Objective: It has been acknowledged that the mental health of Aboriginal and Torres Strait Islander people has been 'bedeviled' by the inappropriate application of non-Indigenous models of mental health. To enhance Indigenous health and wellbeing it is necessary for non-Indigenous practitioners to find a culturally safe way to enter the negotiated space of cross-cultural mental health. This will be facilitated through understanding both the points of similarity and divergence in perspectives of mental health across cultures. The current study aimed to explore urban Aboriginal and Torres Strait Islander's understandings of mental health using a Social Emotional Wellbeing and Cognitive Behavioural framework.

Method: A qualitative research project was conducted with a sample of 19 Australian Aboriginal and Torres Strait Islanders people. Data was collected via individual semi-structured interviews and focus groups. Thematic analysis was conducted to identify themes within the data.

Results: Qualitative: Four themes emerged as reflecting health and wellbeing – coping skills, knowledge, social support, and connectedness. The theme of connectedness to country, family and kinship, cultural knowledge and social networks emerged as reflecting a unique contribution to Indigenous health and wellbeing. However, the themes of coping skills, knowledge and social support shared cross-cultural meaning. In particular, coping skills identified in the behavioural, emotional and cognitive domains shared many cross-culturally applicable avenues for intervention.

Conclusions: Therapeutic interventions in these domains are already well established within cognitive behaviour therapies. Cross-cultural understandings within these themes offer clinicians a culturally safe avenue for supporting Aboriginal and Torres Strait Islander health and wellbeing.

Keywords

Aboriginal and Torres Strait Islander; mental health wellbeing; CBT; SEWB; cross-cultural psychology; culturally safe practice; cultural competence

Introduction

Currently in Australia the majority of psychologists are non-Indigenous practitioners (Health Workforce Australia, 2014). While this imbalance is slowly being addressed within the profession, it remains likely that services to Indigenous people will be delivered by non-Indigenous practitioners for some time into the future. Within this context it is essential to develop the cultural competence of non-Indigenous clinicians to ensure the delivery of culturally safe practice. A fundamental strategy for enhancing cultural competence of practitioners is to build cross-cultural understandings of mental health (Walker, Schultz, & Sonn, 2014).

Developing culturally safe practice upholds fundamental cultural and human rights for Indigenous peoples (United Nations, 2007). Culturally safe practice also requires understandings of impacts upon mental health within the socio-historical context for Indigenous peoples (Dudgeon, Milroy, & Walker, 2014). In this context to ensure such practices are culturally responsive they must be guided by Indigenous conceptualisations of mental health and mental illness (see for review of programs: Closing the Gap Clearinghouse (AIHW & AIFS), 2013; Garvey, 2008; Osbourne, Baum, & Brown, 2013; Swan & Raphael, 1995). However, working at the cultural interface of Indigenous and non-indigenous knowledge is likely to also provide a further basis for culturally safe practice (Nakata, 2007). Working at the cultural interface allows non-Indigenous practitioners to enter the negotiated space of cross-

cultural clinical practice. This is not a simple matter of integrating Indigenous understandings of mental health into Western knowledge. Culturally safe clinical practice at the interface also requires understanding and honouring the unique contributions of culturally-specific understandings of mental health and wellbeing.

Hunter (2004) calls for coordinated activity across four domains to develop capacity for change in Indigenous mental health. The four levels suggested by Hunter includes change at the societal level, requiring activity at the social justice and reconciliation level; community level change undertaking community development and empowerment; family/clan level providing family wellbeing and parenting programs; and at the individual level, focusing on Indigenous therapies, adapting or appropriating existing therapies and providing culturally appropriate conventional therapies. The current research falls into the final category.

The purpose of gathering Indigenous understandings of mental health is to be able to provide a solid basis on which to frame and adapt conventional therapies. Being able to identify the basis of mental health, or social-emotional wellbeing (SEWB) in the words of Indigenous people will facilitate the identification of both similarities and points of difference between Indigenous and non-Indigenous ways of knowing and understanding mental health. The points of difference will illuminate the gaps in the conventional therapies and provide a starting point from which to make culturally appropriate changes to existing therapies.

The concept of SEWB is underpinned by nine principles (see Gee, Dudgeon, Schultz, Hart, & Kelly, 2014; Swan & Raphael, 1995). From the nine principles, Gee and colleague proposed a model of SEWB which includes individual and collectivist factors that are perceived to support health and wellbeing. These factors included connectedness to spirit, spirituality and ancestors, country, culture, community family

and kinship, body, and mind and emotions (see Gee et al., 2014, p. 57). There is scope within the SEWB framework to explore the contributions of non-Indigenous therapies as adjunct to Indigenous-specific programs. In particular, connectedness to body and to mind and emotions may provide appropriate avenues for non-Indigenous practitioners to address similarities in understandings of health and wellbeing. These aspects of SEWB lend themselves to the possibility of being addressed by established non-Indigenous therapies, such as CBT. However, it is crucial that this process must include embedding such therapies into an individual's cultural context.

