undiagnosed with depression'. Mmm. (Aboriginal woman, Hope)

The impact of suspicion of Western mental health perspectives on the willingness to share cultural knowledge was highlighted by a respondent when he stated that:

So, yeah, basically, in the community, [perceptions of mental health is] totally different. I mean, I think there needs to be more, like, I guess openness and an education about that now because I can see why elders and why, in a community, won't share information sometimes with clinicians because clinicians sometimes will just put their own spin on it and have their own interpretation of it and go 'oh, that's just rubbish and that's just not, that's a mental health condition, right there'. (Torres Strait Islander man, Ben)

Lack of access to resources

A respondent acknowledged the influence of the lack of access to entertainment resources on developing positive perceptions of mental health. He relayed a personal story from his youth in a rural area. He reported that:

Possibly [perceptions of mental health would be different for non-urban people].

Because they might be little towns, you know, ya get bored, not much to do. So,

when I used to go out [to a rural town] all the time, we used to just run in the

streets and do nothing really compared to when I was in Mackay. Like, geez,

anything, you can go bowling or heaps of stuff. So if you've got more things to

keep you occupied, less chance of, you know, getting in trouble I guess.

Aboriginal man, Alex)

8.5.2 What are non-Indigenous people's ideas of mental health?

Once again, the need to consider a cross-cultural and broad view of mental

health was highlighted by respondents. The need for both perspectives, non-Indigenous

and Indigenous, was acknowledged for the development of common understandings of

mental health between cultures. For some respondents, perceptions of mental health

"would depend on their own belief system. It boils down to everyone's beliefs systems"

(Aboriginal man, Alex). Additionally, another respondent acknowledged the positive

influence of maintaining access to cross-cultural perspectives of mental health when

stating:

I think, it's good to have both perspectives. Like, I'm not saying one's right and

one's wrong. It's good to have a blend of learning all your stuff at uni and, but

also having that cultural education around what is Indigenous mental health or

what is 'singing', what is the concept of '*mayd*', like casting spells, good and

bad. So I think people have just got to get educated on both sides and be more

open to it. So, yeah, cause I mean, like, when you're looking at traditional

medicine and healing, that can be an important healing process for an

Indigenous person with mental health issues. It's just not going to church and

finding the light and all that sort of rubbish. Like, I don't believe in that at all, I

mean I don't say I don't believe in it at all, but I'm saying, you gotta go back to

where it began. I have, for me, that healing process involves language, songs,

dance, having a balance but really having a good grasp of that, but also having

that stability of that western medicine as well, which can help, of course. So, I'm

not saying it's all bad. I'm saying having that combination of both in order to

assist people with mental health conditions. (Torres Strait Islander man, Ben)

This response reflects the importance of both belief systems when

understanding, protecting and improving mental health. Maintaining access to both

health belief systems provided the 'best of both worlds' in terms of understanding

mental health. For one respondent, there was some ambivalence about identifying

potential similarities or differences in mental health perceptions between Indigenous

and non-Indigenous people. This respondent stated that perceptions were based on

individual opinion rather than on a cultural divide. She stated that:

I don't know [if perceptions are different] cause every person has different

opinions. It is an individual thing. Everyone's got their own opinion about

everything. Yeah. I can't, yeah, I can't pinpoint how a non-Indigenous person

would think about it. Mmm. It's hard. (Aboriginal woman, Jane)

Another respondent refrained from making comment as "I was going to say

something but it might be racist" (Torres Strait Islander man, Edward). This respondent

was good humoured but could not be pressed to expand on this comment. Nevertheless,

some similarities and differences were identified by other respondents.

8.5.2.1 Similarities in cross-cultural conceptualisation of mental health

For one respondent, the response to whether there might be cross-cultural differences in perceptions of mental health was simply, "No. No. But I think maybe they'd have a different idea about arriving at that…[but perceptions] wouldn't be different. I don't think so" (Aboriginal woman, Alice). Another respondent considered his own family situation when trying to identify cross-cultural perceptions of mental health. He described differences in the experience of mental health but ultimately reported a similarity in perceptions of mental health through shared human experience. He reported that:

> You know, they've had more to do with me. And um, but, I dunno. It's very different, you know. Completely different families. Suppose they'd have to have a different opinion. But in the background of it all I reckon it comes down to just stuff like, if you, you know, silly in the head or if you're just fine. If you can live normal or if you actually have problems, you know, hear voices or whatever. The only real difference that I can see, cause I think someone in mum's family might have schizophrenia once, there's that, just they, more people on dad's side killed themselves by drinking, yeah, you know, not really there from drinking. They wouldn't even recognise you, kinda thing, cause they're just drunks. But other than that, the same. Everyone's got the same brand I guess. (Aboriginal man, Alex)

8.5.2.2 Perceived differences in cross-cultural conceptualisations of mental health –
Cultural

Respondents reported cross-cultural differences in perceptions of mental health
in the cultural and resources based domains. Cultural factors that reflected differences
between the two perceptions of mental health included a difference in cultural
interpretations of mental health, and family, cultural and spiritual connectedness.

Cultural interpretation

The following respondent outlined his experience of the basis for differences in
mental health perceptions between Indigenous and non-Indigenous people. This
respondent provided an explanation of the differences in meaning of mental illness
across cultures. He spoke of the way in which knowledge was embedded in culture
particularly in relation to understanding mentally unhealthy experiences, how to treat
mental health issues and the effect of medicalising such experiences. He stated:

> Oh, yeah, well, that's it. If you talking about mental health, like, in the clinical
> sense, like, they're obviously going to have a different slant on it, because, like,
> mental health in indigenous communities, and like, particularly from my
> community, we don't talk about it. It's not acknowledged at lot. Like, you know,
> people don't openly say, 'yeah, he's got schizophrenia or bipolar'. Like, it's
> more of a polite thing. Like, you know, where you say, you know, [language],
> so, that just basically just means that, you know, he's got a mental health
> condition. Yeah, we don't talk about the symptoms, the effects, like, you know,
> and sometimes for that healing process to happen if someone's got mental health
> issues, like, they go back to their community, or country, or go back to their
> culture to find that strength again. And that's a good thing. Yeah. but, yeah, like,

so the perception that people, when people label Torres Strait people with mental health issues and clinicians, and psychologists and, I guess professionals put that label, people, like, we see it totally different, like, I don't know, from my point of view, like, as a young male, like, well, not young anymore, but like, as a young male, when I was younger, you know, if someone was wrong, um, and say, for example, I went back home and I was seeing images, like, in my head there was like, bad men, white men and I'd dream about that happening, I'd dream about bad things happening to me, I'd go consult my grandma or my grandfather, my *aka*, and they'd talk me through, um, I guess like a healing thing, or a healing process. And say, 'you right boy?', like, [language], 'you know what this business means?", so, and they'd explain it to you and then they'd go, and then after that you'd be okay. So, you know, mental health, we experience it. I know from my culture, we experience it totally different, see it totally different. Just because I might see and have a vision of something, something from my heritage coming to me, doesn't mean I'm mentally unstable. It's like, yeah, I mean, I know for a fact that elders have, um, given me their stories and their interpretations of visions and things that white clinicians might see as mentally unstable. But, that's a very strong cultural embedded thing with my elders. And it's seen as a verbal passing down of knowledge when they tell you stories like that. Like stories, being in touch with your spirituality, your cultural side. And when you see, like, things in the bush when you go hunting, or you see little people, like, maybe walking or running around, it's not, like, I'm not stoned off my face, like, they're people coming out maybe telling me, 'you can't walk through this land or you can't hunt in this area' unless you get permission from them small people there. Or yeah, so, I had like, yeah, [pause]

so, [hesitant to add other cultural knowledge], I mean, like, I've only just started

to find out about mental health because I did my placement at Queensland

Mental Health and it was real interesting to see how, you know, there's a big

cultural difference between Aboriginal and Torres Strait Islander people and

mainstream white Australians, like, what, um, their perceptions of mental health

is. Particularly when dealing with Aboriginal and Islander clients. Like,

sometimes, you know, I found well educated doctors and nurses who'd just say,

'no, he's just fucking nuts', like, 'he's just stupid, he doesn't know what he's

talking about', 'nah, he's on medication', you know, but getting that education

about the effects of how medication can influence, like, your mental

health/wellbeing, like, I mean, yeah, there is a distinct difference. When you're

dealing, like, with a Torres Strait Islander client, you know, and if he's heavily

medicated, how he's going to see things differently and what he's treatment

program and that sort of stuff is. (Torres Strait Islander man, Ben)

The perceived difference in cultural interpretation of mental health was also

highlighted by another respondent. She described the Indigenous way of understanding

mental health as a holistic view that incorporated many factors such as economic and

education factors, and family connections. She pointed out that these and other factors

that indicated a holistic view of mental health were not considered by Western medical

practitioners when treating Indigenous people. She stated that:

Yeah, yeah, so, I think it's a holistic thing, it incorporates a lot of stuff and so,

I'm not really sure, you know, because you hear what definitions of mental

health are to, like, medical people or whatever, I think they forget about the

other, you know, what they consider little things, but it's big things for,

especially some Indigenous people…like, the, the not having money, not having family and things. And they're *big* to a lot of people, you know. They're the reasons why sometimes you get depression, you know, bog yourself down and you may have some mental health issues. Whereas I think some, like non-Indigenous people or a lot of people in the medical areas that look after them [Indigenous people] don't think about those holistic things sometimes you. (Aboriginal woman, Daisy)

Family and cultural connections and obligations

Differences in cross-cultural perceptions of mental health were noted in the way in which family and cultural connections are important when defining what supports mental health. Some respondents reported that non-Indigenous perceptions of mental health were sustained in a less family or culture oriented manner. While community activities were described as important for both cultures, it was the particularly strong connections to family and culture specific activities that were seen as key for Aboriginal and Torres Strait Islander people. A respondent reported that:

I suppose, like, we, our definition of mental health I suppose what we see as probably good, being able to enjoy family, enjoy our activities. That's sort of our interpretation of what we do normally. But from our point of view that's good mental health. I suppose other people might, you know, they might go to the football and that sort of thing. That's their, I suppose perception of, you know, being able to mingle with, go to football, talk with friends over a barbeque. I suppose that's their perception of good mental health. Have a beer around the barbeque and stuff like that. Go fishing with their friends on the weekend…rather than being linked. Where ours would be family, you now,

singing, dancing, things like that. Something that ties us to who we are and where we come from. Yeah. I suppose ours goes into more depth…cause we have links to country, our country, you know, where original people from, from where we come from. Mmm. You know, we got totems that govern that degree, eh, you know. We've got our own land, with boundaries. You know, we can say those tradition boundaries go back thousands and thousands of years...Still there, those boundaries are still. Mmm. And it's alive eh. It's still here. (Torres Strait Islander man, Charles)

Similarly, an Aboriginal woman suggested that Aboriginal people's perceptions of mental health were based on connectedness rather than individualist factors. She also believed that treatment of mental health should be influenced by an understanding of such connectedness. She stated that cross-cultural perceptions of mental health were different because:

> …to me, again as an Aboriginal woman, it's who we are as a race of people. It's that connection to land, to country, to kinship, to family and, which is very important. And that makes up the definition of how we see health. The social, the emotional, the cultural wellbeing. It's not just the physical illness that we see. And I'm, I'm not sure, maybe some other cultures may see it that way. but I think, um, just like some of my counterparts that I've spoken to at work don't have that definition of health like we do. So, to me, I think they'd be more inclined to, 'okay I'm not well, I just need to go off and see a doctor, get medication, get tablets, and take the tablets, or go off and have some counselling'. Whereas, us, it's, it's much more than that, you know. (Aboriginal woman, Hope)

Another respondent highlighted the way in which family responsibilities and obligations affected family member's mental health. When asked about different perceptions of mental health across cultures, she told the following story about the effect that fulfilling obligations within the family could have:

And then the people coming to stay, like, it's not so much for us, but I know when we lived in Cairns and that it's a lot of people coming to stay, especially when you live in Townsville/Cairns because they are coming for hospital and shopping and then, so you know, sometimes, lots of people all the time, you know, lots of people and I guess, yeah. Like, [partner's] niece that was going to come, she's got four little ones and she can never say no. So sometimes at 10.00 or 11.00 she is dropping in with all the kids just saying "I'm just exhausted, I've been running ....", you know and yeah, because she really can't say no because she gets a lot of flak from them and ostracised for saying no. Yeah. So, yeah, um, that's the pressure for her and I'm sure sometimes, you know, you just want the house to yourself. You know, you've only planned this money and this shopping for um, yeah and that's what I know, that was one of the pressures [a family member had], you know, struggling with all of her stuff and then you get a whole family coming to stay but then they are in their cycle of whatever and so there is never any money but there is an expectation, like, you know, I'll stay here and you will feed them, because you can't not eat but there is never any, you know, passing. Yeah, so then that can impact mental health because you are stressed because, you know, you've got family with you but what really are you going to say, "get" and you know, there's the pressure of you being a bitch or whatever because, you know, yeah. (Aboriginal woman, Katherine)

Spiritual connection

The relationship between spiritual connection and cultural continuity and its effect on perceptions of mental health were described by several respondents. Knowing one's history and spiritual connections to the land and gods were key differences in respondent's description of cross-cultural differences in perceptions of mental health. This difference was important for both Aboriginal and Torres Strait Islander respondents. For example:

> If you want to talk about spirituality, you know. The gods, the ancient gods, *Malu*, *Gelum*, you know, because they were, originally we know where we come from, we have a lot more things that we cover in mental health. Yeah. (Torres Strait Islander man, Charles)

Another respondent described the acceptance of spirituality into their lives as something that was not understood by non-Indigenous friends. She reported that cross-cultural difference was evident to her because:

> Yeah [thoughtful], yeah. Um, probably more so cause Aboriginal people accept spirituality and accept the things that come from nature, the strength from nature. I remember when my kids were really little and they first started walking and my oldest was born in Canberra. And I'd make her stand on the grass and say 'stand on the grass and feel the strength from the earth. Stand there and feel it, that's what you're about'. And um, and because, even some of my closest white mates and they're, some of the things I say and do, they go 'why would you even think like that?' I dunno, maybe Indigenous people, because we're a lot more [pause], for some reason, we are a lot more prepared to forgive the

mistakes of others than non-Indigenous people are, and I think again, that's part

of our spirituality. (Aboriginal woman, Caroline)

Similarly, perceived differences between cultures in acceptance of a spiritual

basis for understanding mental health were also described by another respondent. She

retold her own experience of being able to effectively maintain both perspectives:

> Yeah, maybe like spiritual stuff too. because, um, Indigenous people have, you
> know, spirituality, not that people don't, other people don't, but, maybe because
> of the things that they've learnt and their culture and their tradition, they have
> things that other people think are crazy. Yeah, no, they're crazy about like,
> because of like those things that they believe in, their beliefs. Some people
> probably think they're mental health issues but they're not. I don't know if I'm
> explaining myself clearly…Maybe not all non-Indigenous people. I guess it just
> depends on what background they have, what beliefs and everything they have.
> Um, I think, I think maybe people who are scientific and don't get into spiritual-
> type stuff, they're more unlikely to feel the way I do, or have the same opinion
> as me. Because I guess, although I believe in science, I believe in spirituality as
> well, you know. So, I guess they'd totally be different to me [laughs].
> (Aboriginal woman, Daisy)

8.5.2.3 Differences in conceptualisations based on – Resources; non-Indigenous advantage

Respondents reported differences in cross-cultural perceptions of mental health in terms of resource factors such as economic stability, knowledge of the health care system, and being able to demonstrate help seeking behaviours in times of need. In particular, they described the view that non-Indigenous people had greater access to resources than did Indigenous people. They suggested that this would result in differential perceptions of mental health across cultures.

Help seeking

In conjunction with increased economic resources, increased help seeking behaviours were also described as being influenced by differing perceptions of mental health. So, not only were non-Indigenous people perceived to have increased knowledge of mental health care, they were also perceived to have financial resources to access support when needed. A respondent outlined this when stating:

> There's probably more of it due to [Indigenous people's] lack of knowledge and lack of money, everything. There so many things that accumulate to make that one reason as to why their mental health is so poor in the first place. I think the availability for non-Indigenous people is so much higher because their belief that they can go and get help. They, they. I think that, when you get into, um, situations, you just don't think that you can get out because you don't understand that there is, like, the first thing when I went to a psychologist. Oh, I went to one psychologist which didn't work for me, a doctor referred me to the psychologist and it didn't work for me. I was just sitting there going "oh gosh, this isn't going to work', cause I was sitting in an atmosphere which was very,

um, hospital, I felt like I was in a hospital. Like it was very clinical, his office

was very upmarket and I just felt like this person just cannot relate to me.

(Aboriginal woman, Brenda)

Economics

The positive role of economic resources in providing a mental health advantage

was suggested by one respondent. Although the positive influence of strong "family

ties" played a large part in maintaining good mental health, for this respondent, having

financial resources provided a pragmatic way in which to access mental health care:

There's more to do with economics. Maybe I'm thinking that economics is

leading the way, why more non-indigenous people have availability [of mental

health care] rather than the urban. (Aboriginal woman, Brenda)

Several respondents reported that non-Indigenous people would have a different

perception of mental health than they would because of the increased resources in the

non-Indigenous community. The availability of increased resources was attributed to

differences in the obligations of sharing within the extended family. They stated that:

I'm just thinking maybe because they are in individualistic society, you know,

they really don't have all the outside obligations and pressure to help other

people so in some ways, you know, it's a bit free. (Aboriginal woman,

Katherine)

They only have to worry about themselves, not so much the whole family and

that…you've [indigenous people] got to share it, yeah. (Aboriginal and Torres

Strait Islander woman, Lana)

Because their other family members don't put pressure on them like that? They

just don't do that. Whereas, in indigenous families they do. If you've got it…

(Aboriginal woman, May)

Less family violence

Following on from thoughts about the economical impact on perceptions of

mental health, it was also suggested that perceptions of mental health were influenced

by the level of violence experienced by both cultures. A respondent wondered whether

lower levels of violence in the family home experienced by non-Indigenous people

contributed to more healthy perceptions of mental health than for Indigenous people.

She stated that:

I think, my last thought that I was probably just thinking there's more to do with

economics. Maybe I'm thinking that economics is leading the way, why more

non-indigenous people have availability rather than the urban. So, I really am a

little bit confused there as to why I think that way. I think maybe [pause], um,

traditional white families are probably less involved to some degree with the

domestic violence as what Indigenous families are. (Aboriginal woman, Brenda)

This idea was also raised by another respondent who pondered the impact of

family violence in Indigenous families and how that might affect perceptions of mental

health. She reflected that:

The level of violence, in some cases it can be pretty extreme. You know.

Yelling out, "I'll cut you" and that sort of stuff and you wouldn't hear that in a

white family and yeah, I guess, I don't know, how I would imagine in a white

family it would be…and sometimes it's not reported to its just, yeah, dealt with

within the family and that's it kind of thing. There is no police called or any of that it's just, yeah. (Aboriginal and Torres Strait Islander woman, Laura)

Chapter 9: Results - Cultural Identity

Section 9.1 What makes up cultural identity as an Indigenous person?

In order to explore cultural identity, respondents were asked "What makes up your identity as an Indigenous person" and "What is good to know about your culture". Respondents offered a range of factors that they considered influential in terms of cultural identity. From their responses, it was clear that factors that kept them connected to culture, family and kinship, knowledge and social support were important to cultural identity. These factors included connection to country and cultural participation, developing and maintaining strong family and kinship connections, and being connected to all Indigenous people. Family connections were facilitated by fluid social roles and respect for elders, self and community. Respondents also acknowledged multiethnic connections as important to their identity as Aboriginal or Torres Strait Islander people. Developing knowledge across several domains also contributed to strong cultural identity. Knowledge in the areas of cultural and family stories, and understanding family and political history also helped to solidify cultural identity. Access to social support networks strengthened cultural identity through contributing to a sense of belonging to the larger community. Other social connection networks such as education and religion were also identified as being important to building strong cultural identity. Additionally, Aboriginal women described their gender identity as being important to the development of their cultural identity through definitive yet fluid roles. A strong sense of self was also described as a factor that facilitated cultural identity. These factors are mapped on Figure 5.
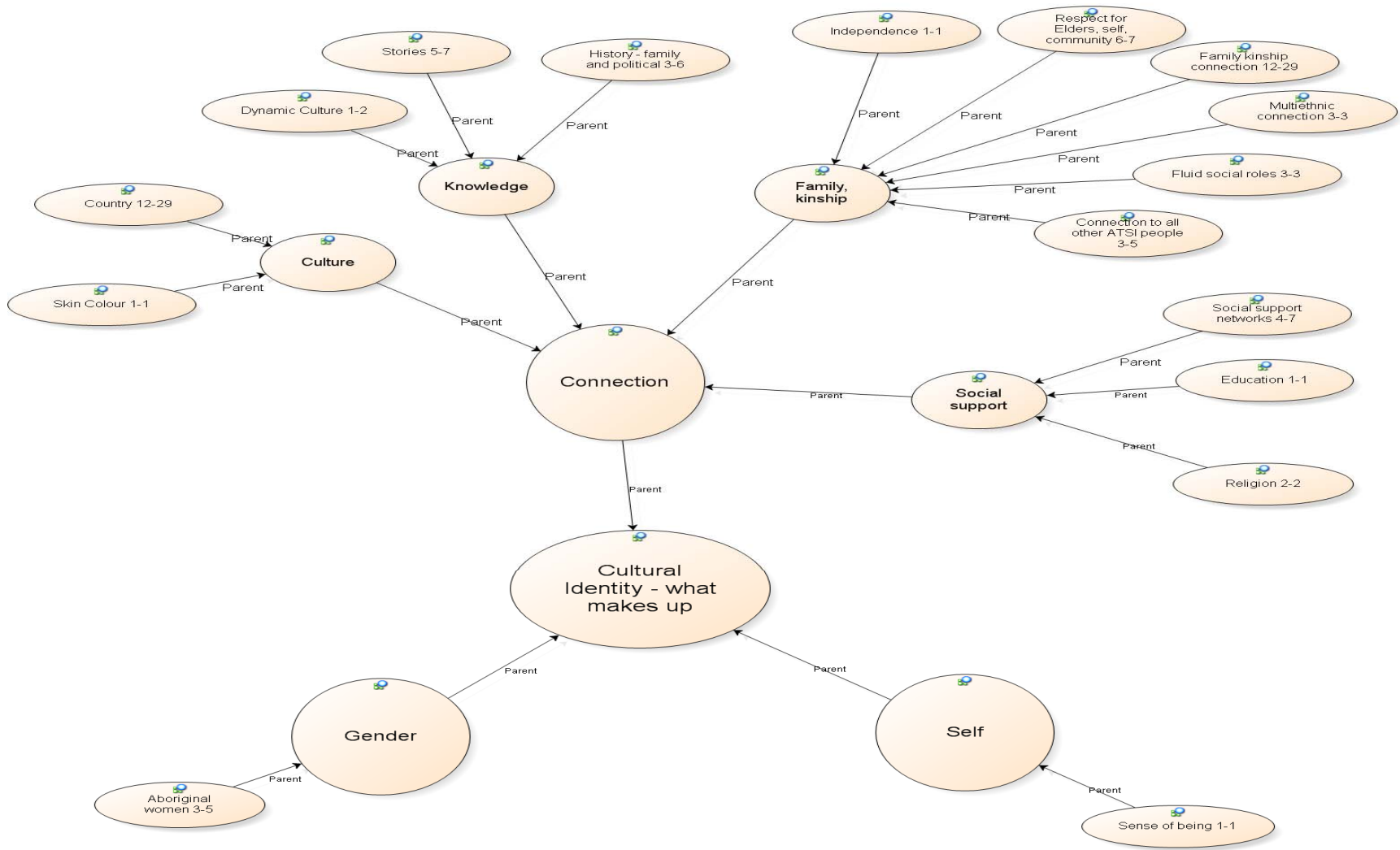
Figure 5. Factors that are perceived to make up cultural identity.

Key
1 – 2 (No. of respondents -No. of comments)

9.1.2 Connection

9.1.2.1 Culture

One respondent (Aboriginal woman, Jane) simply stated that "the colour of my skin" was a factor that supported cultural identity as skin colour provided a non-negotiable indicator of being an Aboriginal person. However, over half of the respondents (12/19) talked about the way connection to country and land made up cultural identity. Country as a link to identity was described in terms of a physical, emotional and spiritual connection, and was sustained by engagement in cultural practices such as hunting.

Connection to Country

Even when not on country, or removed or away from country all their life, many respondents reported that connection to country remained a significant way in which to identify. Connection to country was reported as a 'feeling' that was hard to describe and describing connection to country was difficult to articulate. As one respondent said:

> When we go to country…it's just hard to explain the feeling. You just feel, you know, that's where you belong. You know that's where…you feel at peace there. It's hard to explain how you feel…it's a real 'oh which I didn't have to leave' feeling. (Aboriginal woman, Faith).

A young Aboriginal man (Alex) also reported that "there's a connection…to the land, I suppose. You go out there and just like being there…can't really put it into words…it's just a feeling".

Cultural identity was also reported by respondents as being linked to ancestral land. Connection to traditional lands provided the basis for cultural identity through access to land even if respondents had never visited. A respondent (Aboriginal woman, Alice) reported that "I live in Townsville, but I would like to be able to visit and have access to my traditional country for my own well-being, mental wellbeing because that is linked to my cultural identity. It's just as important to me, access to that land as to my uncles and aunties who are older". Connection to traditional land was also important for another respondent who reported that:

> Even though we don't live on country and we don't practice on country…I know who I am…so that's really important to me. Now my father, here in Townsville, is all my father's people. So I've got a big family. But on my mother's side, my mother is from central Queensland. And so I haven't, the first time I went back to central Queensland to a big kinship, family, cultural, spiritual event was, um, 2 years ago and I've lived up, I hadn't been back there since I was about 2 or 3 years old. And it was for a local Indigenous cultural heritage launch of a project involving all the clan groups. and I said 'look, when I go to that launch tomorrow, there's going to be no drama [about whether we have the right to speak on this country], there's going to be no issue, there's nothing to discuss or debate. We know who we are. We are on our country, on our great-grandmothers country and everyone before them. We know who we are and that's all that matters. So people can challenge, they can say, they can do, doesn't matter. You know this is our country. This is our land and our country. We stand on the, this land here, our ancestors are under feet and they carry us through. I can live on the other side of the planet and come back here. This is my country, and everyone here, represented here today.' And when I looked up,

everyone was crying. So, I think, that leadership, you've gotta provide that to reinforce that…cultural identity is very strong…well, it doesn't matter, I can live on the other side of the globe. This is still my country…We are here on country. We are here representing all of our clans and representing…we can all come from diverse parts of the earth, but we come back to country…our cultural identity. (Aboriginal woman, Gail)

In order to maintain connection to country through the generations, one woman requested that her family "take my ashes back to country like we did with Nana. The reason I want you to do that is to keep that connection [so that] we're on country" (Aboriginal woman, Gail). Remaining connected to country not only reinforced her cultural identity but also that of her daughters. This sentiment was echoed by another respondent when stating:

It's that connection to land, to country, certainly my place of origin, where I come from , which is my birthplace, also where my mother comes from. Her country, even though I don't know much about her country, that gives me my identity…I bear the name that was given to me from that community, my tribal name that makes up cultural identity. (Aboriginal woman, Hope)

For some it was not only a connection to ancestral land, but also to the country on which they were currently living. One woman told the following story of her daily journey to work "you wake up every day and you're proud of being Aboriginal…[and] once I hit those salt flats and the sun's coming up and the birds are there and I look for the Jabirus and it's the sense of peace, like, 'oh, this is part of country, this is part of me'" (Aboriginal woman, Caroline). The connection she felt to that land, not only the

land of her ancestors, "it's just that real sense of connection", that supported her identity as an Aboriginal person.

For those who had been removed from country, connection and reconnection to country provided a sense of identity. One such person stated:

> Well, I've been removed…since I was 3…but I'm saying…I can live on the other side of the globe. This is still my country. This is our land and our country. We stand on this land, our ancestors are under feet and they carry us through. (Aboriginal woman, Gail)

Going back to country to visit after an absence provided a sense of connection that supported cultural identity. This connection was described by one woman when she stated:

> I'm very proud. Look, cultural identity. I head home, and you know what, I get past [a town], and it's stark and it's bare and it's not quite pretty country, you know, and it's really funny cause you've got the city cousins come down 'oh, what ya living out here for. God it's ugly'. And I'd say, 'oh, well, beauty is in the eye of the beholder'. But, [laughs] when I see that red dirt there's this, there's this feeling inside of me that I know I'm home. You know what I mean. I love Judith Wright, 'part of my days, part of my bloods country, south of my days, part of my blood's country'. And I always use that when I'm standing up because [hometown] is south of this, but, yeah. Don't get me wrong I've got that connection with my blood, I've got that connection with my kinsmen. And although I don't live in [hometown] now, I still feel that connection when I go home, you know. (Aboriginal woman, Elizabeth)

Also on going home back to country, another woman described that "you feel like your spirituality kicks in when you go country. Yeah. it's a nice feeling. It's a nice feeling" (Aboriginal woman, Faith).

Connection to country was described by another respondent as a key factor that made up cultural identity. She described the way in which her reconnection to ancestral land over the past decade has allowed her to be strong in her identity. It was possible to strongly identify with a particular family group without living on country as the connection was acknowledged by other indigenous people. She said:

For me, a real thing, and we've only just had it, you know, in the past ten years, is, you know, our land, where we go. So, like, when we all go there to our land it's like everyone feels refreshed, you know, because we have a camp once a week and the whole [family group] are invited and, you know, the mines people like food but I don't know if what it is but when everyone goes there, I don't know if it's, whatever it is, but everyone comes away feeling really refreshed and everything so that connection of land that lots of people don't have and even growing up, you know, people go "oh, you're an Aboriginal, where is your land or anything" and I really didn't know. But now, you know, I can kind of say [family group name] and my land is here and yeah, so that's kind of important. Yeah. But we can't live there or anything but just knowing where it is and you know and having, yeah. Because lots of people when you ask them they really don't know because everything gets lost and other indigenous people are, you know, often asking "where are you from" or "you're not a real Aborigine" or "who's your tribe" and that. Yeah, so for people um, yeah. So for me that's really important, yeah, knowing where our land is and going to be on it. Yeah,

yeah, once a year. And having everyone come I guess. (Aboriginal woman, Katherine)

For those who had been disconnected from country, a sense of loss of identity was described. A respondent reported:

I think sometimes of my grandfather, my mum and I, we feel like something's missing because we've lost country or land or people. Then we feel something is missing. And then when grandad [link to old ways] passes away it was even worse because we didn't have him anymore. We when you lost things, when you lost those connections, because he was like a link to our identity, and when you lose those, it makes it really hard for you. (Aboriginal woman, Daisy)

Reconnection to country after being removed as a child brought about feelings of completeness as a person. A respondent (Aboriginal woman, Ida) stated that cultural identity was supported by "that [connection to country/land] and the spiritual side…and…I didn't have identity for so long, it was like coming home. Yeah".

According to the Torres Strait Islander men who spoke about cultural identity, they described their connection to country as integral to their identity. An older Torres Strait Islander man stated that cultural identity was about:

Being Torres Strait Islander. Just being part of your culture, who you are, who we come from. Just be proud, wherever you are. When you lost that identity, we lose our identity and then you've got nothing. (Torres Strait Islander man, Darcy)

This man spoke within a group interview of three men and all men agreed with this statement. A young Torres Strait Islander (Ben) man described his cultural identity as being intimately linked to cultural activities that were performed on country. This young man grew up in the Islands and moved away as a young person. However, when he returns to visit the islands he actively engages in cultural activities such as "going hunting, cooking, doing all that traditional stuff as well…makes me balance out quite well". For this young man, being balanced meant that he was able to identify as a Torres man and engage in activities on the Islands with family and other Torres Strait Islander people.

9.1.2.2 Family, kinship

Cultural identity was strongly supported through family and kinship connections. Many respondents described how they were not only connected through cultural activities and connection to country, but also through the networks of family, extended family, and to all other Indigenous people. Many respondents spoke about the respect for elders, self and the community as a mark of good upbringing, hence strong family and kinship connections.

Family and kinship connection

For one woman the importance of the influence of family and kinship connections on cultural identity was described as:

> Oh, um, you're sense of identity, wellbeing, it's all, I suppose it's all entwined together. A sense of self. Cultural background. Traditions, upbringings, beliefs, practices, um, and, um, finding, knowing where you fit in today's society. I think, maintaining that. I mean, even though we live in a western society, we

still maintain our cultural beliefs and practices and responsibilities with our

kinship systems and all of that. So, that's what makes it up. Knowing that we

can go anywhere in society, in community here and I'm part of a, not just a little

nuclear family, I'm part of a large, strong kinship system that if I fall down or

breakdown, they're going to be there to support me. yeah. And that is there in

family.

(Aboriginal woman, Gail)

For another respondent, family and kinship connection "is the most important,
but, um, the second best thing is the land. You know, to go back and your family comes
there" (Aboriginal woman, Katherine). Another respondent simply stated that "family
connectedness…it's just there. You know it there, it's the first thing and it's always
there" (Aboriginal woman, May). Similarly, other stated that:

"It's family. Family is a big thing for me I guess. Having family around. I

couldn't imagine being somewhere where there is not going to be any family, or

I just, I couldn't do it. (Aboriginal and Torres Strait Islander woman, Laura)

For a young Torres Strait Islander man, his ability to demonstrate his kinship
connections provided an irrefutable means of identifying as Torres Strait Islander man.
He reported that being able to demonstrate his lineage allowed him to be connected to
all other family members and also back into the community. He stated that:

Oh well, that basically just means, like, my family in the Torres Strait on my

mum's side, they all know who I am as soon as I step foot on my island, and as

soon as I step foot in any Aboriginal or Torres Strait Islander community in

Australia, I just have to speak, like, my father's last name, and his first name,

and everyone go *sabe* to me. So, yeah. Yeah, well, that's my connection. That's

my identity. I identify through my father and my mother's side, you know.

Through Badu Island side, my mum's side on the Torres Strait. (Torres Strait

Islander man, Ben)

Even those respondents who described themselves as being "lost" about their

identity due to disconnection from land and cultural knowledge, were adamant that

family connections provided a sure way in which to retain their Indigenous identity. A

young woman stated that:

Well, I don't know [what makes up my cultural identity]. I'm still a little bit lost

about my identity and everything because we don't know where we're from or

anything. but I guess it's always just been knowing that I am Indigenous and

knowing who my immediate family were and knowing my grandad who was our

big, sort of, role model, our big person that we got our spirituality from. And

listening to his stories. It's just been my family unit, you know. (Aboriginal

woman, Daisy)

So for this young woman, connection to her cultural identity was sourced

through her grandfather, who himself had been disconnected from his family for part of

his life. The grandfather remained connected to other Aboriginal people from his

country and these kinship bonds provided a way for he and his children and

grandchildren to remain connected to the Aboriginal culture and thus cultural identity.

Being reconnected to family made up cultural identity for an older Aboriginal woman

who had experienced a long forced separation. Being reconnected with family was

described as an experience that revealed her identity. This respondent had difficulty

explaining exactly what is was about finding her mother and family that made her feel

that her identity was complete, but offered the following:

> I'll explain to you but I wouldn't know how to, I would explain the story to you,
>
> but I can't explain to you just in a couple of words. So, I always wanted to go
>
> home. And that's what kept me going as a kid. I was going home, I wasn't
>
> staying in foster homes, I was going. And I hung onto that. And, so, for me to
>
> find mum was, um, if I'd have died the next day, I'd just have been, that would
>
> it, you know [complete my identity]. Yeah. Well, so that I could find out more
>
> too about who I was, but that wasn't why I found her. I just wanted to go home.
>
> Back to family. (Aboriginal woman, Ida)

Growing up in a strong Aboriginal family network was also described as

supporting cultural identity. The family network provided love and support for the

younger people to develop and solidify a positive identity as an Indigenous person. One

respondent described the importance of a family network when saying:

> Our kids in our family group are really very confident because they're part of a
>
> really strong family kinship network. Um, they're all been really loved and
>
> nurtured and supported and told that, you know, they're deadly. And they can do
>
> anything and be anything they want to be. And this is being reinforced in their
>
> lives daily. And that's where the key is, you know, in the communication.
>
> (Aboriginal woman, Gail)

These networks are maintained by understanding one's place in the community

and impressing on younger generations the importance of watching out for family and

extended family. An older Aboriginal woman explained that family and extended family was an important aspect of cultural identity when stating:

My family. My extended families…my culture's a very sharing culture, very generous culture. Very supporting culture. Um, and the culture to me, it was about the extended family. It wasn't just about our immediate family, but the extended family, meaning mum's brothers, aunties. (Aboriginal woman, Hope)

Respect for self, elders and the community

Respondents also spoke of the importance of developing and maintaining respect for oneself, elders, community and country to enhance cultural identity. Having a strong cultural identity meant one observed traditions and respected elders in the community for their wisdom and cultural knowledge that they possessed. One respondent stated that:

And also too, one of the things I noticed was respect. My mum had such tremendous respect from others and she would respect others and I think that was something that, respect comes as you grow as a person. And as you evolve as a person, that respect comes out and people can see the goodness in you and then you earn that respect. And, um, and that's one of the things that I experience as well, that respect was very strong in our time. (Aboriginal woman, Hope)

And:

Follow that respect that you should have across the board in your life…[respect for] community. Respect for your family. Respect for everybody. I think that's

often lacking in some of the younger ones. And they've gotta respect themselves

first. They've got to learn to respect themselves too. (Aboriginal woman, Hope)

When asked to identify factors that comprised cultural identity, a group of

Torres Strait islander men agreed that "I suppose respect yourself and respect country".

Connection to all other Aboriginal and Torres Strait Islander people

Connection to family and extended family was identified as a key aspect of

cultural identity, together with maintaining a feeling of connection to all other

Aboriginal and Torres Strait Islander people. This connection to all other Indigenous

people supported cultural identity through maintaining a sense of belonging to a larger

group. The effects of dislocation and dispossession made it all the more important to

maintain connections across the broader Indigenous community. It was stated by some

respondents that the way in which Indigenous people maintained these connections was

more inclusive than in the mainstream community. One respondent described this:

There's the connectedness that you feel, not only with your extended family, but

with every other Aboriginal person. I don't know whether you've heard this

before. But I could go over to Western Australia and walk past Murris in the

street and they will acknowledge me and I will acknowledge them. And you

don't have to have a huge conversation, it's just 'hello, how are you?' and you

keep going. Whereas Whiteman don't do that. Whiteman, and I'm not saying

this as a down, I'm just saying this is a reality. You walk past a, you can walk

past people in the street, you know, just for example in the shopping centres.

They'll just go about their business, you know, they won't acknowledge you,

cause they don't have to. But with Aboriginal people, it's, it's, you feel it here

[head] and you feel it here [heart]. You just feel like this connection and you're actually quite drawn to a group. If you in, not strange, but if you're in an area that's along way from your country, you feel drawn to them because they connect with you first of all by, you know, you look at each other, and that's when the connection starts. And you say 'hello, can I come and say hello to you' or whatever, that sort of thing. It's a real, it's a beautiful feeling to have that connectedness with another Aboriginal person. Obviously depending on where you go, lot of traditional areas, we learn not to make that eye contact with them because you then, I could be offending them. I've learnt to say not to say hello to every Murri, depending on where I am, unless they it first. Because I don't want to offend them. (Aboriginal woman, Faith)

Another respondent also described this connection across the broader Aboriginal community when stating:

So, those connections are very powerful and very strong. So, when we travel on country, anywhere in the country, we don't ever feel that we're alone. We don't feel isolated. We are connected to…we're all connected somehow, somewhere. Or we know the connections. People can place each other. I'll say 'well, what clan group, what family you from, or which clan group are you from'. 'I belong to this mob'. Yeah, so, when we introduce…we introduce each other as our first names first, then we'll say 'what family are you. What's your family name. or where's your country'. 'oh yeah…so-and-so's son or daughter' 'oh, that's my aunty' 'oh true'. And then it's like we're family. And that's what that cultural identity is about. You can travel anywhere in the country and that happens all the time, no matter where we go. Everyone is connected and that's what

that…so if you don't know that, if you don't know who you are and your

connections, you know, you can feel isolated…Cause when we walk in, we can

go, like at the forum, and go 'oh hello' 'what's your family name and what's

your country' 'oh yeah' and you know, it's like you've known them all

your...you just accept…that acceptance is just there. Just comes automatically.

So I just think, you know, as Aboriginal people we're very, very fortunate to

have maintained that through all the impacts, colonisation and dislocation of

family. That's why all of that has had a big impact on our families. And that's

why we fight so passionately for those things. To link up our families. Cultural

renewal and reinforcing. (Aboriginal woman, Gail)

Independence though connected to family

It was also acknowledged that while connection to family and kinship networks

provided a sense of cultural identity, it also provided a solid basis from which to

become an independent community member, able to contribute to the community.

These values are taught to the younger generations in order for them to be able to

develop as strong community members. While family was available during difficult

times, it was expected that the meaningful contributions to the community were also

offered as the children grew. This was described by a woman when stating:

And just knowing that. But knowing, my children, knowing that they stand in

their own office within their own family and community. And they contribute.

And they don't have to be…they're independent. They're self-reliant. They're

not having, you know, other people to carry them through. Knowing everyone's

here to, everyone's gotta, everyone's got their own destiny, the purpose and

calling in life. The destiny…my girls all know they have a, a destiny, purpose, a

plan and a calling for their lives. For every individual. And until you know what that is, until you stand in that, people, 'you're sisters aren't here to carry you through life. You have to stand on your own two feet and you've gotta walk that path yourself'. So, that's all. But, in saying that, you know that, besides you, if you need it, they're there. (Aboriginal woman, Gail)

Fluid social roles

Family connections were also reported to be maintained through fluid social roles. A young Aboriginal woman who did not have children eloquently described the way in which cultural identity is supported through this aspect of social interaction when stating:

> Yeah, so, um, then also my role as a, I don't have children, but I would say I'm a mother to my nieces and nephews, cause I have that role with them in terms of input into the decisions that the parents make about education, discipline. Discipline is probably primary. Um, and, you know, input in the whole, you know, health and wellbeing, and contributing monetary wise as well…culturally, um there's a definite role for men and woman. And, it's seen very equally…[the] relationship between men and women being equal and a defined role but… it's about respecting the differences, if you know what I mean. I would say in terms of the roles of taking care of nieces and nephews, well the uncles are bought in on particular issues and that could be for a man, a boy or a girl. Um, and an aunty can be bought in on different issues to do with, you know, either, but it's depending on the circumstances and um, what the issue is. And, on top of that, it's also the particular skill or expertise of that particular of that aunty or uncle brings, so you know. So, or the particular relationship you

might have that kid. So, knowing what ever will work in convincing that child

that they should do the right thing, is. But it's definitely the cultural identity is

knowing that you have a broader responsibility to your community and not just

to your family but, um, so for our approach is about getting your own family

right first, so, then you can help other people, you're in a much better position to

help your wider community. (Aboriginal woman, Alice)

Multiethnic connection

It was acknowledged that cultural identity was not only supported by

Aboriginal culture but also by the multiethnic connections that respondents had. One

respondent spoke about the "mixes" of cultures that were within her family and how

these made up her family heritage, and also about her pride in being an Aboriginal

person. When talking about her daughters she stated:

They know their culture. That's what their cultural identity is. It forms who they

[daughters] are and they're very proud of all of that. Like, my daughters,

because we've got all the other mixes in us, they get mistaken for every

culture…because we've got all those others mixes, and people can see those

mixes and it's…all those other mixes are predominantly, than the Aboriginal

side, because we have so many mixes…and they're very proud of their

Aboriginality. (Aboriginal woman, Gail)

Another respondent reported that culture made up her identity and

acknowledged differences in cross-cultural practices with which she identified. She

spoke about negotiating these differences when stating:

Culture. Because I'm both Aboriginal and Torres Strait Islander and like with

the Aboriginal side, they do completely different stuff to what the Torres Strait

Islanders do. (Aboriginal and Torres Strait Islander woman, Nadine)

9.1.2.3 Knowledge

Respondents' cultural identity was supported by the acquisition of knowledge

across several areas. Cultural identity was maintained through the transmission and

acquisition of knowledge such as life stories and cultural stories, coming to understand

family history and political history that has impacted upon family and community, and

also understanding that culture is dynamic.

Stories - life stories and cultural stories

Cultural stories were important in that they connected people to ancestors and

country through creation stories, totems and myths and legends. Likewise, life stories

that helped to connect generations provided access to ways in which to identify as an

Indigenous person. It was important to understand kinship connections through stories

that were passed down through the generations. One respondent described this when

explaining that knowing the stories was "what sustains me. It's a thing of the heart. And

it's the stories that sustain you" (Aboriginal woman, Elizabeth). Another respondent

also explained that knowing life stories through listening to parents and grandparents

was a source of her strength and cultural identity. She stated that cultural identity was

supported by:

Stories of her, my grandmother and great grandmother. And stories that she

shared with me when she was little girl and stories of me, stories, I can

remember my mother doing things with her sister, those are the things, the

images that I keep in my mind, because she was my role model, my mother and her values were passed down to me. And I so then instilled those same values in, in my children. And that's where our strength comes from. (Aboriginal woman, Hope)

Creation stories were described by a group of Torres Strait Islander men as making up their cultural identity. Knowing the traditional stories that formed the basis for traditional law that continue to be practiced allowed these men to maintain a strong cultural identity. Understanding traditional stories and their application in current daily life in the Islands provided a strong thread through the generations. These men described being closely connected to culture through the transmission of cultural stories and life stories when stating:

You know, like, from my mum's side, their dad's side, um, I know where my family come from, I know the stories of, you know, them, some of them traditional stories. Creation stories. *Malu*, *Galum*. So there's laws that were in place, that you still carry on, those laws, they're actually laws till today. Like *Malu's* law. *Malu's* law has one law that governs all of there, where my mum come from, is there on Murray Island… So, yeah. Having that ancient law is still continuing to carry on that law till the present day. There's other island…that's just the significance to Murray Island, Mer Island group. Other Islanders might tell you about there stories. Like, on my dad's side, dad's side from Mabiuag, Nagi Mabiuag, Nagi is the chief from Nagi itself. There's a rock they say is that old chief that was decapitated. He stands there. Then you go on the Mabiuag side on my dad's family, then you've got Quiab, the legend of Quiab and the family that identify through Quiab, one of the warriors that, you know, great

warriors from that region. Mmm. So you've got those individual stories that you

can actually trace back, you know, before the colonisation, before white man

come, yeah. So, we're able to still maintain those links, those stories, and still

pass on those stories to the next generation. (Torres Strait Islander man, Charles)

History – family and political

Cultural identity was also perceived to be sustained through knowledge of

family history and political history that affected Indigenous families and communities.

Gaining an understanding of family history was closely linked with the need to

understand the larger political context, as evidenced by the following responses:

[Cultural identity is] from my soul. Just really is. I know my history, I know as

much as I can about my family history and we're forever trying to find more

information on it. We've done archives at the Institute of Aboriginal and Torres

Strait Islander Studies and I'm still trying to get stories down from uncle about

when he was on Palm and what it was like on Palm and stuff like that. So, it's in

knowing our own family history, trying to trace our family history, but then

knowing indigenous history but doing that formally. By having to some sort of

research and reading and stuff like that. (Aboriginal woman, Caroline).

Understanding history and passing that knowledge onto the younger generations

was also important to a strong cultural identity as explained by another respondent:

It's also about their cultural identity. Because, a lot of our kids do not know their

history, they do not know the history of dispossession. They don't know they're

cultural ties. Not everyone comes from a family like my family who are very

strong in our identity, on who we are. I raised my children to be proud of who

they are as Aboriginal people. And because of the, you know, negative

stereotype that people have. My children are very proud of their Aboriginality.

They're very proud, they know their history. They know their culture. That's

what their cultural identity is. It forms who they are and they're very proud of all

of that. (Aboriginal woman, Gail)

The political and social context was also an important influence on the

development of cultural identity. For one respondent, understanding the family's active

involvement in political and social change was a key aspect of cultural identity. Stories

were told of family participation in change to the social and political landscape through

active leadership in those arenas. It was particularly important for these stories to be

told to the younger generations so that they may also positively influence their cultural

identity:

And because their grandparents and that have all been leaders as part of the

history, in regards to being a part of the FCAATSI Movement of the 1967

Referendum and their family lines on that side have leadership and up here they

have leadership. So, a lot of our…fortunate for my children, a lot of our family

histories have been documented. And that's what we talked about at that Healing

[Foundation] workshop. That documenting…getting people as part of their

healing and history and to pass on…to document our stories and all that. And so

on my children's side, on my father's side all the men in my family, on my

father's side, they led the FCASSTSI Movement in 1967, they established the

first black organisations in [Australian state] back in the 1920's. And then on my

mother's side, this is leadership on this side, what, we were seen as resistance

fighters the Palm Island strike and, I said these, all these stories have been

documented. (Aboriginal woman, Gail)

Another respondent also spoke about the importance to cultural identity of

having historical knowledge. It was particularly important share this knowledge across

generations in order to develop cultural identity of the younger people. She reported

that:

And history, knowing that, you know, no matter what tribe or wherever you

come from there's history there and it belongs to you and your family and the

other people in that tribe or whatever it may be as well. Um, and knowing that

it's there and that its part of you and that its part of your history and its going to

be a part of the next generation and generations before and generations after.