There are currently healing models and programs developed to enhance Aboriginal and Torres Strait Islander's social and emotional health and wellbeing (Dudgeon, Milroy, et al., 2014; Dudgeon, Walker, et al., 2014). These models and programs describe and address cultural, spiritual, and socio-historical impacts upon health, including enhancement of community and individual health and wellbeing. As the majority of these programs target Indigenous-specific aspects of health, it is most appropriate for these to be delivered by Indigenous practitioners. While this is the most culturally appropriate manner in which to deliver such programs, adjunct non-Indigenous therapies may also enhance health and wellbeing of Indigenous peoples. For example, CBT is provided specifically to Indigenous people under Tier 2 of the ATAPS program (Fletcher et al., 2012). However the uptake of these services has not significantly increased since the inception of ATAPS (Fletcher et al., 2012), and this may in part be due to the lack of cultural appropriateness of the therapy in its current form.

There are few studies that have explored the outcomes of application of Western therapies for Indigenous Australians. Recently the effectiveness of working with culturally adapted cognitive behaviour therapy has been explored when working

cross-culturally with Maori peoples (Bennett, Flett, & Babbage, 2008) and Indigenous Australians (Bennett-Levy et al., 2014; Bennett & Babbage, 2014). From this emerging research, it has been suggested that CBT programs that have been adapted provide a foundation for culturally safe therapeutic intervention that empowers individuals through the promotion of self-agency. Bennet-Levy and team (2014) acknowledge that the modifications and adaptations to their delivery of CBT were not particular or 'uniquely relevant' to Aboriginal clients. While the limitations of this early work is well acknowledged (Dudgeon & Kelly, 2014), it is important to identify culturally specific adaptations together with cross-culturally applicable components of CBT that provide further benefit to such a framework. Embedding therapies such as CBT within a cultural context is more likely to provide a basis for working in a culturally safe way with Aboriginal Australians particularly for non-Indigenous practitioners.

However, it does need to be noted that most research exploring understandings of Indigenous mental health that might inform culturally safe practice development has been conducted in rural and remote areas of Australia, regions that support a ‘traditional’ way of life (see Ypinazar, Margolis, Haswell-Elkins, & Tsey, 2007). As there is a paucity of studies, earlier research conducted in regional and urban areas have appropriately focused on highlighting Indigenous specific factors that enhance health and wellbeing. Yzpinazar and colleague’s (2007) metasynthesis of the limited urban, rural and remote research highlighted the ‘dynamic interconnectedness’ of culture and spirituality, family and community kinships, historical, social and economic factors, and fear and education and the impact of these upon Indigenous health and wellbeing. Despite the majority of Indigenous people living in urban areas of Australia (Australian Bureau of Statistics, 2011), there is little research exploring

such urban peoples conceptualisations of mental health. It is therefore unknown whether the conceptualisations of mental health of urban people are similar to those of individuals who live more remotely. Such information would be useful when adapting current practice programs.

Aim of the study

In order to effectively facilitate Indigenous SEWB 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. This is most likely to be facilitated through understanding both the points of similarity and divergence in perspective of mental health across cultures. The current study aimed to explore urban Aboriginal and Torres Strait Islander's understandings of mental health. Specifically, the study aimed to identify and describe emergent themes within conceptualisations of mental health. The findings will be discussed with reference to the SEWB framework and a cognitive behavioural framework (Beck, 1975; Beck, 1995).

Method

Participants

There were 19 respondent in the current study with 14 women (age range 22-56 years) and 5 men (23-41 years) participating. See Table 1 for demographic information. Of the 14 female participants, 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, Australia and the other was a Torres Strait Islander man visiting from Cairns, North

Queensland. The 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, 2010). Pseudonyms have been used to protect respondents' anonymity.

[INSERT TABLE 1.]