(Aboriginal woman, May)

Culture as dynamic

Cultural identity was also described as being supported by the knowledge that

culture is dynamic. The knowledge that 'traditional' culture has not died but evolved

over time allowed respondents to be able to incorporate old and new practices into their

cultural identity. This was particularly expressed by a young Torres Strait Islander man,

who stated that:

It [culture] just changes and evolves. And I mean, like, what I remember old TI

to be...before there were heaps of government workers there and new buildings.

Old TI was like about tombstones openings. Or, it still is, like, it was about the

old hall round the back of Tomway town on TI and everyone used to go there.

Like, when there were feastings, there was like all different groups of island

people from Saibai, Dauan, Boigu, and Badu, Mabiuag islands would have dance troupes. And they would come to that hall on TI and dance for a tombstone opening. They would come and perform. Because when I go back home and I see how, you know, them uncles and aunties, everyone, we all get in and do kup mauri's. Kup mauri is like, a big, you know, traditional food ceremony, you know, we cook it all in the ground, all the food in the ground and we have, you know, pork, dugong, you know, beef, bullock, like, fish, everything, turtle, vegetables, you know. We all cook it in the ground and pull it out and we eat it. Like, that's probably one of the best things…I like my food [laughs]. I'm probably not, I'm not, I can't dance, so they're the people, they're the things that I would say, about my culture, and um, you know, also about just swimming, going crayfishing, fishing, that's, you live it, you breath it. You're up there, you know you're in it. You're immersed in it. So that's the good things. And I miss a lot of those things, when I'm down here in Townsville. But at the same time, I know that when I go back, it's going to be there. But I don't take it for granted. I know that I go back and I'll just go do things with my uncles and aunties. And that's always the first thing. Like, key respect for my uncles and aunties. Like, that's how I was brought up. Cause they, yeah, that's how all of us children were brought up on my mum's side. Yeah, so, and I also go to my dad's side, in Tomway town and see them. Yeah. Yeah. But that's what I probably tell them, all the real good things, you know. (Torres Strait Islander man, Ben)

9.1.2.4 Social Support

Cultural identity was supported through accessing social support networks, being educated, and participating in religion.

Support networks

While respondents spoke about family and kinship networks as being about to provide support, other social networks were also accessed. Having access to other support networks was possible when individuals maintained strong links in the wider community. It was noted by some respondents that social support was more difficult when living in urban areas as families were not in close proximity to each other and thus could not "keep an eye out for you". However, being part of a wider social network was described as being an aspect of Indigenous culture and supported cultural identity. Being part of the wider social community afforded everyone the responsibility of looking out for other's welfare and safety. One respondent noted that:

> I suppose, that's one way of me maintaining [culture identity]. But I suppose, what I'm doing now, or what I'm trying to do now is actually go out beyond family and look at, you know, um, their [group member's father] dad for that extra support, to give that extra hand, to get more information, to be taught properly, eh. And I think, sometimes, in a way, sometimes I think families get forgotten. You know, its families that are run amok families [that are noticed in the media]. So, kids, parents might be run amok parents, and the kids suffer. I think sometimes in, I suppose, down in the city, but it, what it lacks from back home, is there's always someone there to pick up. There's always an uncle. There's always someone there to step in and take over that role. Where the city, the families are too separated, or something. Yeah. You know, no one looking

out for you. Because you're one in the town, and there lives another. In the communities, there's always, if you're in trouble, there's always someone there keeping an eye out for you. Remember…if someone sees your in trouble, they say 'you right?', you know. Because they know you. They may not interact or talk to you but they know you well. Yeah, they know your face. They know if something is wrong, you know, at home or something, then they'll step in. they don't need to be asked to step in, they'll just do it because that's their role. And I think that's one of the, I suppose, living in cities is families are so…even though it's a only a couple of k's down the road, but the families are still separated, or fragmented. (Torres Strait Islander man, Charles)

For one Aboriginal woman, support from social networks provided a protective factor in times of difficulty. Knowing that one could draw on the support network was seen as an advantage of being part of the Aboriginal community. She stated that:

So the traditional ways of doing things, payback, and all that, are still happening in our communities in the western societies today. We still practice a lot of those cultural practices and beliefs and systems are still very strong today. That's what I mean about our identity. And my girls know that they can go anywhere here, they're protected. They're not intimidated by anyone challenging them in any way because they know they can, you know, stand their own ground, hopefully, and talk their way out of it. But if anything happens to them they've got the support network. And the support network is there. (Aboriginal woman, Gail)

Another Aboriginal woman described being connected to support networks through her places of employment across the years and through participation in sport. She stated that:

> By living in different places where we've associated with different Aboriginal groups. Like my husbands family in Dubbo, when I was in Sydney there were a group of us and we, a lot of us, there were quite a few of us in a house that we were all people that had moved down to Sydney from North Queensland. But then in going into Redfern and getting to know, like the Mundines and families like that that were really well respected. When we moved to Canberra, same thing. Um, well I worked for Aboriginal hostels and then I worked for the Institute of Aboriginal and Torres Strait Islander Studies. So it was in that network…and through sport. Because we attended a lot of indigenous, I used to play basketball, so there'd be an All Blacks carnival in Melbourne or Echuca or Dubbo or Sydney or Brisbane. And through sport, and attending the knock-outs, like the rugby league knock-outs. Like whenever there were any major events and getting to know the people of the area. (Aboriginal woman, Caroline)

Religion

For some respondents, connection through religion and religious practices provided a way in which to support their cultural identity. Experiencing a shared connection to a spiritual or higher power provided a sense of communion with others and a sense of belonging. According to respondents, it was not necessary to attend church, but it was more about the rituals and practices that were important for the sense of connection. One woman described her mother as supporting her cultural identity through:

Practicing, believing. I don't think she, she has gone to church but I think she's

more at home reading the bible and seeking some help that way. And she, in her

group that she goes to she's, there's Indigenous pastors and things like that, so,

that have come in and helped her a lot. (Aboriginal woman, Brenda)

For another woman it was important to connect with God through bible reading,

prayer and other rituals as an adjunct to cultural knowledge to support cultural identity.

She explained that:

I use, um, scripture lot. I apply…when I talk about my Christian spirituality, is I

apply the word of God in my life daily and I apply that to every situation when

I'm teaching my children, as well as the cultural stuff. (Aboriginal woman, Gail)

Religion and Christianity was not necessarily viewed as mutually exclusive from

an Indigenous worldview. In fact, Christian ideologies could be integrated into

Aboriginal beliefs around higher powers and spiritual forces by those who were

exposed to early contact with religious communities. This was illustrated by the

following story by a respondent:

But I do want to say that, yes, I believe in forces, I've seen forces. Um, big

believer in the spiritual. And I believe that everything has a spirit, even the rock.

Something as dead as a rock has a spirit. Everything has the spirit and the

metaphysical is more powerful and has, has, has in influence on what happens in

the physical. And its funny, cause we're talking about a lot or, Christians up here

in North Queensland and I often wondered why. But you know, when those

Missionary's came and they started telling them stories and of course you've got

the big snake in the garden, 'oh, we've got a snake too' [laughs]. You know, and

all that. But I think what, well this is how it was explained to me by an old

Elder, so, I do sit around and I like to listen to what they've got to say. They

said, 'well, when they came they spoke about, you know, what is it, father, son,

holy ghost, and it's spirit'. She said 'well, we got holy trinity too, we got

respect, reciprocity and relationships'. Respect. Reciprocity. Relationships. The

3 r's. So, um, I believe, don't get me wrong, them old Aboriginals, and that

lifestyle, they were firm believers in that spiritual. So, they could actually relate

to what they were told because of that belief in an all powerful unseen god. Do

you see what I'm saying? (Aboriginal woman, Elizabeth)

Education

Education was also described as an aspect of cultural identity. While access to

education can be problematic in the Aboriginal and Torres Strait Islander community,

with many barriers experienced within the Indigenous community, one young Torres

Strait Islander man identified his university education as a key component of his

cultural identity. He acknowledged that while he could not speak his full language and

did not participate in all cultural activities, he had overcome barriers to education

through the support of his family and attained a higher degree education. This was

exampled when he stated that:

> Well, for me, I'm quite comfortable with my identity, you know, as a Torres
>
> Strait boy. the thing is, I don't dance, and I can't speak the full language, there's
>
> heaps of other factors that make up my identity. Like, being educated at uni, is
>
> one. (Torres Strait Islander man, Ben)

9.1.2.2 Gender

When asked to describe the factors that made up cultural identity, several women reported that gender identity was a key aspect of their vision of themselves as Aboriginal people.

Being an Aboriginal woman

When asked to define factors that made up cultural identity, one respondent was definite in explaining that gender identity played a key role. However, even though she knew that identity specifically pertained to being an Aboriginal woman, she found it difficult to articulate exactly what that was. In addition to differences in gender role experiences within the Aboriginal culture, she also referred to gender role differences across Indigenous and non-Indigenous cultures. She offered that her cultural identity was subsumed by her identity as an:

> Aboriginal woman. Well, can I just make the point that it's Aboriginal woman because I think that that, that, ah, well gender identity of course is very important, but, I would say that it's a different experience for a woman, as it is in the dominant culture. But, the experience for an Aboriginal woman is very different to an Aboriginal man. Mmm, well, I haven't really had to examine this [identity as an Aboriginal woman] very often, so this might take me a little bit to…I'd like to have a go at it…I might need to come back [to that explanation]. (Aboriginal woman, Alice)

She went on to discuss how individuals participated in gender roles that were socially defined. Participation in these roles supported culturally appropriate ways in

which to engage within the family and community and thus sustained cultural identity. She expressed that:

> Definitely [have defined social roles], I reckon, uncles probably have a, well, I guess, if I could say, culturally, um there's a definite role for men and woman. And, it's seen very equally, I would, I'm not quite sure if that's a family trait, cultural trait…I'm not sure, quite sure if that's a family trait, but, I've done enough sort of research and surveying to realise that it's a little bit more than our family, it's a, probably um, Aboriginal cultural, from our region, sort of thing. (Aboriginal woman, Alice)

Another woman described her strong identity as an Aboriginal woman as being a direct result of positive role modelling by her female relatives. Even though she had experienced racism during her life, earlier positive family influences provided a basis for her to still be able to positively identify as a strong Aboriginal woman She explained that:

> I know one of the things that I'm always proud of is being a strong Aboriginal woman. But I think that comes from my mother, my grandmother and my aunty as well. Because they were the perfect role models for it. Because they worked hard. So, um, by the time I was 18 I was well and truly [established a positive cultural identity], because I'd been, I think when you're younger too, I'd been through that racism that really hurts you and you don't know why people are saying things to you, because you're young and you're developing, and you don't understand ignorance as much as you do as you're older. But, by the time I was 18, 19, well and truly, proud Aboriginal woman. (Aboriginal woman, Caroline)

For a woman who had been reconnected to culture after being removed from her family, nurturing a strong cultural and gender identity in her own granddaughters was extremely important. She was adamant about conveying this positive influence when she told her story:

> I said to one of the elders when my granddaughter was born, I said to him, cause grandma had hidden it, and I said to one of them, 'I can tell you now, no women in my family are not going to be proud of who they are anymore'. (Aboriginal woman, Ida)

9.1.2.3 Self

In addition to other more community based sources of cultural identity, the more individualistic notion of developing selfhood was described by one respondent as an important aspect of cultural identity.

Sense of being

For one woman, developing a sense of self was important part of her cultural identity. She simply stated "Oh. What makes up my cultural identity? um, my sense of being. Who I am" (Aboriginal woman, Gail).

Section 9.2 Cultural Identity – Ways to Strengthen

Factors that strengthened cultural identity were explored. Overall, factors that strengthened cultural identity were those that enabled respondents to develop and maintain connection through cultural, social and knowledge pathways. These factors are presented in Figure 6. Respondents described strengthening cultural identity through maintaining connection to country and pride in being an Aboriginal or Torres Strait Islander person. Developing cultural and historical knowledge and sharing knowledge with younger generations was also important to strengthening cultural identity. Similarly, sharing knowledge to help break down barriers between across cultures also had a positive impact on cultural identity. Respondents also reported that strong social connections also strengthened cultural identity. Social connections were maintained through participating in cultural activities, understanding and operating within kinship networks, being a leader in the community, and maintaining social communications, particularly through use of social media.
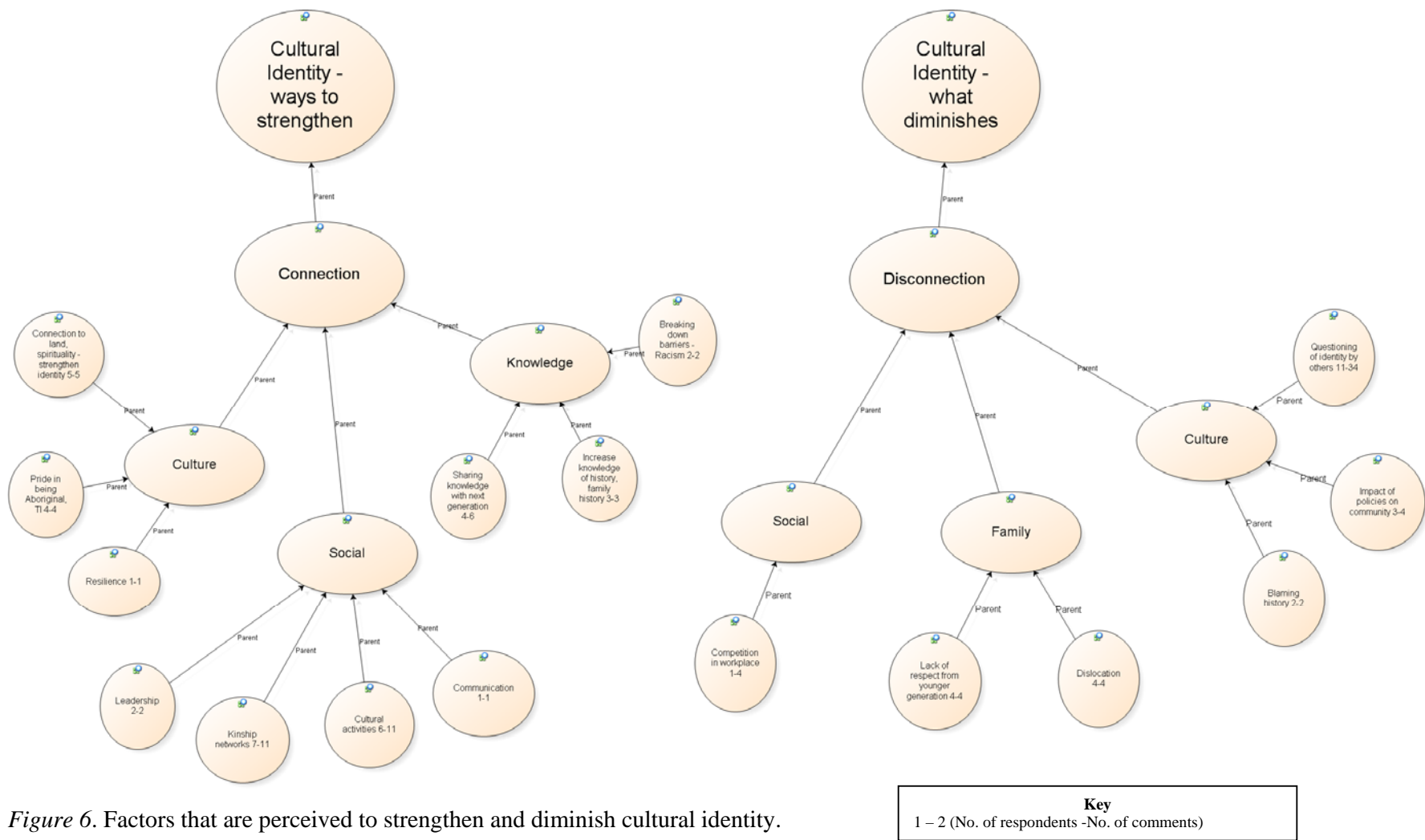
Figure 6. Factors that are perceived to strengthen and diminish cultural identity.

Key
1 – 2 (No. of respondents -No. of comments)

9.2.1 Connection

9.2.1.1 Culture

Cultural connections were described as important for strengthening cultural identity through maintaining connections to land and spirituality, and fostering pride in being an Aboriginal person.

Land and spirituality

Respondents described ways in which connectedness to land and spirituality strengthen cultural identity. Connection to the land and spiritual aspects of the land supported and strengthened cultural identity for both Aboriginal and Torres Strait Islander respondents. This was simply stated by one respondent:

> I think it's remaining in touch with the sense of belonging to the land, belonging to the spirit that's across Australia. Making sure that you connect with those sorts of things. (Aboriginal woman, Ida)

Connection to the land was supported through demonstrating respect for the country, animals and experiencing a spiritual connection to these. It was also important to respect others' connection to land and to observe customary practices that support their connections. A respondent report that cultural identity was strengthened:

> Wherever you go. Places, you know, you go you have to show respect, talk to people, talk to people from there, and stuff like that yeah. That's so, I suppose, you don't get affected, like I say, when they talk about spritualty, we come from the sea, we come bird, so everything ties in. So if you go back to that law [in language] if you go to someone else's country, you must be welcomed onto that

country, eh. There might be sacred sites on there. Yeah, places to not go and to avoid. You know or , places to avoid, or places you must ask permission or let people know, eh. Because, as I said there's that spiritual side of things that is guardians, and ancestors that guard particular areas and you must show that, show that respect eh, where you go. Yeah. Even if, like, I know growing up, up home, you know, you go hunting and things like that, there might be nobody around, but you still talk, talk to the land, talk to that country, you know. Say who you are, where you come from, before you enter, or hunt or gather food or things like that, eh. Mmm. So that's that other side, that spiritual side, eh. When we talk about mental health also. (Torres Strait Islander man, Charles)

For another respondent, cultural identity was strengthened through sharing the understanding of connection to country and culture with others while away from country. He reported:

I'd describe the strengths. The strengths, what Torres Strait is like. Yeah. All the islands, how the different islands we all speak different languages and different cultures as well. You got your east to the western side of it. the top and central. Yeah, it's all different….Yeah, well, that's my view. Like, when I'm over in WA [Western Australia] when I'm talking about myself to them boys over there, cause they haven't, they didn't know where Torres Strait is, them boys over there. I'd say where It's from and where I'm from. I told them about my culture and all that…Oh, like, our dance is different to the other islands. We've got our own traditional dance. Um, we're the ones that wear the headdress. Its called a headdress [language name]. and, what else do I say to them boys? That'd be all I'd say. (Torres Strait Islander man, Darcy)

Pride

When asked to describe ways in which cultural identity could be strengthened, other respondents spoke about teaching younger generations about being proud to be Aboriginal or Torres Strait Islander. A young Aboriginal woman described the way in which she could transmit a sense of pride to younger people so that cultural identity would be strengthened. She was adamant that she did not participate in any practices which strengthened cultural identity, however, she was able to express her pride in being an Aboriginal person. When asked if she strengthened her cultural identity, she stated:

> No, not really. I just say that I'm proud of who I am. There's not really anything I do to strengthen because it's an equal world and I don't believe in race or gender or anything like that. Every one is a person. Like, that's me, like there's no way that I strengthen it. I'm just proud of who I am, and then the younger generation I make sure they be proud of who they are. [I would] just remind them, where they come from, who their family is. Yeah, proud to be a young Indigenous woman in the Townsville community. [I'm particularly proud of] the fact that I have gone to grade 12 cause not a lot of people do do that, like, Indigenous people. And even now again, the kids are starting to drop out at an earlier age and not keep, go through to grade 12 still. I'm proud of the fact I've done it. I'm proud of the fact that I've managed to get myself a really good job working at the uni and I didn't have to go and get any degrees to get my job. It was just my work background and what I have done that got me my job and I'm proud of the fact that I can, I'm working at a school that supports Indigenous people. (Aboriginal woman, Jane)

For a young Torres Strait Islander man, cultural identity was strengthened through being proud of other Torres Strait Islander's achievements, particularly in the university environment. He expressed this when describing cultural links to others:

Yeah, I mean, at uni, I think it would be, I guess, complex about not being Torres Strait Island enough for being at uni cause, like, I'm here in the thick of it, and that library is named after a Torres Strait Island man, one of the greatest ever [Edward Koiki Mabo]. So, I don't really have a problem, I don't feel I'm missing out on it. Cause I know, like, *that* man studied law in *that* library, his family's here, or maybe not anymore, but you know, it's a really prominent thing, you know. And a privilege to be studying in the same library that's named after him. And dad always says to me, 'eh, when you go Townsville, you know, you make sure you go see them uncles and that. Introduce yourself first that they're *sabe* [language]' and I'll go, 'yeah, alright'. (Torres Strait Islander man, Ben)

Resilience

A respondent spoke about strengthening identity through the ability to bounce back after difficulty life situations. Resilience was a key factor in strengthening cultural identity as it provided the means to accepting but not being overwhelmed by difficulties. She said:

Yeah, the resilience you know. There's the strength. You know, like I was talking about even you know in the hardest situations there's like a resilience, you know, like a amongst, you know, because some of it, you know, families I have visited and seen and whatever, I thought, wow, here I am with every resource and it's a struggle sometimes and then the resilience of them with what

they've got is, you know, yep. It's really rare that I hear the Murri people especially, you know, doing it hard complain. Like this is a really strong thing. Like a lot of non-indigenous, they will just whinge, whinge, whinge and cry and boo-hoo and give up, but there is this strength, it's not like "oh, poor bugger me", it's just "I'll just keep going on". And they will try and use their wits, you know, when they are running short of things they will try and look ... food vouchers ... you know, there is resilience. Yeah, that I've seen that I've thought "wow", you know. And a happy-go-luckiness sometimes, you know, with um, you know not sitting around. Some Asian people you know, the more they get the more they get, you know they get a bigger TV, they have two cars, you know and they are still whinging about "I couldn't go on that holiday" but I really can't see that a lot. I think it's just different values, like, just happy with what I've got and food and... You know, a lot of people don't give Christmas presents and that, especially Torres Strait, they have a big feast, you know, and a family getting together so I think that's really important that that's what we are kind of valuing. You know, family and food instead of presents, you know, and stuff like that. (Aboriginal woman, Katherine)

9.2.1.2 Knowledge

Cultural identity was also strengthened through developing and sharing cultural, history and politics knowledge with others, and particularly the younger generation, and using this knowledge to break down the barriers between cultures.

History

Strengthening cultural identity was possible through increasing one's cultural, historical and political knowledge. This was simply stated by a respondent:

> Yeah, and, and also, in making sure that I keep reading and making sure I learn more and more and more. You know, sometimes it's just specific to our family and other times it's just staying on top of politics and what's going on and stuff like that. (Aboriginal woman, Caroline)

Similarly, another respondent spoke about the importance of not only understanding the impact of historical events but also being able to use this knowledge when informing others:

> Also too, as a facilitator for the Cultural Awareness Program, I can talk to the policies, all those policies I mentioned previously, because I've *lived* them, whereas other facilitators who are much younger than me have *read* about them. So when I talk, I talk with passion and I talk about my experience. And that's what keeps me going. (Aboriginal woman, Hope)

Increasing knowledge regarding family history after forcible removal was significant to strengthening cultural identity as described by a respondent. She reported that being able to gather information about her birth family allowed her to strengthen her cultural identity through understanding her place within the community. She spoke about her discovery of family historical knowledge and the impact that had on her. She reported that:

> Grandma passed herself off when she got tied up with grandad who was Italian, she passed herself off as Italian. And that's in the national archives. I've copied

the files onto a CD thing. I've got them at home. And like you can check, mmm, you keep flicking through it, like the file, not just the first page. You keep flicking through and them one's give you a big list of all the departments that have got information on the person. Yeah. so, when I feel a bit better in myself I'm gonna start digging into that a little bit more cause there's some stuff in there. (Aboriginal woman, Ida)

Sharing knowledge with next generation

Not only was strengthening cultural identity through various practices important for respondents, they reported that it was vital to develop and strengthen the cultural identity of the next generation by passing on this knowledge. A respondent highlighted this when reporting:

I think it's remaining in touch with the sense of belonging to the land, belonging to the spirit that's across Australia. Making sure that you connect with those sorts of things. And then, sharing that knowledge with the young ones so that they don't lose that sense of who they are or who's part of them. That's important, to carry that through for the next ones coming up. (Aboriginal woman, Ida)

Similarly, sharing knowledge across generation about cultural stories and practices was important for another respondent. He reported:

So you've got those individual stories that you can actually trace back, you know, before the colonisation, before white man come, yeah. So, we're able to still maintain those links, those stories, and still pass on those stories to the next generation. Suppose, being able to pass that on, eh. Teach them younger ones,

eh. The dance. These two uncles have roles for them nieces and nephews, teach

them to dance, you know, that's their role, you know, to sing. Mmm. (Torres

Strait Islander man, Charles)

For another respondent, passing on knowledge and thus reinforcing cultural

identity in the next generation was achieved through maintaining strong cultural

practices in the home environment to counteract influences from the wider community.

This was accomplished by maintaining boundaries between the home and external

environment. For example, a respondent reported that:

I think [strengthening cultural identity] starts at home. In you're own backyard,

in your own yard. Cause once you step out that gate your in another world, sort

of…Because you've got other influences. Once they step out of the gate they got

this influence and this one, you know. So, I reckon it starts at home, you know.

Once you leave the gate, that's it, you're in another world. But once you come

back in, you go back down, you come back to your own, like, just say, when you

walk out the gate, you talk English, soon as you come back inside the gate, in

your own house, you talk language. Don't bring whatever from there, in here.

Not in a bad way…You can talk English outside the gate, then once you, that's

where it ends. Once you walk in the gate, come back in, you start to talk

language. And whatever's in here, like, our cultural ways, sort of, once you step

out that gate, you're in a another culture, sort of things. You've gotta do

whatever, once you get outside, do what they do, else, how they operate outside.

But once you come in the yard, you come back to your culture and ways. (Torres

Strait Islander man, Darcy)

For a young Aboriginal woman, connecting with young people in the community provided a way in which to strengthen cultural identity for both her and others. She described the positive effects on cultural identity via sharing knowledge regarding the benefits of education. When asked how she strengthens cultural identity, she reported:

> I also like going to the careers events and things like that and I know that there's some young people out there that 'go, I don't want to go to uni. We can't do no good. I'm a black person' blah, blah, blah, blah, blah. That makes not difference and I like to tell the younger kids 'no, you can go and you can achieve. You don't have to listen to what other people tell you. I know people that have been to uni and that are now professors and things like that and just to get it across to the younger people and just say, 'hey, there's heaps of people out there that are proud of who they are, that have made sure that they've put out that they're Indigenous and made sure that they've got their degrees in what they want to and they want to help other people too'. And I always try and use myself as well as my resources that I know, my networks that I know to make reassure the younger people to make sure that they also have the same things. And that they, just because they're black white pink or purple, doesn't mean that they're not going to do any good. (Aboriginal woman, Jane)

Breaking down barriers

Respondents also described the positive effect that breaking down the barriers between non-Indigenous people and Aboriginal and Torres Strait islander people had on cultural identity. Being able to educate others in the workplace and community about Indigenous culture had a positive flow-on effect of strengthening cultural identity. The

importance of breaking down long-held negative perceptions of others in the

community was reported by a respondent when describing interactions. She reported:

> It's about encompassing racism and being able to deal with it with a fact and say
>
> 'are you aware that whilst you might have said that, are you aware that back in
>
> 'dah de dah de dah', or in terms of the way the government is set up this is the
>
> policies and this is what it's all about?' So, its about, I stay stronger by breaking
>
> down the barriers of racism probably. Because we come up against it all the time
>
> and people say it's not around. Like I said, we moved to [a small township]
>
> nearly 15 years ago and my sister was there with the bloke she was with at the
>
> time. Well the gossip was around that there was this black family's moving to
>
> [this township] and they were going to drunk and there was going to parties and
>
> there was going to fights all over the place. As people got to know us, suddenly
>
> there was one family with 2 little girls and another family with a little girl and
>
> they got up and went to work every day and they came home and you never ever
>
> heard them. And then we attended, like they'd have kids' Christmas parties so
>
> we'd take the kids to the events in the community and stuff like that. And people
>
> got to know us and said 'oh, you wouldn't believe the gossip when you first
>
> moved down here'. You know, we were supposed to have a government car, we
>
> had a cheap housing loan. I said 'anybody want my ANZ housing loan you're
>
> welcome to it.' And, you know, I used to just laugh and say 'take it. Take my
>
> ANZ housing loan'. I said 'you whitefellas really have a problem because you're
>
> quite happy to knock blackfellas but when we find out, when you get to know
>
> people…' which is one thing I tell my people, my kids don't judge people until
>
> you know them and 'you find out, two hardworking adults, two children that go
>
> to school, come up, routine'. (Aboriginal woman, Caroline)

For another respondent, breaking down barriers in the workplace was achieved through self-education and sharing this knowledge with others. She described the way in which gaining knowledge and using it to educate others was an empowering process. She reported:

> I see a lot of racism. Sad to say, not just in this community, but even at work. It's there, you know. And that makes me more determined to, to, to be outspoken. But what I do now, how I empower myself as an Indigenous woman working in a mainstream setting, is I go off and do my research into *their* policies, and their documents, so when I come back to fight and challenge them, I quote their own words back at them. And I find that when you do that, people think and listen, 'well, this woman is saying things and it's policy based'. So, yeah, and that's how…I will not speak about something that I cannot back up. I've always, I've always done that. And I've seen people how they get up and talk about something but there empty words and when they're challenged they can't back up. And that's big shame that. [laughs]. (Aboriginal woman, Hope)

9.2.1.3 Social

Social connections were perceived to provide an important avenue through which to strengthen cultural identity. Respondents spoke about social connection in terms of the importance of understanding one's place in social networks, participating in cultural activities, and being a leader in the community. Strengthening cultural identity was also facilitated by maintaining connections with others through the use of technology and also through participating in religious activities.

Kinship networks

Cultural identity was perceived by respondents in this study to be strengthened through understanding one's place in family and social networks. Understanding the 'hierarchy' of social connections provided a conventional platform for appropriate interaction with others in family and community groups. Underlying the hierarchy of connections was the premise of respect for others, especially older members in any group. The importance of understanding and operating within family and social hierarchies to strengthening cultural identity was reported by both Aboriginal and Torres Strait Islander people. This aspect was captured by the following response:

And I think that's one of the key things about culture and tradition, is that respecting of that hierarchy because like, I know, with my kids, and they've got, my nieces and nephews that are older than them, and just a couple of years younger than them but they still respecting them as auntie and uncle. Even though they are younger, they still respecting because there's that generational gap there. Difference. So they still call them auntie. Even though some of them, like my son is five and [to dat] talking about [children's names], even my son is 5, but the kids are like 7, 8, they still call him, they don't call him uncle, but they call him 'uncs', short for uncle. [But respect is still there] because he's their uncle. Mmm. I think that's one of the key thing, that respect for, they know which generation, growing up. As I say, even though he was a kid, you know, he's still respected as the oldest in the family, the next in line. So, he's already given that thing [respect]. And I suppose the responsibilities also. That comes with it also. And it goes to, you know, the sisters. The eldest siblings. And they've got grandchildren. They're your grandchildren also, so their children acknowledge you as grandfather also. Or grandad also. I think that's one of the

strengths there. They're still able to differentiate between the generations.

(Torres Strait Islander man, Charles)

This was similarly described by an Aboriginal woman when explaining the importance of these connections on strengthening cultural identity. She described how social networks were supported by fulfilling obligations and responsibilities that are embedded in the social hierarchy:

So in our families, our children, all of my brothers and sisters are regarded as my children's aunties and uncles and then their children will call them nana. They'll say, 'how many nanas…' 'I've got 14, or 10 nanas and 10 grandad's on my mother's side'. And they're like 'you can't be' but …and it's all down the line like that. So, um, yeah, so I call, there's younger ones in my family, on my mother's side, they're younger than me but I've got to refer to them as 'aunty'…[because of the] hierarchy of the network. As a respect thing. We have to call them 'oh do I call them aunty or nana, mum' I say, 'nana'. 'oh ok'. So they always come back and check if they're not sure. 'do I call her nana [name] or aunty'. 'No, I call her aunty, you call her nana'. Yeah, or uncle, you call them grandad. Yeah, so that's how that all…so that's really important, you know, when you're talking about cultural identity…everyone's gotta know where they fit in our society. And that's why we can't understand the western way of doing things, of that separatism, and 'I' 'me' and 'mine'. And that…no, it doesn't matter about the western system of doing things, you know, you are your brothers keeper, you are your sister's keeper. You know, those sort of sayings, they're not ours. They don't come from our…the way we were taught. You are your brother's keeper. You are your sister's keeper. I expect at all times that you

are there watching…you know, everyone's watching each other. (Aboriginal woman, Gail)

Cultural activities

Cultural identity was also perceived to be strengthened through participation in cultural activities. Respondents described such as attending tombstone openings and National Aboriginal Islander Day Observance Committee [NAIDOC] week, speaking language, performing dance and hunting and eating traditional food. Respondents reported that this was particularly important for people living off country. Returning to country and participating in cultural activities strengthened cultural identity through the process of reconnection to the land and people. This reconnection through cultural activities was described in the following response:

> I'd always go back home to TI, you know, go to tombstone openings, go to weddings, you know, funerals, you know, I was always, you know, playing sport, like, I was always just going hunting, fishing, oh, eating the food, cooking the food, seeing how my grandma, like, did all that stuff…You're up there, you know you're in it. You're immersed in it. And we all have digs at each other about being too white, growing up on the mainland, coming back and you speak full English for us and stuff like that. But over time, like, it's all good. If I go out, boom, shoot a deer, bring it home, there ya go. Or we go and get turtle, bring it home, there ya go. Like, it all comes back. (Torres Strait Islander man, Ben)

For another respondent (Aboriginal woman, Daisy), "just attending community things" strengthened cultural identity. Other respondents reported that cultural identity

was strengthened through attending community events such as NAIDOC week. It was reported that while:

> I don't do a lot of traditional things. I'm a modern person and I do NAIDOC and things around that, and a lot of family things…Oh, makes me want to get involved more with the community events associated for Indigenous people because there aren't enough in Townsville. And when they are, I make sure that people do see my face and they do see that 'hey, she was at the last thing, she must be happy to be who she is', like, yeah. I only do like, NAIDOC, and things like that. We don't do anything special with, if there's a new baby in the family whereas some families might do like a welcoming ceremony for a baby. Yeah, I've never been involved in anything like that. (Aboriginal woman, Jane)

Leadership

Being a leader in, or 'ambassador' for the Aboriginal community strengthened cultural identity for the current respondents through maintaining and enhancing social connections. It was important for respondents to provide strong role modelling for others in the community, and in particular, the younger generation. A respondent spoke about how she encouraged her children to emulate her community efforts when conducting themselves in all arenas in the community. It was important for this respondent to remind her children to be strong role models for others as it provided a solid platform for developing and strengthening their own cultural identity. This respondent reported:

> I'll say 'you know, are you really being…is that being an ambassador, not only representing our family but being an ambassador as someone that's been destined to lead our people? Being an ambassador to nurture growth and

development'. So I teach my girls that when you leave home and go to school, you not only representing my, our family, our little family unit, but our bigger family, but you're also, you're being an ambassador for your people. I mean, one day one of my girls, I say 'Have a nice day. Now don't forget to be an ambassador. Don't forget you're representing, don't forget who you're representing today', when they're jumping out of the car 'don't forget who you're representing today'. Now, what did she say? She slammed the door, she said 'I'm not being an ambassador for no one today'. [laughs] Slammed the door, I said 'bye, mum loves you'. But I just have the last word because at school they'll be thinking…you're planting…every day I'm planting that seed 'now don't forget who you're representing, be respectful towards your teachers and your peers and you expect them to respectful back to you, well, you've got to give that in return'. So, it's just planting…yeah, you've gotta continue to be planting those seeds on a daily level. (Aboriginal woman, Gail)

For another respondent being an advocate for Aboriginal people in the workplace strengthened her cultural identity. Advocating for Aboriginal people in mainstream workplaces allowed this respondent to demonstrate a strong pride and intimate historical and cultural knowledge. She reported that:

To me, I strengthen my cultural identity, um, [pause], that I'm an advocate for my people. And people in [workplace] know how vocal I am about, ah, equities, health outcomes for Indigenous people, you know. What drove me, and I wasn't always like that, it wasn't until I came into health, and I worked in the acute setting in the hospital and I had seen my people die prematurely from chronic disease. And I specifically planned my moves where I would be to try and

prevent that. So I went into primary health care about a year and half being in

the system. And then I was very, very passionate about, um, getting the message

out there in terms of lifestyle choices. And um, very, um vocal at meetings and

trying to make services accountable for health outcomes because, in primary

health care, people, I could see very clearly, people were working in silos, and

they didn't want to work collaboratively, and they didn't want to work

comprehensively. And I used to get very annoyed and I used to be at meeting

and saying 'well, you know, Aboriginal health is everybody's business. It's not

just our business because we're the Aboriginal and Islander health program'.

And um, yeah, and um, and that's, to me that's how I keep my identity alive as

to who I am. But also to, as a facilitator for the Cultural Awareness Program, I

can talk to the policies, all those policies I mentioned previously, because I've

lived them, whereas other facilitators who are much younger than me have *read*

about them. So when I talk, I talk with passion and I talk about my experience.

And that's what keeps me going. And not only that too, I see a lot of inequities. I

see a lot of racism. Sad to say, not just in this community, but even at work. It's

there, you know. And that makes me more determined to, to, to be outspoken.

(Aboriginal woman, Hope)

Communication

Cultural identity was also strengthened through maintaining connections through

communication between family members via information technology. A respondent

reported that this was a particularly important way of communicating for the younger

generation. While physical distance kept the younger generation from communicating

face-to-face, they maintained cultural links and identity through communicating via social media websites:

> You know, the Bebo network and all that? So, that's how that's how [my children] talk to their cousins and that now, on the social networks. So, when they do eventually go down for a [family clan group] reunion or visiting, everyone will know them. All the young people say 'oh, your [daughter]' 'oh yeah, I'll be there next week' 'yeah, well see you there cuz'. They are all part of the, um, the modern technology, through the internet. So they've got all the family clangroups and things on there and they'll go 'my name is [daughter] I'm [father's name] daughter' and 'oh, yeah, how are you cuz, my name is so-and-so'. And that's how they're all linked. They're part of…so, they talk regularly and say 'so-and-so had a baby, mum'. And I'll say 'oh'. So they keep me up-to-date and they've got all their connections. So when they eventually do go to [an Australian state], everyone will know them and they will know them, especially the young ones, cause they all talk to each other on the networks. And they have their own photo albums and everything. Yeah, yeah. So they exchange…'oh, this is my little niece, or this is my little baby'. And, yeah, so they all talk to each other that way, and that's really good, that communication there. That cultural links and identity and that's really important. And my girls that when they got to [State] they're linked with…I said 'when you go to [State], you can't marry anyone down there because you're linked with all the different clans'. (Aboriginal woman, Gail)

Section 9.3 What Diminishes Cultural Identity?

Respondents were asked about factors that diminished cultural identity or what was not-so-good to know about culture. They reported factors that underlie disconnection from culture, family and resources. Respondents believed that cultural identity was diminished when individuals experienced disconnection at the cultural, social, and family level. More than half of respondents described feeling disconnected from culture when others questioned their identity. Respondents spoke about the source of such questioning of identity as being from both Aboriginal and non-Aboriginal people. Respondents also spoke about the negative impact that past government policies had on communities and the concomitant affect on cultural identity. Some respondents also felt that responsibility for addressing present issues was negated by focusing on historical events. Other factors that diminished cultural identity included dislocation of families and a perceived lack of respect by young people. These factors are mapped in Figure 6.

9.3.1 Disconnection

9.3.1.1 Culture

> **Questioning of identity by others**

By far, respondents most reported the fact that others' questioning of their identity had the capacity to diminish cultural identity. Indeed, 11 out of 19 respondent spoke about the way in which questioning of their identity by others had a negative impact upon them. They described this in several ways. In some cases, respondents spoke about the way in which individuals took on or were labelled with an identity that was based upon the negative opinion of others. This occurred in a variety of settings

such as families, communities, workplace and schoolyard. Several respondents
described early instances of negative interactions between students in schools and the
impact these had on students:

> A lot of people don't get that support from their families, when it comes to their
> education, that they do need, and that makes them think that they are going to be
> an underachiever because other kids tell them that. Like, the people that they go
> to school with. It's just backyard school bullying. And that's where I hear the
> negativities coming out in the younger kids because they've been bullied and
> told, like for instance, my girlfriend being told that she's only at uni because she
> gets assistance and she bends her back over to pay for it because she will refuse
> to get assistance. (Aboriginal woman, Jane)

Another respondent described the influence that other people's negative
opinions had on cultural identity. He highlighted discrepancies and inconsistencies in
other people's negative perceptions when considering the behaviours of others, and that
Aboriginal people were regarded more negatively in comparable situations:

> I've never actually, you know, from anywhere, any angle of my life, I've never
> had 'oh, you're Aboriginal, oh cool', you know. It's always a negative thing…
> like the opposite side [mother's family]…it's just different, you know. The
> stories, like, everything's positive. Grandad and grandma sit on the balcony
> every day and have, bloody, easy up to 8 shandies but they can get drunk and
> silly, but they're not drunks, even though you can be a called a drunk for
> drinking every day. They just do it different. Cause they wait for the afternoon,
> you know, and stuff like that.They don't, you know, drink for days straight, and

stuff like that. That's the best way to explain it. Positive and negative.

(Aboriginal man, Alex)

This respondent also described the way in which he felt trapped between two cultures, with differential acceptance as an Aboriginal in both cultures:

If I go out there and be with all my cousins and grandma, it's not like I say I feel Aboriginal then and I don't know [in Townsville] cause I always feel the same. But I just, I feel, maybe accepted as an Aboriginal there, and when I'm here I'm kind of accepted as mixed. You know what I mean? I'm not fully accepted as white when I'm here, when I feel I pretty much should be, but out there they pretty much just consider me as just, just like, [inaudible] anything. I dunno if you know. Like say, I'd be more likely to be called something like, um, from my friends about having 'Abo' in me than I would from my cousins having white in me. (Aboriginal man, Alex)

This was also the case for another respondent. She spoke about difficulties she and others had experienced due to questioning of identity by others. She spoke within a group when talking about this issue:

Its so important what you just said [about being accepted by a community if you don't have access to country]. And it's even in the, um, when you go for Abstudy and all that you have to be known and recognised in your community. [Group agreement] Yeah. And it's often hard for a lot of people. Yeah, yeah, because, you know, like, when you are European or whatever you know you don't have to prove that you are a European in the community. You know, yeah, so and to be recognised. And it's a funny little group, you know, the Murri little

clique because there are little social structures within and then, you know, like for me, you know, like if I go to a community I'm a yellow, you know, but I'm still in a different clique altogether. You know, like, yeah. If I go to Aurukun, then I'm yellow. But I'm still Aboriginal but I'm yellow. No, I'll take that, you know. Um, yeah so then um, in the old days they used to call it half-caste or whatever, so there are all these different groups you know, and then there is always the skin thing that comes up and, you know, so yeah, within the group I think we are not really supportive with each other as just an indigenous community. You know, if you look at the fighting, in-house fighting and the dramas, you know that um, yeah, it's really getting worse. So, yeah there is not really a connectedness, you know, in the community as a whole. There is family groups, you know, but as a whole like, um, yeah. Little squabbles, little things amongst people you know all the time, like, sometimes one family will have an argument, one person, you know, might do something and then you've got, you know, the families at war and really silly things like that happening. Yeah. (Aboriginal woman, Katherine)

Acceptance as an Aboriginal person and development of cultural identity was also difficult for another respondent who experienced racism within her family. She spoke about spending time as an adult trying to find meaning in past events, yet trying to develop a new cultural identity within the framework of new cultural knowledge. She related her difficulties in moving through the process of identity development, her ambiguities in fully taking her new identity and the ways in which she negotiated this process:

Well, that's been very difficult over many years because my father's white and my mother's Indigenous, we lived in Sydney, a lot of racism was going on at the time. I found it much easier to say 'hey, I'm white' and hide the fact that I was Indigenous. Because I done that for so much of my life, ah, and my dad was happy for me to do that too, um, I really didn't get to discover anything about being Indigenous. I only know a lot of the bad sides of it rather than the good. It wasn't until just recently that, um, you know, that I've been allowed to accept that I am Indigenous. That, and I find it hard being, like, not so dark in skin to have either side accept me for the Indigenous that I am because you get groups of people who say 'oh, you've got freckles, you've got blue eyes, you're not Indigenous'. You get the other side where you haven't been brought up to believe in, ah, you know, the culture, um, because I don't have a full understanding that I'm not that way [Indigenous] and that has made it fairly difficult because I feel like there's a divide, you know…so, I've said, 'I'm just going to live my life as me. I'm not this culture, I'm not that culture, I'm just me. I'm going to work, I'm being a mother, I'm doing this and I'm just being me', which is a little bit difficult at times because I sit there and think 'oh, gosh, you know, it doesn't, I'm not any [pause], does having freckles or blue eyes make me less Aboriginal than I am?' you know 'does an Italian person come over to Australia and they're less Austra…their kids are less Austral…less Italian because they're born in Australian, but they've still got an Italian parent, why are they, you know. This is the thing that I've just started to discover myself. I'm, I suppose it's being away from my father. I haven't spoken to my father in 8 years. So, having a bit of time to develop that. I was basically

working on bigger issues and now this is a smaller issue to me. So I've had a

chance to try and discover that myself. (Aboriginal woman, Brenda)

This respondent went on to describe the impact of other's negative opinions

about identity on both her and her children and how this influenced the process of

developing cultural identity. She reported that:

I felt like [being an Aboriginal person] was represented by the bad things rather

than the good things. Even this with my own daughters I see, I tell them, 'go to

school, identify yourself as an Indigenous, you are Indigenous'. Because they've

got white skin they don't like to be identified as Indigenous because of the other,

when you do a group activity with people who are dark in skin, they say, the

thought is there that 'what you are doing here, you're not Indigenous'. That's the

whole issue there, that you're not identified properly because you *have* got white

skin. (Aboriginal woman, Brenda)

Similarly, the negative connotations of being an Aboriginal person influenced

her cultural identity:

[People] with white people I've been…actually we called it, um, mixed breed,

like a mutt with a dog. Pretty much, this is what we've said in our family unit.