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 replicated previous work exploring mental health (Donovan, 2004; Donovan et al., 2007). These questions included: 1) What do you think 'mental health' means? If you think about the term 'mental health', what does it mean to you?; 2) How would you describe a 'mentally healthy' person?; 3) What factors/things do you think protect mental health? Further culturally specific questions based upon previous research (Ypinazar et al., 2007) were developed in consultation with a cultural mentor to explore factors that made up cultural identity and its intersection with mental health. These questions included: 1) Do you think someone who lives a less urban or more remote lifestyle would describe mental health differently?; 2) Do you think a non-Indigenous person would describe mental health differently?; 3) What makes up your identity as an Indigenous person?; 4) In what ways do you strengthen your cultural identity?; 5) Do you think knowledge your culture impacts upon your life, especially your mental health?

Procedure

The study consisted of 11individual interviews of approximately one hour in length and 2 group discussions - one consisting of women, and one with Torres Strait Islander men. 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 and respectful methods of engagement Indigenous participants (Tuhiwai-Smith, 1999).

Data was analysed using exploratory thematic analysis (Braun & Clarke, 2006). Analysis was aided by the use of qualitative data software NVivo 8 (QSR International, 2008). The thematic analysis reflected a 6-phase process (see Braun & Clarke, 2006) including 1) becoming familiar with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) disseminating results. The phases of the analysis and interpretation are not intended to be linear but rather an iterative or recursive process conduced over the course of the analysis. Respondents were provided with opportunity to comment on their transcripts and the outputs of the data analysis. Ethics approval was obtained from the JCU Human Research Ethics Committee, approval number H3133.

Findings and Interpretations

Four themes emerged as reflecting conceptualisations of mental health and wellbeing - *coping skills, knowledge, social support, and connectedness*. The theme of connectedness to country, family and kinship, cultural knowledge and social networks emerged as a unique contribution to Indigenous health and wellbeing. These themes reflect components of Gee and colleague's (2014) model of SEWB that outline the impact of connection to spirit, spirituality and ancestors, to country, to culture, to community, and to family and kinship upon health and wellbeing. However

the themes of coping skills, knowledge and social support shared cross-cultural meaning. These themes are also evident in Gee and colleagues' (2014) SEWB model and offer an opportunity for cross-culturally shared understandings of mental health and wellbeing to be addressed by non-Indigenous practitioners. These themes also appear to fit well within a cognitive behavioural framework.

Further, the current respondents perceived mental health to be enhanced at the intersection of these four themes. As Gee and colleagues note (2014, p. 63) there are "a number of advantages to viewing mental health…as being positioned *within* a larger SEWB framework, rather than equated *with* SEWB". A wider perspective on health and wellbeing provides avenues for addressing the social determinants of health including cultural and socio-historical factors and for differences and similarities in understandings of mental health and wellbeing to be addressed. It is at this cultural interface that offers a culturally safe negotiated space for cross-cultural clinical practice (Nakata, 2007).

Cross-cultural understanding of mental health – the negotiated space

COPING SKILLS

The theme of coping skills emerged as being indicative and supportive of mental health. Health and wellbeing were enhanced through the development of coping skills that allowed individual to maintain life balance and stability. These skills included behavioural, emotional and cognitive coping skills.

Cognitive

Cognitive skills were reported to enhance mental health. Respondents described the positive effect of clear thinking, using self-talk and making positive

choices based on past experience of ameliorating negative affect. Further, respondents reported the role of developing self-awareness and maintaining a future orientation for supporting mental health. Self-awareness skills were reported to act as an early warning system to detect declining mental wellness and thus a mechanism to trigger restorative action. A future orientation was reported as helpful in maintaining mental health when current circumstances were perceived to be difficult to navigate.

For example, respondents described the following attributes of a mentally healthy person:

> They will think clear and think straight. (Charles, Torres Strait Islander man)

> 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. (Daisy, Aboriginal woman)

> [Someone who has] good sense. (Edward, Torres Strait Islander man)
> So being able to make good choices, good decisions and have a bit of direction and that, in their life, I guess. (Ben, Torres Strait Islander man)

> I think too, like for me I kind of think everything is about mental health. Because, you know, sometimes if I'm in the wrong frame of mind, you know, or stressed or I'm not organised for the day with all the kids and getting them out, I can be so caught up in thinking what I've got to do and everything else

> and can be so tired, you know, like, you know from waking up in the night, not really on my game, on top of my game, you know… something then that can affect my frame of mind, you know, yeah, so, yeah, I think for me it's the core of everything, yeah, and I'm always looking for the balance, you know, I'm always trying to balance. But I do a lot of talking to myself. You know, like I do a lot of my internal dialogue and I'm always talking to myself "calm down", "just, you know, work it out", "balance it", "it'll be right. (Katherine, Aboriginal woman)

Behavioural

Respondents reported using practical behavioural skills such as keeping busy, using distracters and time-out from difficult situations, and mindfulness meditation as ways to enhance mental health.