Um, the white people don't accept you because you're black and the black

people don't accept you because you're white. So, that has been something I've

found. I found this through so many parts of Australia. Like, you could go to

different places, their different attitudes towards blacks and whites and un, so, a

lot of the time it was very hard to become identified. Not only did I have my dad

drag me back to 'this is how it should be', I had, um, society in general saying

'well, you've got freckles and blue eyes, you're not black'. Yeah. So that in itself, you find it very difficult to figure out a spot in the world, I suppose, so my Indigenous mental health would be different to someone who has dark skin's Indigenous mental health, in itself because you're finding it very hard identifying yourself. (Aboriginal woman, Brenda)

This respondent also described the impact that other's perceptions of skin colour had on the way in which she felt she could identify as an Aboriginal person:

Yeah. I, I would find that, as a young person, I would hang out with, um, white people, or other Indigenous people that didn't have so, um, darker skin. I would hang out with those people and then they would find out, 'oh, her mother's black'. They didn't actually know. I didn't make it out, 'oh yes, my mum's black and my dad's white' I didn't make a big issue of it. I just went to school, I did like I do today, but, um, back, the difference between now and back then is I didn't make a deliberate attempt to try to tell people either, where now I don't care. (Aboriginal woman, Brenda)

Another respondent described difficulties identifying in the Aboriginal community based upon negative opinions of others in the community. She related a story about her grandfather's difficulties with the identification process, which, in turn, flowed on to her and her mother:

Like, he was old. He got to 80 years old which is pretty good for an Indigenous man, or Aboriginal man. And there were some people in the community who invited others and wouldn't invite him to something. And he felt left out...they knew each other from being in the same mob or whatever. But, because he

didn't really identify with an area or a country or with these people, they knew

he was Indigenous but they didn't accept him into their group, that he used to

get upset about that because he grew up with them and stuff still and he used to

feel left out, you know, sometimes [from] who he felt was his own family unit,

but they must've felt that he wasn't their own, you know…and I guess my mum

and myself have always felt like that too. Because we haven't, people say

where's your country, who's your mob, and it's hard because you can't come

back with that and then people start questioning you. And then you start

questioning yourself about your identity, you know…oh, not really because we

feel that we are. You know. Um, inside you still feel that you are. But, it's just

hard because always feel like you have to explain yourself to people which

makes it really hard. And that has been, you know, a bit, oh, I don't know, it's

hard to explain. It's, it gets on your mind and it makes you a little bit unhealthy

sometimes. Because even though you identify with Indigenous people and you

can have some sort of, you know, like, being light skinned is, makes you have to

justify yourself. You always feel like you have to justify things to those people

that are questioning you. (Aboriginal woman, Daisy)

This respondent also spoke about having cultural identity questioned at a young

age in the school setting:

Because, I mean, I would go to school and the kids would say 'oh, you know,

you're not Indigenous' and I'd say 'yes, I'm Aboriginal' and they'd say 'no,

you're not' [based on] my skin colour, and not knowing things, not identifying

to someone in particular…so they think you're less of a person or that you aren't

[Aboriginal], you know, because you can't give those answers. Yeah, it's sort of

like if you, if someone, you know, how people sort of homogenise Indigenous people, well, there you go, Indigenous, but, um Aboriginal people. And they think that every tribe is the same, and so they'll ask, 'oh, what's the word for blah blah blah' and you tell them in your language, but then they hear another one and another one and they think, 'well, how that can be, there's different ones'. And that's because there's different, but they don't understand that. And so, and then they start sort of doubting, you know, that that can be right. Because they just believe that it's just one thing, not different, you know. That there's all these different parts that make up something. (Aboriginal woman, Daisy)

As outlined by this respondent, questioning of cultural identity by others is triggered by disconnection from cultural knowledge and tradition:

Yeah, I guess, um, also going back to what we were talking about before, it's also, we don't have tradition, you know, so that makes it hard to, um, when you, with your cultural identity. because a lot of, not a lot, some people have a lot of tradition that they still have now, so people say 'oh, they're true Aboriginal people', you know. And then sometimes you doubt yourself, you feel like you're not a true Aboriginal person because you don't have that tradition and your cultural identity, you know. You have identity though, but you just don't have that tradition. You're more urban. (Aboriginal woman, Daisy)

Another respondent also spoke about questioning of cultural identity from other Aboriginal people. Similarly, it was the perception of a lack of 'tradition' that prompted this questioning. She explained that:

In my line of work, I mean, not only my work but my situation even within my community, amongst our own, we're all multilayered, we all have multilayered identities. You know. We all have multilayered identities. Um, and we've all have different life experiences but where I really feel disheartened in when you've got one person claiming that they're more authentic than another. You know what I'm saying? And these people are you so called 'elders' who you are supposed to respect. And so, therefore where does there mindset come from? What are they are product of? See what I'm saying? People can look at me and they can question me. And believe me, I've had a lot of it [laughs]. Questioning of my skin colour and therefore my Aboriginality, which is a great part of my identity. Maybe my Aboriginality makes up my identity. You know. Um, but at the end of the day it's not, it's not all about DNA as I tell people. Aboriginality's not about how curly your hair is, or how broad your nose is. There's certain people, there's certain people who think I'm a flash black because I chose to leave to get educated. Um, I can't, when you're looking at cultural identity, well there's lots there too. I mean, I don't speak a language fluently, as I said, parents were a product of the mission. Um, but then that doesn't make me any less black. But then it's all about perceptions, hey. You know, if you're bloody seen to be drinking in the park then, god, that's the lowest of the low. The reality is blackfella's always sat out under that tree. I came from [B]. I mean, we didn't have air conditioners, that's why we sat under the tree. You know. (Aboriginal woman, Elizabeth)

Another respondent reported the differences in perception of others and its influence on the way in which cultural identity could develop. This respondent

questioned the relevance and negative impact of stereotyping and advocated

reconciliation across cultures:

> Stereotyping. [pause] It impacts because, um, I'm a big believer in everybody's
>
> got to get along among themselves before they can have a reconciliation to
>
> happen. It's no good if the whole streets fighting. One house fighting with
>
> another one up the road. If you can't, if you'll excuse me, if you can't get ya shit
>
> together there, how are you going to fix anything else. You can't. you've gotta
>
> get ya shit together there. [Stereotyping impacts] cause everybody's doing that,
>
> then everybody who has Indigenous background is the same, and that's not the
>
> case. Yeah. and, um, people judge. So they'll see something…I remember one
>
> time I was working with community patrol and we're down the park and there'd
>
> been a big domestic, it was a domestic, ya know, it was partners having a row. I
>
> can't think who said it [thoughtful], anyway, some whitefella said something
>
> about 'oh, those one down the park are always fighting' or whatever, and I said
>
> to this man, and I pulled him up and I said, 'you live in a house in the street',
>
> 'oh, course I do', I said 'you're gonna tell me that the house next door or the one
>
> across the road's not having domestic violence, is that what you're going to tell
>
> me, just cause there's walls and a roof'. I said 'them people were having a
>
> domestic. They don't have walls and a roof. So sorry you had to see it'. Mmm.
>
> 'Well hello, people in your street might be drunk too, fighting. They don't have
>
> to be drunk to have domestic violence'. Yeah. you can be anybody and have
>
> domestic violence. You can be a judge, you can be a politician, you can be, ah
>
> [pause]. And that's not cultural. Domestic violence is not cultural. It's not.
>
> (Aboriginal woman, Ida)

Impact of policies on community

Respondents also reported that cultural identity was diminished by the impact of past government policies on the community. A respondent simply stated this as:

Just stuff that, just the bad things, just ah, the crappy run that [Aboriginal people have] had, stuff like that. Yeah, you know, all the stuff that's happened. Just bloody, like all the stuff like assimilation and all that kind of stuff. (Aboriginal man, Alex)

Another respondent described the way in which present government policies were impacting upon Aboriginal people. This respondent also highlighted the discrepancies in the application of policies between communities:

I wouldn't say that it was culture. I would say the ways policies have impacted upon Indigenous people have made community life just, you know, no governments ever really listened to the community. I mean, there's still 3rd world conditions on some of our communities and stuff like that. As for Intervention in the Northern Territory, my god, would you go and live there? If you knew that someone was going to tell you what to do with your dole money? And you look around and you see so many poor white families as well. And it doesn't happen to them. Their money doesn't get quarantined. Similar circumstance. And in particular for our mob because, like more so in those communities, you have normally the women who are saying 'we're not having grog here, we don't want grog'. But they're looking after their kids and somebody else's kids and somebody else's kids, and their money is being quarantined. I just don't think that's fair. (Aboriginal woman, Caroline)

Blaming history

In conjunction with recognising the impacts of government policies on community and identity, respondents also described the need to take responsibility for one's actions in the present context. One respondent reported that:

I've read a lot of Noel Pearson's stuff. I love a lot of his stuff, you know, and I guess we had that discussion last week. He says a lot of people tend to think that culture, sitting under the tree sharing ya *gump*. Well it's not. Alcohol was never a part of it. You know, and that wasn't, men didn't have time to sit around. And all that kind of stuff. And yet, what I don't understand, is that you get all these other black academics pointing the finger at him. So, what are they trying to defend? And the reality is, our culture is slowing eroding. Hate the whole 'lost culture' thing. You know. Um, but culture today, it's different to what culture was back then. And why is that? I mean, we can blame it on history, but as Noel Pearson says 'those mission and reserves were no Club Med' but you can no longer blame it on history. We have to take responsibility for our own actions now. And that's where I feel a little upset. Because people are not prepared to take responsibility. People are more prepared to point the finger. And that's all interlinked with mental health. (Aboriginal woman, Elizabeth)

This respondent also outlined the influence of past policies and the need to take responsibility for action:

And it's quite sad because our young kids today are experiencing a lot of sexual abuse which is rather interesting considering the governments, um, latest act, you know, in terms of what's happening in the Northern Territory, for example. And see, that's interesting cause I know at cross-cultural that came up and they

asked what your thoughts were. Quite frankly it needs to happen, but I'm, I think also the intervention happened at a time, it was a political manoeuvre more than anything. Everyone knew what was going on. Even the Fitzgerald report back in the 80's. you go back and you have a look at some of them reports and there's been lots of evidence to say what's been happening but nothing was ever actually done. And so our society is dealing with the repercussions of this. And different people deal with it in different ways. But in order to be set free, people have to also be responsible. Do you know what I mean? There's, there are a lot of different levels involved with that. (Aboriginal woman, Elizabeth)

Or, as another respondent eloquently stated:

I'm a big believer in everybody's got to get along among themselves before they can have a reconciliation to happen…If you can't, if you'll excuse me, if you can't get ya shit together there, how are you going to fix anything else. You can't. you've gotta get ya shit together there. (Aboriginal woman, Ida)

9.3.1.2 Family

Respondents reported issues related to disconnection within families that impacted upon cultural identity. They described impacts that dislocation of families through urbanisation, a perceived lack of respect for elders by the younger generation, and family breakdown could have on cultural identity.

Dislocation

Respondents reported that dislocation from country and families had a negative impact on wellbeing and cultural identity. This was succinctly stated by a respondent:

Someone that is suffering from emotional, physical, spiritual, dislocation, and trauma and abuse, from their, I guess, a lot of it from their country, from their families. It's something that impacts them as a person when all those different factors contributed to the dislocation of that person's wellbeing and identity and all of that. (Aboriginal woman, Gail)

For another respondent, dislocation from kinship system was evident. She perceived changes in the value of family across time:

Unfortunately I don't see as much [beauty in culture] as I used to. That's quite bold statement. But people don't talk about family today, and they talk about, there's lot of rhetoric out there about family. But it's just not happening, and that's the reality. (Aboriginal woman, Elizabeth)

Other respondents spoke about the challenges families faced in remaining connected in an urban environment. These respondents had grown up on country and now lived in an urban environment:

And I think that's one of the, I suppose, living in cities is families are so…even though it's a only a couple of k's down the road, but the families are still separated, or fragmented…Yeah. And that's the sad bit, you know. My kids could walk past [my cousin's] kids and they don't even know their family members, to stop, you know. So, even though we're a tight community we're still fragmented, still separate, you know. (Torres Strait Islander man, Charles)

I think kids now these day, too, if you have kids and they grow up and they'll mingle, with I don't know, like, my kid's don't know [my cousin's] kids

because they're all scattered everywhere. They probably wouldn't know one

another. They'd be walking past one another and still wouldn't know one

another, sort of thing, you know. (Torres Strait Islander man, Darcy)

Lack of respect from younger generation

Differences in level of respect across generations were noted by respondents.

They reported that the younger generations did not appear to value respect for elders.

Respect for elders was considered a means of demonstrating and living within cultural

values:

It makes me sad about how some of the young generation don't have that respect

anymore for the older generation, about, you know, being, I guess, accountable

for your bad behaviour. Like, back in my day, like, it was seen as a shame thing

if you weren't at school. Or it was seen as shame-job, or like if you were

drinking. 'Don't do it, that's shame. You don't want to end up like that.' (Torres

Strait Islander man, Ben)

Yeah. And also too, one of the things I noticed was respect. My mum had such

tremendous respect from others and she would respect others and I think that

was something that, respect comes as you grow as a person. And as you evolve

as a person, that respect comes out and people can see the goodness in you and

then you earn that respect. And, um, and that's one of the things that I

experience as well, that respect was very strong in our time. Yeah. Whereas

now-days you don't see that. It's, like with the young people, or with the

families. Yeah. (Aboriginal woman, Hope)

Similarly, another respondent highlighted that respect for oneself was critical for being able to respect others. She stated:

[Respect for] community. Respect for your family. Respect for everybody. I think that's often lacking in some of the younger ones. And they've gotta respect themselves first. They've got to learn to respect themselves too. (Aboriginal woman, Hope)

A respondent also offered her opinion about the lack of respect for others by the younger generation. She described a diminishing of culture through the use of course language to describe other Aboriginal people. This was highlighted when she said:

In some, like some families I see a real hardness, you know, I see a real, just how the way the interactions are. Like, don't get me wrong these are some families doing it hard and they will provide everything like, you know, the food, going to school and all of that, but just the general interactions is really, like angry and I'm thinking of a few in particular that I know and how she talks and everything, "C" and "MF" and all that and she is really angry all the time, you know. She is really angry. So "C", you know to some of the kids is just like a verb. You know, it's just like chucked around like nothing and I think sometimes a bad thing, I think, is just this, um, just this swearing and angry talk, you know, that some interact with their kids. Like adults, but, you know, a bit too much. Yeah, so this angriness, you know, and I really, you know, don't know where it comes from. Like, my friend I'm talking about she is really angry all the time and she was a teen mum and she has a lot of kids and everyone is always coming to her house, you know, and all that but yeah, it's just really angry and yeah so I don't know, even if having the kids and all that,

you know, she needed some kind of help and support and she never got it.

(Aboriginal woman, Katherine)

9.3.1.3 Social

A social factor that diminished cultural identity was reported by a respondent. The respondent reported that 'her own people' in the workplace diminished her cultural identity by questioning her connection to cultural and historical knowledge.

Community

A respondent reported that she had reviewed her cultural identity when difficult situations arose in the workplace. When asked if anything diminished her cultural identity, she replied:

Yes [quick response]. My own people. When my own people, where I've worked previously, I think because I was quite vocal and I was only, let's say, a junior in the rates of the profession, was a junior. And you would have very senior people who were Indigenous. What I was saying would show them up. It would show up their incompetencies show that they had no knowledge of policies and stuff like that. And at the end of the day, it got to the stage where I, um, um, they would manipulate the system to bully and harass and it's because I was too vocal and I was showing them up for, you know, not doing their jobs, and I think too, trying to make them accountable for health outcomes, yeah, and you could see the bullying and harassment. What they were doing was using the system against me. Yes. Yeah. And it got to that stage where I, um, I started to, um, what would you say, um, [pause], withdraw. I started to withdraw and I started to, um, button my lip. And I thought 'wait a minute, this is not me. I'm

not going to let them, or let this environment control me'. But I was very fortunate when I was going through difficult times and struggling. I was offered a position as Team Leader at [another town], so, um, at the Aboriginal and Islander health program there. So I took it for a month and that gave me time to rejuvenate, but I did some soul searching in terms of who I am as a woman, as an Aboriginal woman, and um, I went back and I thought 'no, I'm not going to be quiet. Cause this is who I am, and they can't take that away'. And I wasn't at work very long and I was, um, um, applied for the project position for [another health unit]…So, that gave me an opportunity to get out of the institute and go into another area and work, and, um, I found that management in mental health were more appreciating and respectful as to who I am as an individual and as a woman. Yeah, that's all they were. Whereas it's my passion that drove me. And when I saw my own people, tried to, um, shut me up, I guess, um, yeah, it made me more determined to stand up and say 'no, I'm not going to be quiet'. Yeah, but, and, but I knew, I didn't want to go back there because I was afraid of what it could do to me again. Because it had taken pretty much 3 years to pull me down. And I thought, if I go back there eventually I will go back into that stage again. And I didn't want that. Cause nothing has changed and it purely had to do with management. And, um, I said 'I've got too much self-respect and too much dignity to go back to an environment that's so destructive'. (Aboriginal woman, Hope)

9.4 Summary

Respondents perceived cultural identity to be comprised of connectedness to culture, knowledge, family and kinship, and social support. The most frequently reported factors included connectedness to country and family and kinship networks. Cultural identity was perceived to be comprised of connectedness to culture via aspects of country and the observable marker of skin colour. Cultural identity was also comprised of connectedness to knowledge such as understanding culture as dynamic, knowing stories, and family and political history as well as family and kinship connectedness through factors such as respect for elders, identifying with multiethnic connections, connection to other Indigenous people, having fluid social roles, and being independent. Cultural identity was also perceived to be comprised of social support factors including accessing networks, religion and education. Other factors that made up cultural identity also included strength in being an Aboriginal woman, and having a sense of self.

Further, cultural identity was perceived to be strengthened and diminished by many factors. Strengthening cultural identity was perceived to occur via connectedness to culture, social factors, and knowledge. For example, the most commonly reported factor perceived to strengthen cultural identity was social connectedness supported by the social aspect of cultural events. Conversely, cultural identity was perceived to be diminished through disconnectedness from culture, social networks and family. The most frequently reported factor perceived to diminish cultural identity was questioning of identity by others. Overall, respondents were able to describe many aspects of cultural identity and ways in which it is strengthened or diminished.

Chapter 10: Results – Cultural Identity and Mental Health

Section 10.1 Ways cultural identity strengthens mental health

Respondents were asked to identify ways in which they thought cultural identity strengthened mental health. They were asked 'what was good to know about culture' or more specifically, 'in what ways does cultural identity strengthen mental health'. The ways in which respondents described cultural identity as strengthening mental health included connection through cultural and social factors. Mental health was strengthened through connection to cultural knowledge and knowing and being proud of one's cultural identity. Connection to religious practices was also reported as a way in which to strengthen mental health in a culturally appropriate manner. See Figure 7 for a model of respondents' conceptualisations of the way in which cultural identity affects mental health.
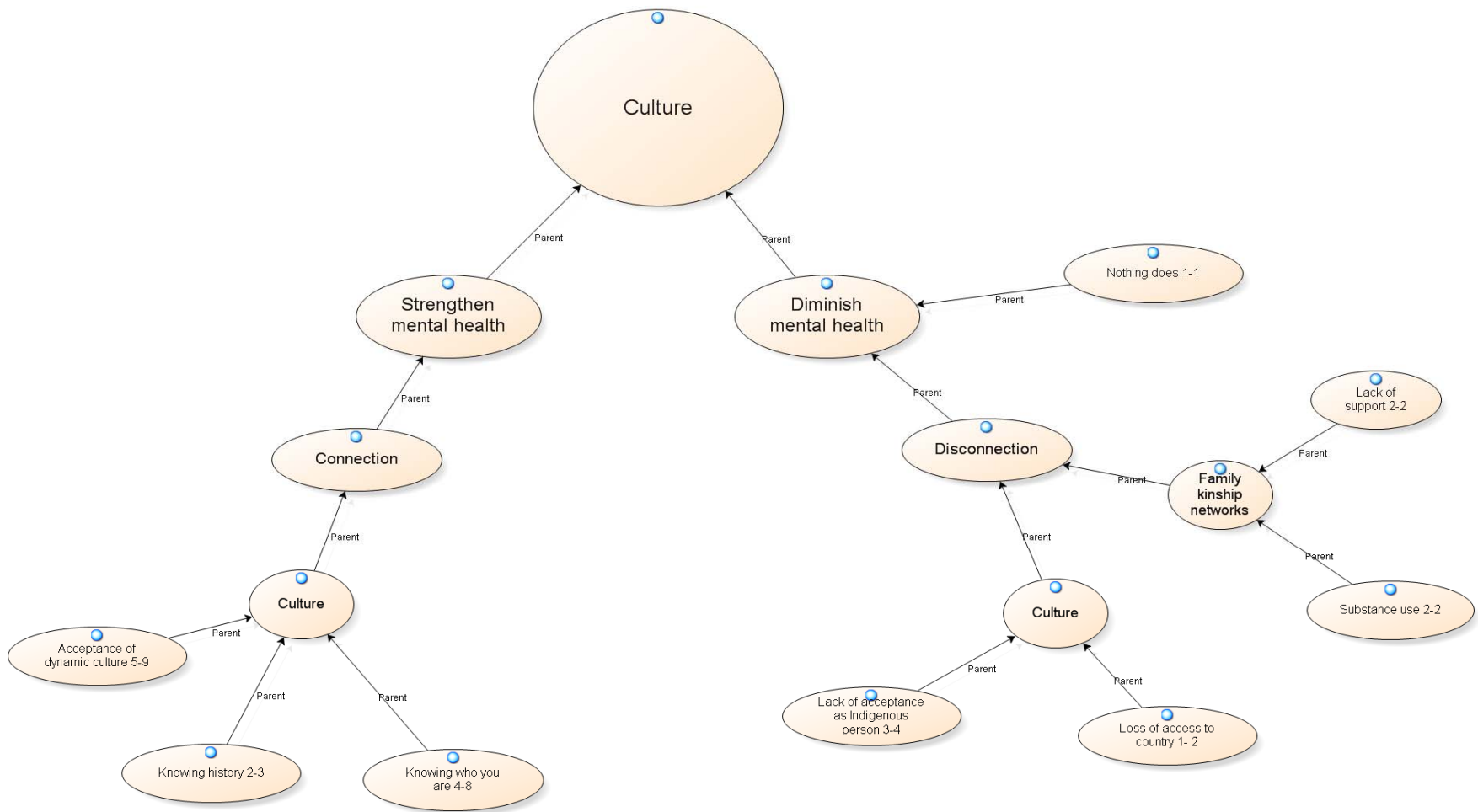
Figure 7. Respondents' perceptions of ways cultural identity affected mental health.

Key
1 – 2 (No. of respondents -No. of comments)

10.1.1 Connection

10.1.1.1 Culture

Acceptance of culture

Respondents described the perceived strengthening effect on mental health of accepting the dynamic nature of Aboriginal and Torres Strait Islander cultures. Understanding the reciprocal exchange between 'traditional' and 'contemporary' culture provided a basis for and continuity of current cultural beliefs, values and practices. This was evident when a respondent reported the following:

> What's good to know? Well I think you need to, um, have an understanding of, traditional and contemporary culture. And how traditional impacts upon contemporary. And vice-versa. Um, but, yeah, I think that's essential, but unfortunately I don't think everybody has that level of, um, understanding of the separation or the knowing what is, why you do something now and where that's come from. Um, and knowing, you know, perhaps, when I say traditional, okay, cause we're taking about Indigenous culture, you know, that word comes out all the time. But then there's other influences like Christianity. So knowing the difference between all that and perhaps why you do things the way you do it, um…traditional, all those things how they overlay [and build upon each other], and overlap and overlay and um, there's commonalities but then there's, you know, individuals how they interact with all that. So, I think a good understanding of that is, um, essential. Like, as things, um, and culture moves, it's inevitable that it changes. And I think there's also an acceptance of that, um, cause I see some uncles and aunties perhaps not dealing very well with, um, the acceptance of things changing. So therefore they're, like, I've seen them get

quite sick and agitated about, like, you know, the impacts of the dominant culture on identity. Hmm. [pause]. See, I can't really think of anything negative. Um, [long pause] because if you accept everything about your culture, isn't that, I reckon that makes you strong. So, I can't see…okay, if we're talking about traditional…yeah, see, that's a complicated thing…but also viewing it as a positive, like your culture as a positive, like your culture as a positive. Like, um, and by that, gives you the identity. So, like, um, sometimes if people are living within a dominant culture they try and, like, avoid or downplay a particular part of their culture because that might not be popular to the people that surround them. Um, so, I think that acceptance and embracing everything that makes you, of your culture and knowing how that impacts on the rest of, you know, or your interaction with the rest of, um, makes you strong. Um, cause I see people who try and reject their culture, um, confused and I don't reckon they are [mentally] well. But I don't mean that they've got an illness like some sort of manic depression or something like that, but um. Well, that you can tell that they're, it affects their interaction with people, so, then they're forced to repair things, like, which should have been a straight forward social interaction. You know, they've perhaps walked past somebody they didn't want to be seen with, um, because their friend beside them, wasn't perhaps too appreciative of the fact that they might say hello to a local Murri, or something like that. You know what I mean? Yeah, so, I don't know, I think that embracing everything as a positive.

(Aboriginal woman, Alice)

For another respondent, coming to an understanding and acceptance of culture relived stress. He highlighted the impact of different responses upon his mental health in the periods before and after his connection to culture. He reported that:

It just makes me, sometimes just not worry about the trivial things, you know. I just can, kinda look out that window and daydream and forget about anything that might be bothering me. When normally I would have just drank. Just purely and simply drank until I was pretty much blah, and went to sleep, wake up and do it again. Pretty much did that for ages. Just daydreaming, really. I don't have to be looking at the bush, just thinking about good things. You know, just keeping myself occupied, I guess. (Aboriginal man, Alex)

The dynamic nature of culture was also described by another respondent. She acknowledged that it was 'unfortunate' that acceptance of a dynamic culture was not evident across cultures. She pondered her cultural identity and mental health in the following:

And then I, I sit down and often wonder who I am. And then I think about it in terms of what the [family group name] people would say. [Family group] got this famous quote, 'if you don't know [family group] and can't speak [family group] language then you are not [family group]' [laughs]. And you know what some people would say 'oh, well, that's a bit ethnocentric' [laughs], but is it?...but then, but then doesn't society at large adapt and change, you know…Culture is like a river. It's fluid and it's ever-changing and flowing, isn't it. It's not static and unfortunately that's just how a lot of Australians and internationals perceive Indigenous people. It's that static primitive romantic noble savage view. (Aboriginal woman, Elizabeth)

Another respondent reported that having a strong cultural identity through accepting changes in cultural practices and activities strengthened mental health. She described the importance to mental health of sharing the knowledge of cultural renewal with the next generation. She reported that:

And the cultural renewal through dance and song and all those things are all part of that, the cultural side of things too. So that's all…yeah, our kids are very confident. A quiet confidence. I look at all of our nieces and nephews, and I watch them, just the way they walk, the way they hold themselves. They're all participating and doing well in different arenas where its sports or academia or whatever. They're all excelling and, yeah, they've got that really quiet confidence about them and that's due to the fact that they have a very strong cultural identity. And that's what I mean…that's very important. And it's really wonderful to see, they don't walk down like this [demonstrates bowed head], they're head down 'oh shame'. Oh, you know, they get the shame, like 'oh shame' but they're not really ashamed, they just say it. (Aboriginal woman, Gail)

Knowing who you are

Being clear about one's identity and 'knowing who you are' formed the basis for strengthening mental health for several respondents. The influence of having a strong identity on mental health was articulated in the following statement. For this respondent, strong identity and positive mental health were experienced as a reciprocal relationship where the strength of one increased the strength of the other. She reported that:

Well, I reckon, um, fundamentally knowing who you are is the foundation for

mental health. I just see people who are confused as to where they are from, who

they're related to, all the stuff that I was talking to you about before. If they've

got any level of confusion about that, that can mess up their health and

wellbeing. So, not knowing who your father is, or not knowing who your mother

is, so, all that sort of thing. I think I'm very fortunate, and I know all that, like,

so that in a way has made our family, like, and individuals and that, very strong,

mentally. Um, so knowing your place in society is fundamental, particularly

with Aboriginal people, I reckon. Plus also, it's an external thing too, you know.

Like, um, whilst I'm fair-skin, I'm not saying, I think generally non-Indigenous

people can work out that I'm Aboriginal. So, but some people it's not so obvious

and they hold so strongly to this idea that they're Aboriginal, but you know,

non-Indigenous people can't necessarily tell because they're, you know, very

fair-skin. Um, but they, for all intents and purposes believe, you know, and their

identity and internalisation of that, or externalisation of their identity is that they

are Aboriginal. It's the centre of everything, really. I can't, it affects how you

interact with your friends, how you interact with, um, how you interact with

somebody in the shop, is you're identity and how they [pause]… [Cultural

identity] makes you feel strong, gives you strength, I think, knowing, knowing

your culture and where you're from…[having a strong identity], I think it's

crucial. Cause, um, I think we were touching on this before but, people who

don't have that, um, it seems to be a common trait that they may have some sort

of other issues like, um, some sort of, rely on drugs or alcohol to, to um, deal

with their what ever their underlying issues. I think it's the foundation of

everything. And I don't know whether you can separate culture and identity. It's one and the same thing. (Aboriginal woman, Alice)

Another respondent spoke of the impact of discovering her identity on her mental health:

First of all, someone said to me 'how do you identify. Do you identify as Aboriginal. Do you identify as Australian. Do you identify as Jehovah Witness' because I'm very strong in my religion as well. I said, 'first and foremost, I am an Aboriginal, Jehovah Witness, Australian woman'. [laughs] but first of all, certainly Aboriginal woman. Because that's my roots see. And, um, but you know it's really funny, I don't know if this is important, I didn't find out my other side identity too. Yes, I always knew I was Aboriginal, but I was also something else. And it was from 12 years old that I was told that my dad was white. I didn't connect with my father until last year I got a phone call to say, um, 'your father's in town', and I'd been searching for him since I was 12. So even though I was strong as an Aboriginal woman, I knew there was a part of me that was missing. So when I met my um, I didn't meet my dad. My dad had gone to [a town] last year in April. And I should have gone up and met him then and the day that I chose to go up and see him, he actually died. Yeah. So I went up for the funeral and I met my family, my, his daughters, his children. And then we all met after the funeral and starting talking. And they filled in gaps of my fathers life, um, that made me complete as a person then. So, yeah, my dad is Welsh. So, um, and now I've met all my other brothers and sisters and their children. They all came down December last year. They came back after the funeral and met my children. And so, it was closure for me, that side, that I'd

been searching for since I was 12 years old. And if it hadn't been for this

Aboriginal woman that said to me 'I've seen your father, I've met your father

and he's been asking about you'. And she gave me the name. and I tried

searching for him when I was about 25, 26, and just, I tried but it just didn't lead

anywhere. So, yeah, so, then I was complete as a woman then. (Aboriginal

woman, Hope)

This respondent reported that having that missing part of her identity completed

had a positive impact on your mental health. She stated that:

Yeah, because, because even though I grew up without that male role model, I

had a stepdad but I couldn't bond with the stepdad because I knew, I knew I

wasn't his daughter, because I heard him argue with mum once and I heard the

word b-a-s-t-a-r-d. And went and asked someone what that meant. And *then* I

knew. But because I was surrounded by very strong motherly figures, that

shielded me from a lot of that and it shielded me from the fact that I was

different and I wasn't my stepdad's daughter. It didn't worry me. I was just one

of those kids that was, as long as I had my mum, and there was someone looking

after me I was right [laughs]. Yeah, and I'd gone from aunty to aunty to aunty to

aunty, you know. And, I've had a lot of, they were all strong women and then

when I met my mothers brothers, this is where my uncles then gave me my

name, my Aboriginal name. and they were, my uncles were very very, they were

just like my dads. And that filled that void there, you know, with my father.

Yeah. So that's why, to me, I think its very important to have a mother and

father in the family. So, I feel for these kids [in institutions] that have been torn

apart by families. Mmm. (Aboriginal woman, Hope)

Knowing history

Strength of cultural identity and mental health was also gained from knowing one's family and cultural history. When asked if stereotyping and racism affected cultural identity a respondent reported that:

Doesn't affect mine. Just makes you stronger. Makes me stronger if anything. And the strength is in the knowledge of my family, of history, of indigenous history and stuff like that. (Aboriginal woman, Caroline)

This was also the case for another respondent. This respondent spoke about the negative impact of colonisation and dispossession on Aboriginal and Torres Strait Islander people and how she had minimised these effects on her children through sharing historical and cultural knowledge. She reported:

Unfortunately not every Aboriginal and Torres Strait Island child has that strong sense of identity and cultural background. So, if that hasn't been reinforced throughout the generations, through the impacts of colonisation and dislocation of family, that has caused a lot of the mental breakdown and dysfunctional families. Yeah, so, my history and my children's history, we have reinforced and kept those stories alive and a sense of who are, and we have a strong history, a strong identity, a strong cultural background and that to draw from. And we pass that down. As I said, we are very fortunate that we have a very strong family network. We've reinforced that. We've maintained that. And the cultural renewal through dance and song and all those things are all part of that, the cultural side of things too. (Aboriginal woman, Gail)

Section 10.2 Ways cultural identity diminishes mental health

Respondents were asked about ways in which cultural identity diminished

mental health. One respondent simply stated that "nothing does" (Aboriginal woman,

Alice). Other respondents reported factors that disconnected people from culture and

family kinship networks as influential on mental health. For some respondents, mental

health was diminished by a lack of acceptance as an Indigenous person, and loss of

access to country. Mental health was seen to also be diminished through disconnection

from the support of family networks and substance use as a result of this disconnection.

10.2.1 Disconnection

10.2.1.1 Culture

Lack of acceptance

Several respondents explicitly stated that their mental health was negatively

affected by a lack of acceptance as an Aboriginal person. One respondent described

having used substances in the past to counter negative experiences of depression and

dislocation as a result of a lack of acceptance. She reported that:

> I guess the only thing that affects me, sort of, mentally and that I get upset about,
>
> or that I get depressed about being Indigenous, is when people don't accept me,
>
> or that I have to justify myself. They're the things that really upset me. And
>
> when would have some sort of crutch, like a drink or, you know, um, and I go to
>
> that place which probably isn't really reality, it's an induced state from alcohol,
>
> then I would get angry, or upset and cry, or some silly thing. So, I don't do that
>
> anymore. Because obviously those things don't help and I think that some

people don't realise that having some sort of crutch might make you feel better

for a little while, isn't actually doing you any good. (Aboriginal woman, Daisy)

Another respondent reflected upon the negative impact that a lack of acceptance within the community could have on a sense of belonging. She said "I guess [a lack of acceptance] would make it hard for you to find where you belong, I guess. Yeah" (Aboriginal and Torres Strait Islander woman, Laura). Yet another respondent spoke about how a lack of acceptance by non-Indigenous people affected mental health. Specifically, he made the distinction between non-Indigenous perceptions of Aboriginal people rather than his experience of being an Aboriginal person who is connected to culture. He reported that:

[Others perceptions] used to [affect me] a lot more. Cause I just used to just,

seeing how, you know, especially cause I had a lot of white friends, and hearing

how they'd talk about, you know, Aboriginal people, like they were nothing and

stuff. And I just like, I know ignorance is just stupidity, but I dunno, it gets to

you because you're like 'wells what's wrong with, you know, me or my family,

like, really, what is honestly wrong, like, if you're family went through half of

the crap, you would, I don't know what you'd be. But, you know, not as good as

you are.' And I suppose just all the stories you hear. And then you hear other

stories how the Maori's got a treaty and you know, whatever, sorted it out

without getting all people killed, whatever, stuff like that. And just the different

stuff, like, geno[cide]…how they…they poisoned waterholes, and get 'em on

alcohol, stuff like that. So it makes, in some way, it makes me feel like, that,

because I've got both white and black in me, it makes me feel that that white

side thinks the black side is just an animal or not even as good as an animal. So,

a lot, in a lot of ways I feel like that's nothing that proud about being white, but then, I like I said before, if you're dads a murderer it doesn't make you a murderer, but something about, I dunno, being, yeah, just something to do with animal. I dunno. I feel connected to animals, to land, and you just, I don't get that from the white side, but you just feel like, connection with…like if I see a snake, I just pick it up, stuff like that. But, nah, I dunno. I'm not saying, I'm an animal, but because they were treated like animals I suppose you might as well own it…[animals are] not, they're something, they're entities that, you know, they shouldn't be just stomped and used like everything else, you know…So, [being an Aboriginal person's] never actually been passed down as something to be proud of but for some reason everyone is, secretly, if you know what I mean. But, it's definitely, I've never actually, you know, from anywhere, any angle of my life, I've never had 'oh, you're Aboriginal, oh cool', you know. It's always a negative thing. (Aboriginal man, Alex)

Loss of access to country

Another respondent intimately described the negative impact on mental health that the loss of access to country had on family members. The impact of such loss was reported to be negatively affecting the mental health of older members of her family when trying to negotiate access to country with landholders. She reported:

Access to land really [is] affecting mental health. And, um, it's about that connection and strong cultural identity and being able to visit you're land feeds your cultural identity. And, there's in particular with our [family] work, um, we've perhaps some issues with particular pastoral lease-holders, pastoralists, in terms of access in places that are significant to us, and the relationship has

broken down. If I can explain, that particular on…[hesitation], I won't mention particular stations, but um, in the past we've had great access into particular areas of cultural significance to us, and at the time we perhaps we utilised it, probably didn't appreciate it as much as, um, as we did because it was accessible. And um, had a good relationship with the previous owner. Um, with a change of hands, a different attitude to us having access to those areas has meant that, you know, we're not allowed to go to these places and um, learn more about our history, feed that cultural identity and probably for some in my group, spirituality. So therefore it really has affected their health and well-being. (Aboriginal woman, Alice)

This respondent detailed that the older family member's mental health was affected by lack of access to country. She also highlighted that these effects were common for people in rural and remote, and urban areas. She reported:

Well, I guess its frustration in not being able to access that area as easy as we could before, um, cause it's not just access to the lack and being able to go there and look at it, it's about having access to the fish, the food sources, things like that, you know. Not that it's relying on food sources, but it's being able to go there and, you know, and have that full experience of enjoying that part of the land. So, frustration, definitely. And frustration at the process that we've got to go through to in terms of access to that land. So, negotiating land use agreement and the whole native title process. That takes a long time. Um, and it, it impacts upon the politics between stakeholders. Um, so in that way, it slows up things and um, perhaps, you know, those involved in facilitating the process on behalf of the rest of the group know that you've got to play this game and you've got to

play it a certain way. And knowing that, and having that knowledge of how the process works makes you have a better understanding and acceptance of, um, this situation, and not knowing and having, and being impatient and frustrated with the process makes you, you know, makes you question…Cause I reckon the uncle and aunties would be, you know, like, 'come on, come on nephew, you're not doing enough', you know, and their expectation placed upon the person who's trying to facilitate it is, um, perhaps unrealistic…'fix it, hurry up', you know, 'we're going to die soon', I mean, this is what they say, you know, 'we're going to die soon'…so it's important that aunty so-and-so can go back there because, before she dies. So this is the level of expectation placed on the younger person that's trying to negotiate all through these difficult path and processes. So, their mental well, the person that's facilitating, their mental well, health and well-being is interesting, in terms of having to handle all the community expectations, um, and then the well-being of the uncles and aunties and their level of expectation and frustration with, you know…the waiting. So, that's a complicated thing in itself, but I thought that really, I wanted to highlight the access to land's very important in terms of, and that's even for urban, cause I think that there's a, um, a misunderstanding that only people in remote communities are traditional in their ways, or um, or they're the only ones with culture, but, you know, whatever your definition of culture, urban people have it, it might be different in how they operate within that is different, but I reckon, there'll still be commonalities in terms of what's important, in terms of cultural identity. (Aboriginal woman, Alice)

10.2.1.2Family kinship networks

Lack of support

A respondent spoke about the perceived impact that an intergenerational lack of family support had upon mental health. He described the impact on mental health that an absence of support mechanism had on other members of his family. He spoke of the effect that positive family support had in developing his resilience and positive mental health. This respondent had experienced substance use issues during adolescence and had overcome these to be able to participate in family and educational life. He reported that:

> I suppose, that whole 'worth' thing, you know, if people, if everyone else, like, I don't really care what anyone thinks, but if people look at you downwards then you don't, you're not going to feel that good about yourself. And it just comes back to, like, if people are on your back, like, because of the generations up, like grandma, she never pushed any of her kids to do anything, really. Like, she was never pushed and so forth, so forth. So, it's kinda like they, they just don't, I dunno, they just don't care. Cause they've never, like, a lot of them, some many cousins of mine just do nothing but it's fine by them. But to me, because I've had my mum, like, kinda say, 'you don't want to be like that, you don't want to wreck your life, you want to have family that love ya', always uses examples, like, 'your so and so died and no-one even spoke…' all stuff like that. and if you've got someone pushing ya then, yeah, you don't want to let them down. So many Aboriginal youth don't have nothing like that. so, it's just difficult, I guess, for them. (Aboriginal man, Alex)

For another respondent, lack of support in the family meant the breakdown of intergenerational teaching of moral values. She described the effect on mental health that changing social attitudes had on understanding one's 'roots'. She reported:

People's attitude. People's attitudes have changed. And I think what's changed, what people, they don't know who they are. They don't know their roots, where they're coming from. Um, and, like even though, like mum taught us good values, but she even like, taught us, like, manners too as well, you know. That sort of thing. Good moral values like that. (Aboriginal woman, Hope)

Substance use

A young Aboriginal man reported experiencing substance use as a way to numb resentment. He suggested that this may also be the case for other Aboriginal people:

A lot of, there's a lot of, a lot of Aboriginal people are kinda drunks because of the resentment that they have, that they've grown up with and so forth. So, I dunno, I was pretty much a drunk for many years. So, I think that it's just easier. Like I used to just drink and that, just cause it easy, you know. When things ever got difficult, and they could be very little things, it's just easier just to say 'stuff it' you know. (Aboriginal man, Alex)

Another respondent spoke of the impact of discovering that one had been forcibly removed as a child, and subsequently not being unable to reconnect with family after forced separation. She suggested that this process had lead to substance use and decline in mental health for some Aboriginal people:

I'll never forget a comment [a female Aboriginal friend] made. She said 'oh, I get a bit, you know, tired of this stolen generation stuff'. She said you know, a

lot of people that she knew, she maintains when they found out they were a part

of it all and went back looking for their family, well, when they went back

looking for that family, they were no better off and actually their identity

deteriorated, or what can I say, you know, before they knew it they were

drinking. Yeah, their mental health declined. (Aboriginal woman, Elizabeth)

10.3 Summary

Respondents were asked to reflect on ways in which cultural identity might

impact upon mental health. Respondents perceived cultural identity to both strengthen

and diminish mental health. Cultural identity was perceived to strengthen mental health

through maintaining connection to culture via the acceptance of culture as dynamic, by

knowing history and knowing who you are. However, cultural identity was also

perceived to diminish mental health through disconnection to culture and family and

kinship networks. Disconnection from culture was perceived to occur through a lack of

acceptance as an Indigenous person by others, and also loss of access to country.

Disconnection from family and kinship networks was also perceived to diminish mental

health through the impact of substance use and lack of support. Overall, the many ways

in which cultural identity intersected with mental health were reported as having both

strengthening and diminishing effects.

Chapter 11: Discussion

Section 11.1 General overview

This study aimed to investigate and describe urban Aboriginal and Torres Strait Islander peoples' understandings of mental health. Additionally, the intersection between mental health and cultural identity was also explored. Understandings of mental health centred around four central themes – *coping skills*, *knowledge*, *social support* and *connectedness,* with the theme of connectedness emerging as an culturally specific central theme. Further, the central theme underlying cultural identity was *connectedness* to culture, social, and family and kinship. Many common factors of such connectedness were perceived to support both mental health and cultural identity.

Overall, most respondents in the current study described 'mental health' in terms of mental illness or the absence of illness. For example, 'mental health' was conceptualised as having 'schizophrenia' or not having 'depression'. In contrast, respondents were more likely to describe a 'mentally healthy person' in positive terms. A 'mentally healthy person' was someone connected culture, family, and community, had developed and exercised effective coping skills, accessed social support and gained knowledge of mental health care. Factors that protected and improved mental health were also described by the current respondents along these same themes. Further, when asked to compare Indigenous and non-Indigenous understandings of mental health, respondents perceived both similarities and differences. Similarities in perceptions where evident particularly surrounding the positive impact of developing coping skills, knowledge and social support on mental health. The main difference was perceived in terms of Indigenous people enjoying the support of cultural connectedness.

The urban Indigenous respondents in the present study described their perceptions of non-urban Indigenous people's understanding of mental health. While some respondents said they thought non-urban understandings of mental health would be similar to their own, there was some conflict regarding reporting perceived differences. Many respondents said they thought non-urban Indigenous people would have a different perception of mental health due to a stronger connection to culture. However, respondents also noted that they thought the positive nature of this connectedness was moderated by the lack of resources and access to health care knowledge and education.

In terms of developing and maintaining cultural identity, respondents reported connectedness to culture, to family and kinship, and to the wider community to be essential. Respondents described cultural identity as encompassing connectedness to country, cultural and historical knowledge, accessing social support including religion, and developing education and economic independence. Importantly, respondents described cultural identity in terms of respect for self and others, and honouring reciprocal relationships and associated obligations. Respondents identified many pathways to strengthening cultural identity through connection to culture, cultural and historical knowledge, and social support mechanisms. Further, questioning of identity by others was the factor most reported by respondents to diminish cultural identity. It was evident by these descriptions that many factors were common to understanding both mental health and cultural identity.

Cultural identity was also perceived by respondents to affect mental health. Cultural identity was perceived to strengthen mental health via connectedness. Particularly, this connectedness was supported by acceptance of culture, knowing who you are, and gaining historical knowledge. Cultural identity was also perceived to

negatively impact upon mental health. The factors perceived to create disconnectedness included lack of acceptance, loss of access to country, and lack of family support networks. It appears that while cultural connectedness provides a protective mechanism for mental health, it also is a source of vulnerability in spite of its strengthening effect.

It is important to bear in mind that, while this study presents discrete themes to illustrate understandings of mental health and cultural identity, these themes should not be taken in isolation (see Ypinazar, et al., 2007). Themes around mental health and cultural identity were spoken about by participants as being interrelated, therefore impacting upon or relating to another.

Section 11.2 'Mentally health' and being 'mentally healthy'

The current respondents had some difficulty in describing the term 'mental health'. The term was most frequently described with negative connotations of illness or absence of illness. For example, 'mental health' was perceived as 'being insane', 'having schizophrenia', being 'off in the head', 'living without mental disorder', or 'having no ups and downs'. These conceptualisations are similar to those described in past research in both Indigenous and non-Indigenous communities (Donovan, 2004; Donovan et al., 2007; O'Brien, 2005; Swinbourne, 2008; Vicary & Bishop, 2005). The current respondents could describe *influences* upon mental health and what mental health was *not*. For example, respondents perceived 'mental health' to be negatively influenced by excessive use of alcohol and drugs and engaging in rumination over negative thoughts. They perceived that alcohol and drug use served to disconnect individuals from cultural and social support mechanisms. Substance use also reduced an individual's capacity to engage in help-seeking behaviours and coping skills and strategies. Conversely, respondents also recognised that disconnection from culture and

social isolation also served to increase the likelihood of alcohol and substance use. In this way, a cycle of disconnection was described that negatively impacts upon an individual's ability to participate within the community, develop social networks and trust relationships.

In contrast to their responses to the term 'mental health', the current respondents were able to describe the term 'mentally healthy' via more positive conceptualisations. Being mentally healthy was defined by respondents in terms of cognitive, emotional and social stability. A 'mentally healthy person' was described in terms of social connectedness, as someone who maintains a balanced life and has the social support networks that can be accessed in times of need. Responses to the term 'mentally healthy' seemed to refer to the characteristics of an individual person and the social context rather than an abstract concept of 'mental health'. This pattern of findings is similar to that reported by previous research in non-Indigenous samples (Donovan, 2004; Donovan et al., 2007; Swinbourne, 2008). While previous research found that the most frequently reported factor that described a 'mentally healthy' person was someone who was content with who they were (Swinbourne, 2008), this was not the case in the current study. Several other, more pragmatic, descriptors stood out in the current study. These included descriptions of a 'mentally healthy' person as someone who has good coping capacity and skills, is employed and is financially secure. Frequency of reporting these factors may be a reflection of the interrelatedness and broad nature of mental health that includes the influence of the social determinants of health (Carson, et al., 2007). Similarly, having stability and a balanced life, together with rational thinking was also perceived by many respondents to be important to mental health. Such factors are almost identical to those reported in other studies with non-Indigenous Australians (Donovan, 2004; Donovan et al., 2007).

Respondents described 'having self-esteem', 'being kind to yourself', 'being happy' and 'having a purpose in your life' as some of the factors that contributed to positive mental health (Donovan, 2004; Donovan et al., 2007). Similarly, having access to social support and engaging in help seeking behaviours was also evident in the results across studies. Both the results of previous work and the current study support the notion that having good coping capacity and skills, being employed and financially secure and having stability at home is perceived as contributing to being mentally healthy. An additional factor identified in the current study was that of being a 'giver' or 'carer'. Contributing to the welfare of others was identified by respondents as being integral to their own wellbeing. Even though individuals engage in such activities ostensibly to care for others, it may be that individuals receive as much 'care' as they give. That is, caring for others brings a sense of wellbeing for those in the caring role through building reciprocal relationships based on trust between the care giver and receiver. Flood (2005) also found that those who cared for others reported higher levels of personal support than those did not. It appears that most types of caring for others protected most people from social isolation thus psychological distress. Community participation through care-giving, such as volunteering at community groups has been shown to protect individuals from psychological distress in both Indigenous and non-Indigenous populations (Berry, 2009; Berry & Rickwood, 2000; Flood, 2005; Osborne, et al., 2010). Engaging with community groups provides opportunities for individuals to develop social networks and foster trust. Further, social networks that develop between care givers may also protect psychological functioning and this aspect has been reported in past research to be particularly important for Indigenous caregivers (Brough, et al., 2006; Osborne, et al., 2010). Even though care-giving may at times be stressful, the

impact was reported to be mitigated through a sense of shared identity and caring for Indigenous community members.

So, while it was difficult for respondents to define the term 'mental health', particularly in positive terms, it was much easier for them to describe a 'mentally healthy' person. They were able to describe what mental health looked like and how to protect it. Using a strengths-based approach, the current respondents were able to identify many factors perceived to make up mental health. These perceptions of being 'mentally healthy' provide a space for beginning to engage in culturally safe clinical practice. Shared ideas about the way in which factors such as emotional stability, coping capacity, and having access to resources are indicative of being 'mentally happy' allows both practitioner and client to come together therapeutically to develop and nurture health and wellbeing.

Section 11.3 Relationship of findings to Positive Psychology

As outlined in the Introduction, positive psychology focuses on human strengths and positive attributes that support a good and meaningful life (Seligman & Csikszentmihalyi, 2000). It appears that a positive psychology framework for understanding mental health has a meaningful contribution in understanding conceptualisations of mental health across cultures. Respondents in the current study identified many factors that they believed make up, protect and improve mental health that lie within the positive psychology themes of positive subjective experience, positive individual traits and positive influences at the group level. Positive subjective experiences such as beliefs, happiness, faith and self-esteem were described in the current study. When describing a 'mentally healthy person', respondents described the subjective experiences of being happy and having good self esteem as indicative of

mental wellness. It may be that the experience of happiness is intertwined with other reported factors such as self esteem and being peaceful. These responses mirror other research in Indigenous populations regarding positive wellbeing where individuals reported being happy, peaceful and calm, full of life, and having lots of energy most of the time (ABS, 2010a). These subjective experiences may have a positive affect on health and wellbeing as they aid processing and mediating of difficult life circumstances and appreciation of the positive aspects of their lives.

Similarly, positive individual traits were reported in the current study as protective mechanisms of both mental health and cultural identity. These strengths, including the capacity for self-awareness, forgiveness, empathy, courage, acceptance and honesty, fit within a positive psychology framework. Respondents described practicing these strengths to promote mental health for themselves by facing rather than avoiding difficult realities. These strengths also provided a filter through which to view and buffer the impact of the actions of others on themselves and their mental health. Additionally, the capacity for these traits supports the strengthening of connections when others have failed to fulfil obligations or have transgressed against individuals, community, or cultural expectations. As such, these factors appear to act as an important method of facilitating social unity through mediating acceptable pathways to continuing relationships and connections.

Positive psychology also aims to describe the mechanism of positive functioning at the group level. Many of these aspects of positive functioning have been identified in the current study. This is most evident by the descriptions of factors that support strong culture, family and social connections. Indeed, both positive mental health and strong cultural identity were supported by these connections. Additionally, sharing cultural and socio-historical knowledge across generations facilitates positive functioning at the

group level by informing and empowering the younger generations. Sharing cultural knowledge was seen as providing a foundation for continuing a dynamic culture through reinforcing cultural identity. Many respondents identified the need to share this information so that those of younger generations could use this knowledge to counter the negative opinions of others. However, while identity was the greatest shield it was also identified to be a point of great vulnerability. Questioning of identity by others and questioning by the self was the factor most reported in the current study to diminish cultural identity and mental health.

Other group level influences were reported to have positively affected mental health and cultural identity. Knowing one's place in kinship networks fostered respect across generations, particularly for elders, but also for self and the wider community. Kinship networks positively impacted upon individuals and community through providing cohesion between family members. Having such a solid foundation provided a safe place from which to go out into the wider, mainstream community in a strong and productive manner. In essence, strong kinship networks were the cornerstone of stability, of being able to engage in a sometimes hostile environment knowing that support was available if required. The current respondents were also quick to acknowledge that being intertwined in such kinship networks also brought with it responsibilities and obligations that needed to be fulfilled. Thus, group level engagement not only provided a safe haven for individuals, but also required members to contribute to the wider community through fulfilment of cultural responsibilities and obligations.

Given the opportunity to describe a 'mentally healthy 'person', the current respondents appeared to describe a natural model of positive psychology. As others have suggested, concentrating on the 'supernatural' features of a culture that are

perceived to support mental health may obscure opportunities to understand 'natural and prosaic' elements (Brady cited in Hunter, 2004). Not only were cultural elements described in respondent's perceptions of mental health, elements that are cross-culturally evident were also evident.

Section 11.4 Relationship of findings to Mental Health Framework

The Donovan model (2003) of perceptions of mental health as presented in Figure 1, seems to offer a way to understand conceptualisations of mental health in the current sample. Elements of this model that were reported by the current respondents included coping skills and capacity, social skills, problem solving skill, social networks, communication. The current respondents also described the importance of formative influences such as positive experiences in early childhood such as having a supportive, nurturing environment, the importance of being educated and gaining employment. Further, they acknowledged the influence of crises and trauma on conceptualisations of mental health. Indeed, many similarities are evident between the factors included in the model and those identified by the current respondents. However, Donovan's model (2003), drawn from non-Indigenous Australian's perceptions of mental health describes a linear development of mental health. This linear perspective reflects a life-span, or developmental approach conceptualising mental health as developing via positive early life influences which impact upon a sense of self and self-esteem and the development of coping capacity.

This linear model masks the relationality of factors that influence and impact mental health reported by the current sample of Indigenous respondents. Mental health as described by the current respondents does not seem to be simply an additive or cumulative concept, but rather is both the beginning and result of connections between

individuals, families and communities. As such, mental health is thought to develop via constant feedback through highly interrelated life domains. It is the relationships between individuals, family members, cultural connections and cultural knowledge that determine both the quality of mental health and its impact on these relationships. The circular nature of mental health reported by the current respondent mirror those suggested in the Swan and Raphael's (1995) definition.

Given the interrelated nature of the factors reported in the current study, a greater emphasis needs to be placed on connectedness between life domains. Specific to the current study were mental health factors that supported cultural and social connection. In particular, connection to culture, cultural identity, social connection and family and kinship networks were reported. These components include connectedness to culture through historical knowledge, spirituality, connection to country, strong identity, educating others to break the cycle of oppression, participating in song and dance, and practicing language. Crisis and trauma, as described in the Donovan model (2003) was also perceived to shape mental health and cultural identity in the current study. These were reflected in the factors that respondents reported when discussing being 'mentally healthy' and being 'mentally unwell'. These components included the use of drugs and engaging in a spiral of negative thoughts that reduced mental health. Similarly, respondents also described the way in which family disconnection and dislocation influenced mental health. Adding these to the model may more accurately describe the nature of mental health for Aboriginal and Torres Strait Islander people. It is important to note that while these cultural factors were identified, other factors that are shared across cultures, as mentioned above, were as likely to be identified. Given these similarities, it is important to take into consideration shared ideas about being mentally

healthy across communities while taking into consideration the importance of cultural connectedness.

Section 11.5 Relationship of findings to past Indigenous mental health research

As outlined in the literature review, research exploring conceptualisations of mental health within Indigenous communities is limited. However, a meta-synthesis of several studies identified the importance of the 'dynamic interconnectedness' of several themes that described perceptions of mental health in Indigenous urban and rural communities (Ypinazar, et al., 2007). These themes included country and spirituality, family and community, historical, social and economic factors, fear and education, and loss. Factors that are included in these themes were described by the current respondents. For example, the current respondents conceptualised mental health in terms of connectedness to country, cultural practices and knowledge, spirituality and religion, and family and kinship connectedness. The current respondents also acknowledged the impact of past socio-historical events and loss on mental health, and the role of education and economic factors in improving perceived mental health. Additionally, current conceptualisations of mental health recognised conflicting experiences with regards to accessing Western health services and the appropriateness of programs and delivery. Many similarities in conceptualisations of mental health are evident between past research and those of the current urban respondents. The following section examines current respondents' conceptualisations of mental health in light of Ypinazar and colleagues' (2007) themes.

11.5.1 Country and spirituality

Respondents in the current study identified many ways in which they perceived connection to country and spirituality to be intertwined with mental health. Connection to country was perceived to both protect mental health and ameliorate psychological distress. This protective mechanism was available to respondents regardless of whether they had access to country or not. Connection to country was perceived to protect mental health through providing opportunities to fulfil cultural obligations, to maintain connection with ancestors, and to participate in cultural activities. Respondents perceived mental health to be linked to cultural connection in various forms including connection to country, spirituality and religion, cultural practices, knowledge, and identity. This has also been identified in previous studies (see Burgess & Morrison, 2007; Garvey 2008). Connection to country was also important for respondents in the current study who could not access it. While it was not always possible for these urban people to physically connect with traditional country, they drew strength from connecting with the 'earth' that was available to them. Those who had been separated from country, whether due to through past governmental policies and practices or other circumstances, were resourceful in finding ways to either return to country, or to maintain an emotional if not physical connection to country in order to sustain mental health. Maintaining connectedness in any form is vital as loss of connection has been equated with "death of spirit" in previous research (Brown, 2001). Psychological distress resulting from separation from country has been reported in other studies as leading to longing, crying or grieving for country(Brown, 2001; Morgan, 2008; Vicary & Bishop, 2005; Westerman, 2004; Ypinazar, et al., 2007) . This was evident in the current study. For some respondents, this distress was relieved by physically returning to country for a short or extended period of time. Those who could not return to country

maintained connections through alternative methods such family connections, stories and knowledge of family history.

11.5.2 Family and community

The current study identified many factors that indicate the importance of connection to family and community to sustaining mental health. Being a mentally healthy person was perceived as being supported by a positive early start to life including a good upbringing, a loving family environment, having access to positive role models, and having strong social support and kinship networks. These factors were also described as supporting mental health through the development of a sense of belonging that aided connection to family and community networks. Respondents described the process of developing and maintaining these connections as one that bonded individuals to others and to the community through the nourishment of trust relationships. Other studies have highlighted the positive affect of these relationships in preventing or alleviating psychological distress (see Berry, 2009; Berry, et al., 2010; Berry & Rogers, 2003). Family and community connectedness has been identified in previous work as supporting mental health (Emden, et al. Clark, 2000; 2005; Flood, 2005; Kilcullen, 2006; McLennan & Khavarpour, 2004; O'Brien, 2005; Vicary & Bishop, 2005). Such connectedness promotes a sense of belonging that reduces social isolation and loneliness and generally enhances wellbeing. Further, a sense of belonging also fosters a strong sense of shared identity. Respondents in the current study described the salutary affects of feeling bonded to other Indigenous people. They reported that this sense of shared identity was a bonding agent that connected Indigenous people across all geographical locations. It was described as the mechanism that facilitated social connectedness and entry across many Indigenous communities.

11.5.3 Historical social economic factors

As a means of understanding poor health of Indigenous people (Australian Bureau of Statistics, 2004), other work has outlined negative aspects of historical, social and economic factors (Brown, 2001; Emden, et al., 2005; O'Brien, 2005; Vicary & Bishop, 2005; Ypinazar, et al., 2007). Indeed, these factors were acknowledged by respondents in the current study as negatively impacting upon mental health. Respondents described the continuing effect of past government policies on families and communities, the overall poorer social circumstances, and also poorer economic and educational opportunities of Indigenous people. However, respondents in the current study also identified aspects of these factors to be protective of mental health. For example, access to and availability of personal resources such as education, finances, and employment was protective of mental health for these respondents. Similarly, knowledge of historical factors and their negative consequences also supported mental health through a sense of empowerment. This knowledge was used by the current respondents to break down the barriers across cultures and also to educate younger Indigenous people. In the current study, a sense of empowerment by having this knowledge provided a solid base on which to build positive future outcomes through developing positive future orientation, the ability to make positive choices and develop positive thinking/cognitions. Additionally, sharing this knowledge with others provided a sense of being able to take control over their lives and not be at the mercy of history.

11.5.4 Fear and education

While the current study identified an apprehension on the part of some respondents in accessing Western health services for mental health treatment, this did not manifest as complete withdrawal from this system. Such withdrawal was not practical as health services were mainly provided by non-Indigenous services. As many services are provided by non-Indigenous professionals, it is crucial for those health care providers to be trained to deliver culturally sensitive services. As the current respondents suggested, this approach to providing mental health services will require an broader understanding of mental health and its treatment that mirrors the definitions of social and emotional wellbeing (Swan & Raphael, 1995; WHO, 2001). This broad perspective will need to take into account Western, Indigenous/traditional and alternative healing methods (Vicary & Westerman, 2004; Westerman, 2004; Ypinazar, et al., 2007). Using such a perspective may reduce the likelihood of mislabelling or providing inappropriate treatment to Indigenous individuals. For example, Vicary and Westerman (2004) have described Indigenous conceptualisations of depression as a disturbance of wellbeing rather than mental illness. This was evident when current respondents described a negative emotional state of 'pining' to return to country in similar terms to symptoms of depression. This 'pining' was alleviated through reconnection to country rather that engagement with Western services and treatment protocols. Nevertheless, respondents also reported attending mainstream services when required. The current respondents identified an acceptance of Western diagnosis and willingness to seek treatment if required.

11.5.5 Loss

The effects of loss has been reported in previous studies including loss of country, loss of family members through the stolen generations, loss of mental health and cultural identity (see Ypinazar, et al., 2007). Many respondents in the current study described similar experiences to those reported in past studies (Ypinazar, et al., 2007). Several of the current respondents described themselves as members of the stolen generations, themselves removed from family, and also experiencing loss of other family members. Some respondents reported only recently reconnecting with family and thus developing a stronger cultural identity. These respondents described a sense of loss of the 'past' or time, and loss of opportunity to grown up within culture. As others have noted, this has necessitated a process of redefinition of individuals from previous identity to one as an Aboriginal person (Emden, et al., 2005; Vicary & Bishop, 2005; Wilson, 1997). Given the loss described in the current study, many of these respondents were resolute in identifying means to recover from the many losses that have impacted upon them and their communities. Recovery was reported to be facilitated through developing connectedness to family, community and culture. Recovery and a sense of thriving for the current respondents were facilitated by reconnection with family and kinship networks, country and cultural practices. These factors were perceived to support a strong sense of cultural identity through a sense of belongingness and social connectedness.

Section 11.6 Perceptions of 'non- urban' Indigenous mental health

Respondents' conceptualisations of mental health were overall similar to those reported by non-urban Indigenous people (Ypinazar, et al., 2007). The current urban respondents' perceived mental health to be supported by connectedness to culture, and social, family and kinship networks. For example, mental health was perceived to be positively impacted upon by connections to country, cultural practices and traditional knowledge, spirituality, and socio-historical knowledge. Mental health was perceived to be supported through family and kinship connections through knowing family history and ancestral connections. Additionally, connectedness to the wider community was also perceived to support mental health. However, when asked about possible urban/nonurban differences, respondents identified *degree* rather than *quality* of connectedness. Respondents reported a belief that connections to culture would be stronger for their non-urban counterparts. That is, while these respondents described themselves as being connected to culture, they suggested that non-urban people would be *more* connected to culture.

Respondents also reported that they perceived resources to be more available to individuals who lived in an urban context. They perceived greater access to both mainstream and Indigenous health services. Additionally, respondents perceived a lack of knowledge regarding Western mental health services by their non-urban counterparts. Thus, respondents perceived both positive and negative effect of being non-urban. While the non-urban context may provide protective mechanisms through connection to culture, it also was a source of risk due to reduced access to mental health resources.

Chapter 12: Building a model of Indigenous mental health

Section 12.1 Indigenous Mental Health – 4 Central Themes

It is important to recognise the similarities in understandings of 'mental health' across cultures as this has implications in both clinical practice and mental health promotion. These similarities provide a basis for charting the common territory for culturally safe clinical practice. As noted in Chapter 7, a model of Indigenous mental health was developed after a multiphase analysis. In brief, themes across each map were compared to encompass a meta-view of factors that impact upon mental health and cultural identity. As such, a broad way of conceptualising mental health was developed. This comparison took into consideration the meaning and representations of mental health and cultural identity as described by respondents in the wider context of the entire data set (all interview questions) (Braun & Clarke, 2006).

Cross-cultural similarities in the ways in which mental health was conceptualised by the present participants are noted in the areas of *knowledge*, *social support* and *coping skills*. In addition to this, the current study highlights the central role that *connectedness* plays in positive mental health functioning. With this in mind, a model of perceptions of urban Indigenous mental health based upon these factors is presented in Figure 8.

Connectedness
- Culture
- Kinship
- Social

- Behavioural
- Emotional
- Cognitive

Coping Skills

Connectedness

- Physical
  health
- Access to
  MH care

Knowledge

Social Support

- Personal
  resources
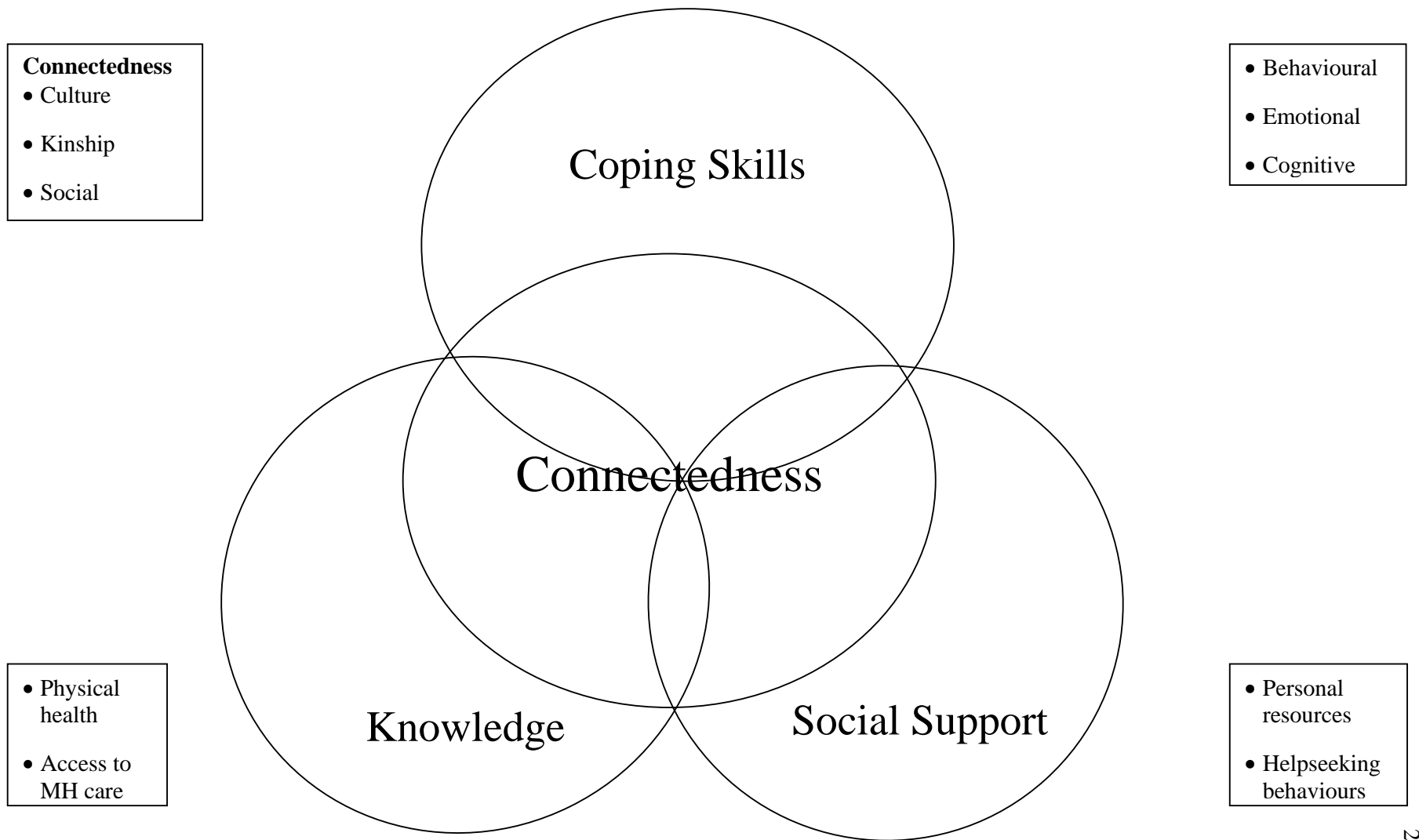- Helpseeking
  behaviours

Figure 8. A model of perceptions of urban Indigenous mental health

12.1.1 Coping skills

A theme of *coping skills* emerged as indicative and supportive of mental health. Health and wellbeing were enhanced through the development of coping skills that allowed individuals to maintain life balance and stability. Coping skills were identified as being important across the behavioural, emotional and cognitive domains. Respondents described using practical behavioural skills such as keeping busy, using distracters and time out in times of distress. Additionally, cognitive coping strategies were also developed, such as gaining tools and knowledge. These cognitive coping skills may also be seen as keeping one's mind active to ensure mental health as identified in previous research (Donovan et al., 2007; Donovan et al., 2003). Though not explicitly referred to as keeping the mind active, the process of learning these coping skills would indeed require active engagement with new information and thus cognitive development. In particular, it was recognised as important to acquire new tools and skills to help inoculate against mental health decline.

The value of coping skills was emphasised in the current study when considering both protection and promotion of mental health. The ability to engage cognitive coping skills hinged on self-awareness, and of knowledge regarding the impact of both internal and external influences upon mental health function. Engaging coping strategies was particularly useful in ameliorating negative affects of perceived uncontrollable situations (Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2005). For example, such emotional coping strategies included engaging in forgiveness, acceptance and empathy. Developing coping skills described by respondents provided a sense of control through engaging in proactive, responsive coping strategies during such situations. As such, the development of these coping strategies may counter the affect of both short- and long-term negative stressors. It is important to note cross-cultural

similarities in cognitive, behavioural and emotional coping skills engaged to enhance health and wellbeing. Similarities between those described in the current study and those addressed in established programs provides encouragement for cross-cultural application. Given the cross-cultural similarities, it may be appropriate to use established programs as a beginning for clinical work.

12.1.2 Knowledge

As outlined in the model in Figure 8, mental health and wellbeing was perceived to be supported through acquiring and applying *knowledge.* This theme was particular to knowledge surrounding access to mental health care and the positive effects of maintaining physical health. Perhaps more importantly, it is the interrelated nature of practical knowledge and knowledge which supported connectedness that affects health and wellbeing. Of particular interest in this study was the strengthening effect that acquiring cultural knowledge had on promoting and improving mental health. This process solidified connectedness to culture, family, kinship and social networks and thus solidified cultural identity. At this intersection, avenues to knowledge regarding connectedness at the cultural, kinship and social levels aided the process of applying practical knowledge. Having access to various types of knowledge provided a basis for decision making about mental health care such as accessing early intervention when necessary. In this way, information and knowledge provided a sense of agency, that is, of being in control of situations rather than being passive recipients or victims of negative circumstance. Additionally, acquiring knowledge, for example about culture or mental health care, allowed the development of coping skills and strategies that promoted mental health. The process of acquiring knowledge might also be thought of a keeping one's mind active (Donovan, 2004; Donovan et a., 2003; Swinbourne, 2008),

however, knowledge appears to have more wide ranging practical and cultural influences.

Knowing how to access mental health care when necessary represented an important protective mechanism. This type of knowledge was also supported by self-awareness and understanding the necessity for one to access services. Indeed, self-awareness was reported as an important protective mechanism by almost half of respondent. Individuals made decisions regarding the services they accessed based upon the perceived severity or cause of the mental health problem. These issues guided the decision about which type of services to access; Indigenous or non-Indigenous. Further, knowledge of the cause of the problem also provided information about whether or not it was necessary to seek professional services or traditional methods of healing. For example, feelings of low mood that may be considered to be depression and thus treated according to Western service models were considered by one respondent as sadness due to needing to return to country. Returning to country had a restorative effect on this individual. Others have noted the healing effects of connectedness (Burgess et al., 2009; Garnett & Sithole2007; Westerman, 2004; Ypinazar, et al., 2007).

Knowledge regarding the link between mental and physical health also empowered individuals to be able to support positive functioning. Other studies in non-Indigenous communities (North Queensland) have found that protecting physical health was perceived as important to protecting and improving mental health (Donovan, 2004; Swinbourne, 2008). This type of knowledge is common to both Indigenous and non-Indigenous communities and reflects a holistic view of mental health (AIPA, 2010; Swan & Raphael, 1995; WHO, 2001). As others have noted (see Garnett & Sithole, 2007), physical health of Indigenous Australians is influenced by connectedness, particularly to country. Connecting to country, through both living on or visiting, was

reported to energise individuals and promotes health and wellbeing. Knowledge regarding the reciprocal nature of health, health care and connectedness provides an important point of intersection at the clinical interface and this has important implication for engaging in cross-cultural clinical psychology. While there are cross-cultural understandings of the physical health on wellbeing, the importance of cultural factors must also be acknowledged in order to develop culturally sensitive clinical practice.

12.1.3 Social support

As outlined in the model in Figure 8, a theme of *social support* also emerged. This theme included social support mechanisms such as personal resources and engaging in help seeking behaviours. For example, education, early intervention, support networks and communication played an important role in maintaining positive mental health. In particular, communication both with family and health care professionals supported mental health. Communication has also been reported by other researchers to have an integral role in mental health (eg Donovan et al., 2007; Donovan et al., 2003; Eley et al., 2006; Swinbourne, 2008). Having good friends to talk over problems with allowed individuals to share, and thus reduce, the burden of difficult life situations. In addition to the support of good friends, the current study differentiated between circumstances in which the roles of good friends, health care professionals and family members were appropriate. In some situations, health care professionals were the preferred support, where as family members were the preferred option at other times. Effective protection and improvement of mental health lies with identifying and having access to appropriate support mechanisms in these circumstances.

Developing and maintaining social networks was particularly important when improving mental health with almost half of respondents reporting this mechanism. Extensive social networks were reported to include family and friends, but also members of the wider community. As others have noted, having access to support networks was particularly important for improving mental health by reducing social isolation (Department of Communities, 2006; Flood, 2005; Marmot & Wilkinson, 1999). Individuals who are socially connected reported a sense of belonging and increased social and emotional wellbeing. Once again, these factors echo those of previous work (Donovan et al., 2007; Donovan et al., 2003; Swinbourne, 2008).

12.1.4 Connectedness

A central theme of cultural, family and social *connectedness* emerged in the current study. Connection to country was reported in the current study as indicative of being mentally healthy. Such connection was reported to sustain a sense of cultural continuity that improved and protected mental health. In particular, the positive influence of having kinship networks and participating in cultural activities were highlighted. Additionally, mental health was supported through the sharing of cultural knowledge across generations and in particular, family, historical and political knowledge through stories. Of particular concern to protecting mental health was developing cultural and historical knowledge such as cultural practices, activities, myth and ritual. Different aspects of these were accessed when either maintaining good mental health or improving mental health when difficulty has been experienced. For example, protection of mental health was enhanced through knowledge of culture, history, connection to country, spirituality and identity. Cultural connectedness also included spirituality, being connected to both Aboriginal spiritualty and Christianity. Of

particular interest, the importance of connectedness to knowledge that could be used to break the cycle of ignorance was acknowledged. Respondents spoke about using this knowledge to educate both Indigenous and non-Indigenous people about the way in which socio-political factors impacted on mental health.

This theme of connectedness is echoed in other work (Clark, 2000; Department of Communities, 2006; Flood, 2005; Marmot & Wilkinson, 1999; Ypinazar, et al., 2007). Connectedness facilitates individual's abilities to develop and use coping skills, knowledge and social support mechanisms. Similarities across cultures can be seen in the importance of connectedness to community and social networks. Additionally, in the current study, the importance of connectedness through maintaining strong social networks was described. This type of social support was more than just being connected to family and kinship networks. It was described by current respondents as a feeling of connectedness to all other Indigenous people. In this way, this type of connectedness facilitated and promoted the transmission of a dynamic culture. Being mentally healthy meant that one was connected to culture and identity, had a good upbringing and family environment. For participants, family, culture and mental health were synonymous. 'Being mentally healthy' was not just about the *influence* of family and culture connectedness, being mentally healthy *is* family and culture and one's connections to these.

Section 12.2 Mental health at the intersection of themes

As described above, perceptions of mental health encompassed themes of *coping skills*, *knowledge*, *social support* and *connectedness.* Together with results of previous research, these themes appear to have cross-cultural meaning in conceptualisations of mental health (Donovan, 2004; Donovan et al., 2007). For the current respondents,

conceptualisations of mental health included these cross-cultural themes together with culture-specific factors. Additionally, the current respondents perceived mental health to be enhanced at the intersection of these four themes. At this intersection, perceptions of mental health included connectedness to cultural, social and family, knowing when and being able to access social support mechanisms, and developing coping skills and strategies. Further, mental health was also perceived to be supported by effective communication, the ability to make positive choices, having the support of family and kinship networks, and having pride in a strong cultural identity. Cross-cultural coping skills, such as self-awareness, using distracters, and developing emotional stability were identified by the current respondents. However, at the intersection of coping skills and connectedness lay perceptions of culturally specific ways in which to enhance mental health. For example, respondents described such coping skills as participating in cultural practices and activities such as language, song, and dance as ways to enhance mental health.

While social support was also perceived by the current respondents to encompass personal resources and help-seeking behaviours, it was at the intersection of social support and cultural connectedness that a broader view of mental health was accessible. These cross-cultural perceptions of social support were enhanced by understanding the wider influence of kinship connectedness. Not only was it possible to access social support through these cross-cultural factors, engaging social support through kinship networks was perceived to enhance these factors.

Further, not only did respondents' perceptions of mental health include knowledge regarding physical health and mental health care but also culturally specific knowledge. This cultural knowledge included understanding family history and socio-historical contexts, and ancestral connectedness and spirituality. Conceptualisations of

mental health encompassed knowing who you are and where you come from, and being a custodian of this knowledge was reported to positively impact upon mental health. So, while cross-cultural similarities in conceptualisations of mental health are evident, it is important to consider culturally-specific factors.

Section 12.3 Perceptions of 'non-indigenous' mental health – explicit and implicit

When the current respondents were asked to describe mental health, many similarities in perceptions of mental health were evident between the reported by the current respondents and in previous non-Indigenous research (Donovan, 2004; Donovan et al., 2007; Swinbourne, 2008). As can be seen from the model in Figure 8, cross-cultural conceptualisations of mental health encompass ideas regarding developing and maintaining coping skills, social support, and various forms of knowledge. As identified in Donovan's work (2004; 2007) and identified in the model presented in Figure 8, mental health was perceived to be positively impacted upon by many factors. These included knowing when and where to access mental health care, understanding the role of protecting physical health, actively engaging various forms of coping skills, and having necessary social support mechanisms. Further, similarities in the way that connectedness was perceived to positively impact upon mental health were also evident. Connectedness to others and doing enjoyable activities was identified both in previous research and the current respondents (Donovan, 2004; Donovan et al., 2007; Donovan et al., 2003). However, the current respondents also perceived connectedness to facilitate positive mental health through more culturally specific pathways such as via family and kinship networks, cultural knowledge, and participating in cultural activities (Ypinazar, et al., 2007).

The current respondents were also asked to describe their perceptions of non-Indigenous people's conceptualisations of mental health. While many similarities were evident, as previously identified, respondents also perceived differences (Ypinazar, et al., 2007). These differences were described in terms of non-Indigenous people having greater access to personal resources such as economic advantage and increased help-seeking behaviours. In terms of economic resources, this perception appears to be accurate when considering the average income for Indigenous people ($374 per week) (ABS, 2006a). However it did not reflect the average income of the current respondents, with almost half earning more than $800 per week (average lower end of income range, $686). These perceptions may have been driven by the fact that many respondents were engaged in roles of responsibility within the Indigenous community including social justice, and capacity building. Additionally, many respondents were currently studying or had attained a post-secondary education. Both education and employment provides access to knowledge outside of individual experiences and may provide an new perspectives from which to form perceptions.

In terms of help-seeking behaviours, respondents perceived that non-Indigenous people were more likely to seek out mental health care. More importantly, it was perceived that non-Indigenous people would be more likely to *receive* care when requested. This has significant clinical implications regarding the way in which services are both developed and implemented. Service provision is most often delivered by non-Indigenous health professionals. In order to facilitate access to mental health care, programs need to be seen by Indigenous people as culturally safe and relevant to their needs (Dudgeon et al., 2007; Purdie, et al., 2010).

Some respondents reported barriers to describing these differences due to the desire to keep a balanced perspective. They reported the need to retain both Indigenous

and Western perspectives to maintain this balance. This perception is in keeping with understanding mental health in terms social and emotional wellbeing (Australian Health Ministers, 2003; AIPA2010; Garvey, 2008). However, as noted earlier, it also highlights a willingness by, or perhaps acknowledgement of the need for Indigenous people to access non-Indigenous health care as the currently most available form.

Section 12.4 Social capital

The model of Indigenous mental health as presented in Figure 8 reflects the importance of strong bonding social capital and, to a lesser degree, bridging social capital. As others have noted (Berry, 2009; Berry & Rickwood, 2000; Berry & Rogers, 2003), social capital is enhanced through community participation and trust relationships, with individuals who have high stocks of social capital reporting lower levels of psychological distress. This was the case in the current study. Indeed, the central component of mental health reported was connectedness – to family, friends and community members. This connectedness is particularly relevant to bonding and bridging social capital. Trust relationships were described in terms of connectedness to culture, kinship networks and other social networks. Being able to positively engage in these relationships was widely reported as shaping and positively impacting upon mental health. As other have noted (Berry, 2009; Berry & Rickwood, 2000; Berry & Rogers, 2003; Brough, et al., 2006), psychological distress was mitigated through community participation, such as caregiving, that facilitated the development of trust relationships. In the current study, developing these trust relationships through connectedness protected the psychological functioning. Access to these connections allowed individuals to participate in community activities, develop coping skills and help-seeking behaviours that supported their continued positive mental health.

Most components of connectedness reported in the current study reflected elements of bonding social capital. In terms of bridging social capital, the current study is a little less robust. Descriptions of factors that reflected bridging social capital (across communities, Indigenous/non-Indigenous) were tentative. For example, while respondents spoke about accessing health care (accessing service delivery), it appeared that the preference was to primarily access Indigenous rather than non-Indigenous health services. This is important to note due to the lack of extensively available Indigenous health services. Much of Indigenous health care is provided by non-Indigenous professionals in non-Indigenous services. It is therefore essential to ensure that service delivery is provided in a manner that is culturally safe and engenders trust relationships (Eckermann, et al., 2006). While it may not always be possible for individuals to access mental health care from Aboriginal mental health professionals, it is essential for a strong therapeutic alliance based on trust to be developed.

What appears to be lacking in understandings of mental health is explicit descriptions of avenues for protecting and promoting mental health at the linking social capital level. This type of social capital forges connections between those of unequal power relations and resources so that the capacity of both individuals and communities are strengthened. It has been noted that linking across these power relations enhances translation of governmental policy into program implementation at the grassroots (Cullen & Whiteford, 2001). In the current study, few respondents reported an awareness of ways in which these linkages were at work. Many explicitly reported the negative impact that past governmental policies had upon the health and wellbeing of Indigenous people. However, few reported current positive changes to the way in which policies were impacting upon Indigenous people. Knowledge of mainstream programs that targeted capacity building was not explicitly expressed by the current respondents.

However Indigenous programs were identified that were being developed in a culturally appropriate way. Specifically, such programs are developed in consultation with community members and delivered by Aboriginal facilitators. As noted previously, these factors build trust across the power relations between government and community members (linking social capital) and also between community members who attend the programs. A sense of shared identity across these levels of interaction encourages community participation and trust relations (Brough, et al., 2006). This was evidenced by respondents' reports of preferences in accessing Indigenous health care services whenever possible. Non-Indigenous services were accessed when necessary however some hesitation was reported. When a sense of shared identity or perhaps understandings of another's cultural identity is lacking, avenues for building bridging and linking social capital are hampered. An aspect of this was reported by respondents when they spoke about the negative effect of the questioning of cultural identity by others. However, in the main, bonding and bridging social capital were evidenced in strong connectedness at both the individual and community level.

Brough (2006) has described disproportionate access to the various types of social capital by Indigenous people. Many indigenous communities exhibit strong bonding and bridging social capital based upon strong connectedness between family members and the wider community. However, the ability, or willingness to establish and maintain linking social capital has been negatively affected by past governmental policies. Further, a lack of participation at the policy making level has also eroded linking social capital and is evidenced by indicators such as lower employment participation in areas of higher responsibility (ABS 2006a). The history of exclusionary practices and reduced higher level employment participation has eroded trust relations between Indigenous communities and government. As the current respondents suggest,

mending these trust relationships will require community members observing clear evidence of change in governmental policies which flow through to the program development and clinical practice at community level. In this way, the necessary linking social capital that produces positive long-term social and emotional health and wellbeing changes can be forged.

Section 12.5 Cultural Identity and Mental Health – clinical implications

As noted in Chapter 7, in order to gain understanding of similarities that were perceived to underpin both cultural identity and good mental health, a one-to-one comparison was conducted between themes reflecting cultural identity and culturally specific mental health themes . These themes were developed and mapped during the thematic analysis of interview questions. Specifically, the mind-maps developed were extracted and compared to identify *common* themes and the *most reported* themes within the central theme of *connectedness.*

The similarities between factors that were reported to underpin both cultural identity and good mental health were striking. Table 3 presents these factors. The central theme underpinning cultural identity was *connectedness* – to culture, country, family and kinship networks, the wider community, social support and knowledge. Cultural identity was perceived to be developed and strengthened through connectedness to culture such as connection to country, gaining various forms of cultural knowledge and using this knowledge to break down barriers across cultures, knowing family and socio-historical information, and maintaining social, family and kinship connections. Similarities between these factors support the idea that cultural identity and mental health are intricately linked (Durie, 2004).

Table 3

Factors reported to underpin connectedness – cultural identity and mental health.

Connectedness factors	Cultural identity	Mental health
Culture	Country [a] Pride in identity [a] Resilience	Country [a] Having identity [a b] Interconnectedness
Knowledge	History–family/political [a] Breaking down barrier [a] Dynamic culture Stories Sharing knowledge across generations	History [a] Breaking the cycle [a]
Family	Kinship networks [a b] Respect [b] Independence Multiethnic connection Fluid social roles Other Aboriginal people	Kinship networks [a b] Positive role models Discipline Early parental support
Social	Networks-communication [a] Spirituality, Religion [a] Cultural activities [b] Education	Networks [a] Spirituality, Religion [a]

[a] Common factor reported for cultural identity and mental health

[b]. Most reported factor within connectedness factor.

Whether mental health and cultural identity are synonymous or not, identifying and understanding the factors that support both will increase the likelihood of enhancing health and wellbeing. This highlights the necessity for understanding and taking into consideration cultural identity when working with Indigenous people. It is not enough to talk only about mental health, but also consider the role of cultural identity and

connectedness across these domains. Thus, in order to increase the cultural competence of practitioners, it is essential to incorporate these factors into clinical practice (see Dudgeon et al., 2007; Purdie, et al., 2010). Further, it is also essential to work with the cross-culturally similar themes of positive mental health functioning as outlined earlier – coping skills, social support and knowledge. These themes, when blended with culturally specific factors highlighted in the table may provide a more appropriate model for understanding mental health.

12.5.1 Connectedness – cultural identity strengthening mental health

The current respondents perceived cultural identity to strengthen mental health through factors that connected or reconnected individuals to culture. In particular, respondents perceived cultural identity to positively impact upon mental health through experiencing acceptance of culture for themselves and by outsiders. Acceptance of culture was reported to be developed through knowledge of cultural practices such as language, stories, myth and ritual. This type of knowledge was reported by the current respondents to strengthen cultural identity and enhance health and wellbeing. These findings are similar to previous work (see Burgess et al., 2009; Burgess et al., 2005; Clark, 2000; Garnett et al., 2009; Purdie, et al., 2010). Cultural identity was also perceived to positively impact upon mental health through knowing who you are and being linked to culture through connectedness to country, kinship and cultural knowledge. Additionally, gaining knowledge of the socio-historical context that influenced the mental health of Indigenous people was also perceived to strengthen mental health. For example, acquiring knowledge regarding the impact of historical events upon Aboriginal peoples was hypothesised to strengthen cultural identity and thus protect mental health. Sharing historical knowledge with others was reported to

promote health and wellbeing by supporting individuals to break down barriers across cultures. Additionally, sharing cultural knowledge across generations was perceived to strengthen mental health outcomes of both the sharer and receiver of the knowledge. This transmission of knowledge across generations fulfilled cultural obligations and social responsibilities. This knowledge facilitated reconnection to culture particularly after experiencing racism or dislocation after being removed as a child. Further, increased cultural awareness was perceived to decrease the likelihood of ongoing negative outcomes for mental health.

12.5.2 Disconnectedness – cultural identity diminishing mental health

Given the similarities between factors reported to underlie both good mental health and cultural identity, it is important to identify those factors that undermine cultural identity. Understanding these factors may provide some insight into poorer mental health outcomes within the Aboriginal community. Cultural identity was reported by the current respondents to be diminished by disconnection from cultural, social and family networks. While respondents acknowledged the negative impact of a lack of support in the workplace and the impact of past governmental policies on family dislocation and communities, by far, respondents were concerned about questioning of identity by others. The questioning of identity by others came from both within the Aboriginal community as queries among family and community members and outside the community in the form of queries and racism. Others have identified the negative consequences of interpersonal and institutionalised racism on mental health such as taking on negative beliefs and attitudes that other have about culture (Emden, et al., 2005; Paradies, 2006a, 2006b, 2007; Ypinazar, et al., 2007). Experiences of racism have resulted in psychological and emotional distress, depression, anxiety and stress. In

agreement with these previous works, respondents in the current study recounted experiences of racism and its negative impact in their lives. Racism resulted in questioning and negation of one's own identity. The need to constantly reassert ones' selfhood and valid position within the community may act as stressors that negatively impacts on mental health.

As with other work (Larson, et al., 2007), questioning of identity from within the Aboriginal community was also reported in the current study. Not only was there pressure from outside of the community to define one's cultural identity, asserting one's cultural identity within the Aboriginal community was necessary. This pressure to identify from within the community has been discussed by others (Oxenham, et al., 1999). Similar issues continue to impinge upon people to identify in an inflexible, rigid manner. In the past, not identifying has been described as a way in which to 'survive' or maintain access to citizenship and thus resources. Unfortunately, this past decision has led to having one's identity called into question in the present. Questioning of identity by others demands a static, once-only identity and makes changes to identity difficult when circumstances change. This does not seem to reflect the multi-ethnic identities reported in the current study. Respondents spoke about the positive impact of identifying through multi-ethnic connections to make meaning of all ancestral influences while privileging their Aboriginal identity. Questioning of identity is aimed at public identity, does not take into account one's private identity and appears to be perpetuating the concept of pan-Aboriginality. Making a public identity visible allows for collective action in political action and but also serves to homogenise Aboriginality. Producing a cohesive identity through a call to solidify and proclaim identity allows the community to move forward in unity against any detrimental impacts from outsiders. Given the political and social benefits of presenting a common image or fact of

Aboriginality or Indigeneity, on closer examination, individuals are also reporting that they are holding steadfastly to their private identities to preserve their uniqueness within the community. However, it may be that engaging in this questioning fortifies a cohesive identity. This seems to be maximising the usefulness of concept of pan-aboriginality for the greatest effect. Further, engaging in questioning of identity can produce division within the community and perpetuates the oppression from outside the community (eg Oxenham, et al., 1999). Areas of scrutiny by community members include those that are mirrored from outside. For the current respondents, questioning has centred around such aspects of identity as skin colour, whether one was connected to cultural practice or kinship networks, and in some cases, being 'too white'. In this way, questioning such aspects has produced a disconnection from cultural identity and has negatively impacted upon the mental health those who are questioned.

As supporting and sustaining cultural identity is at the heart of mental health, it is imperative to take notice of elements that promote both positive connectedness and engage negative impact that create disconnectedness. It is important to acknowledge that while connectedness to culture provides a protective mechanism for mental health, as outlined above, it also is a source of vulnerability in spite of its strengthening effect. Understanding and taking into consideration aspects of cultural identity that are perceived to strengthen and diminish mental health is crucial for culturally safe clinical practice.

Section 12.6 Delimitations

It is acknowledged that respondents in the current study are not representative of the general Australian Indigenous population - urban or non-urban. As such these findings may not be generalisable to the wider Indigenous population. For example, individuals in the current sample tend to be more educated than the general Indigenous population (ABS, 2010b). Level of employment was also high. As noted earlier, living in the urban context is a structural demand necessitated by the need to access available resources such as education and employment opportunities in urban setting. Having greater access to these resources may have led these respondents to be more educated. In fact, the completion of Year 12 was mentioned by one respondent as something that made her unusual in her community. Education beyond Year 12 is more easily accessible to those in large centres given the availability of higher education institutions. Indeed, many of the current respondents were completing, or had completed university degrees. Given their higher education, most respondents were employed and thus had financial means well above the average income for Indigenous people (ABS, 2010b). Many of the respondents were employed in a government, education or university setting. These advantages are considered to be delimitations of the current study. Given these advantages, it is more likely that these respondents have had opportunities to reflect upon health and wellbeing through their own education, fulfilling roles in education facilitates, or participating in employment that focused on the wellbeing of Indigenous people. Those individuals who have had opportunities for reflection are more likely to be able to report on the factors that contribute to health and wellbeing. It was such individuals who were sought to participate in this study.

Section 12.7 Conclusions

This thesis explored and described perceptions of mental health and cultural identity in an urban Aboriginal and Torres Strait Islander sample. Examining these perceptions provided a means to develop knowledge regarding cross-cultural similarities and cultural specificity of understandings of mental health. It is important to note that this study has concentrated on describing the salutary factors that make up mental health. This does not negate the serious and lasting impacts of other more negative factors, in particular, the impact of past governmental policies, racism, and dislocation of communities and dispossession of land. Respondents in the current study acknowledged these negative factors and remained proactive in recognising and describing human strengths and attributes that protected and promoted positive mental health. From the responses in the current study, it became clear that a model of perceptions of urban Indigenous mental health must reflect the holistic, relational nature of an Indigenous worldview. As such, a model of perceptions of urban Indigenous health developed in the current study and presented in Figure 8 highlights the interrelatedness of themes that are both similar and divergent across cultures. This model of Indigenous mental health considered a broad perspective, giving consideration to the impacts of cultural, historical and social influences upon mental health. It begins to fill in the boundaries of the negotiated space that is cross-cultural psychology - the space where both Indigenous and non-Indigenous knowledge offers a path or guidelines to enhance health and wellbeing.

Overall, mental health was understood in terms of both individual and community capacity for positive functioning. At the heart of good mental health is *connectedness* to culture, kinship and social networks. This connectedness also was indicative of a strong cultural identity. Further, good mental health was perceived to lie

within an individual's ability to develop and access *coping skills*, *social support* and *knowledge*. Together, these four themes – connectedness, coping skills, social support and knowledge provided the basis for good mental health. It is essential to address those factors that are similar across cultures – *coping skills*, *social support* and *knowledge*, but also to engage at the cultural interface of *connectedness* to culture, kinship and social networks. The striking similarity between mental health and cultural identity, reflected by the common theme of connectedness, highlights the necessity of attending to cultural factors for positive health outcomes. However, it is essential to acknowledge that cultural identity is both a source of strength and vulnerability. This model of care fits well within a positive psychology framework as it both acknowledges areas of difficulties but seeks to identify and amplify individual and community strengths and attributes. In this way, practitioners can engage more effectively and in a culturally safe way in order to 'close the gap' in health and mental health outcomes for Indigenous people.

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Appendix A

INFORMED CONSENT FORM – INDIVIDUAL INTERVIEW

PRINCIPAL INVESTIGATOR	**Meegan Kilcullen**
PROJECT TITLE:	**What are urban Aboriginal and Torres Strait Islanders' understandings of mental health?**
SCHOOL	**Psychology**
CONTACT DETAILS	**Meegan.Kilcullen@jcu.edu.au**

I understand the aim of this research study is to explore urban Aboriginal and Torres Strait Islanders' understandings of mental health. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

I understand that my participation will involve an interview and I agree that the researcher may use the results as described in the plain language statement.

I acknowledge that:

    any risks and possible effects of participating in the interview have been explained to my satisfaction;

    taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice and to withdraw any unprocessed data I have provided.

    that any information I give will be kept strictly confidential by the researcher and that no names will be used to identify me with this study without my approval;

(Please tick to indicate consent)

I consent to be interviewed		Yes		No
I consent for the interview to be audio taped		Yes		No
I consent to a follow-up interview if required		Yes		No

Name: *(printed)*	
Signature:	**Date:**

Appendix B

INFORMED CONSENT FORM – GROUP DISCUSSION

PRINCIPAL INVESTIGATOR	**Meegan Kilcullen**
PROJECT TITLE:	**What are urban Aboriginal and Torres Strait Islanders' understandings of mental health?**
SCHOOL	**Psychology**
CONTACT DETAILS	**Meegan.Kilcullen@jcu.edu.au**

I understand the aim of this research study is to explore urban Aboriginal and Torres Strait Islanders' understandings of mental health. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

I understand that my participation will involve a group and I agree that the researcher may use the results as described in the plain language statement.

I acknowledge that:

any risks and possible effects of participating in the group discussion have been explained to my satisfaction;

taking part in this study is voluntary and I am aware that I can stop taking part in it at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;

that any information I give will be kept strictly confidential by the researcher and that no names will be used to identify me with this study without my approval;

confidentiality cannot be assured in group discussions.

(Please tick to indicate consent)

I consent for the interview to be audio taped		**Yes**		**No**
I consent to participate in a focus group		**Yes**		**No**
I consent to a follow-up interview if required		**Yes**		**No**

Name: *(printed)*	
Signature:	**Date:**

Appendix C

INFORMATION SHEET
What are urban Aboriginal and Torres Strait Islanders' understandings of mental health?

You are invited to take part in a research project about identifying urban Aboriginal and Torres Strait Islanders' understandings of mental health. Factors that develop, maintain and protect good mental health functioning will be explored. These may include individual, social, and cultural factors.

The study is being conducted by Meegan Kilcullen and will contribute to a PhD in Psychology at James Cook University.

If you are happy to be involved in the study, you will be invited to be interviewed. You can choose to be interviewed individually or in a group. The interview or group discussion, with your consent, will be audio-taped, and should only take approximately 1 hour of your time. The interview or group discussion will be conducted at a venue of your choice or at the School of Psychology at James Cook University if desired.

Taking part in this study is completely voluntary and you can stop taking part in the study at any time without explanation or prejudice. You may also withdraw any unprocessed data from the study. If you choose to withdraw, your interview information will be removed from the analysis.

If you know of others that might be interested in this study, can you please pass on this information sheet to them so they may contact me to volunteer for the study.

Your responses and contact details will be strictly confidential. The data from the study will be used in research publications and conference presentations. You will not be identified in any way in these publications.

If you have any questions about the study, please contact Meegan Kilcullen or Dr Anne Swinbourne.

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If you require counselling support please contact the following support service or talk to the Principal Investigator to arrange support:-

JCU Psychology Clinic
James Cook University
Phone: 4781 4706