> So I think it's that clear, really clear sense of purpose and you have to keep yourself busy to keep your mind healthy as well. (Caroline, Aboriginal woman)

> And just making sure that you do everyday things instead of just letting, not getting behind in everyday things but just making sure that you are doing something. Every day. That sort of thing. (Aboriginal woman, May)

> Oh well, if you have a job, make sure that you go to work but if you stay at home with kids and stuff make sure that you are interacting with your kids and

> doing things for the kids at school or daycare or staying at home with the kids and doing activities and things like that. (Aboriginal man, May)

Emotional

Respondents reported that upholding values including acceptance, forgiveness, courage, honesty and empathy protected their emotional experience. These values were reported to provide pathways to good mental health. For example:

> What protects my mental health is that I have to forgive, and at the end of the day I not only need to forgive, I have to show love, even though you're not in agreeance with their actions, their deed. (Elizabeth, Aboriginal woman)

> I think the acceptance thing is a big thing a big role in people, um, feeling worth of themselves. (Darcy, Torres Strait Islander man)

For others, emotional regulation was seen as an important skill to develop and maintain in order to protect mental health. For example:

> But also regulating and being in check with your emotions. You know, like being emotionally stable. Yeah, pretty much, yeah, because if you lose that stability then everything else gets unbalanced somehow. But that influences everything else, like, everything else influences that, vice versa. (Ben, Aboriginal man)

The value of *coping skills* was emphasised in the current study when considering both protection and promotion of mental health. This theme sits within the SEWB framework at the level of connection to mind and emotions. This

framework describes connection to mind and emotion as the "basic cognitive, emotional and psychological human experience" (Gee et al., 2014, p. 58). These basic psychological processes are reflected across the coping skills reported by respondents.

Within a CBT framework, developing coping skills through techniques such as problem solving and behavioural experiments appears to have cross-cultural application and adaptation (Beck, 1975; Beck, 1995). There are cross-cultural similarities in way coping skills were reported in the current study. Respondents identified that 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, such as forgiveness, acceptance and empathy, was seen as particularly useful in ameliorating negative effects of situations perceived as uncontrollable. This adaptive style of coping was reported by respondents to provide a sense of agency during essentially uncontrollable situations. Cross-culturally similar styles of coping skills, such as self-awareness, using distracters, and developing emotional stability were identified by the current respondents. As these concepts share cross-cultural similarities, they provide culturally safe avenues for non-Indigenous engaging in clinical practice.

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 coping skills such as participating in cultural practices and activities including language, song, and dance as ways to enhance mental health. These factors are also evident in Indigenous mental health literature (see Ypinazar et al., 2007). Thus, in order to deliver culturally safe practice, non-Indigenous practitioners must find culturally appropriate ways in which to integrate and embed non-Indigenous therapies into the client's cultural context.

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.

Mental health care

The importance of possessing 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. (Brenda, Aboriginal woman)

Mental health was improved by the application of this knowledge as described by this respondent:

> Yeah. He rung me up last night and said 'oh mum, I went and spoke to this guy last night and I feel really good that I was able to talk about my problems and he gave me some strategies, how, when these issues happen, or those issues happen, these are the strategies, try and try this. Or if I'm feeling a bit

> down and a bit discouraged, these are the sorts of techniques I can try so I don't get anxious and upset and stuff like that'. (Hope, Aboriginal woman)

Protecting physical health

Respondents reported the positive influence that protecting physical health had on protecting mental health. A respondent said that "if my physical health is good, my mental health is good" (Faith, Aboriginal woman). 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. (Caroline, Aboriginal woman)

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. (Alex, Aboriginal man)

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. (Alex, Aboriginal man)

The *knowledge* theme was specific to knowledge surrounding access to mental health care and the positive effects of maintaining physical health. Perhaps more importantly, it was the interrelated nature of practical knowledge and knowledge which was reported to support the perception of connectedness that influences health and wellbeing. Having access to different 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 also provided a sense of agency which fits well within a framework of self-determination as a central tenet of enhancing Aboriginal health and wellbeing (Swan & Raphael, 1995). Additionally, the interrelated nature of types of knowledge is reflected in the way mental health can be understood as the outcome of a dynamic relationship between factors (Ypinazar et al., 2007). Acquiring knowledge, for example about culture or mental health care, was linked by participants to the development of coping skills and strategies which promoted mental health. This outcome is similar to that reported in literature exploring mental health literacy in non-indigenous populations (Donovan, 2004; Donovan et al., 2007). Knowledge is reported to be positively linked to access to effective coping strategies in both populations. Examination of the knowledge theme within the model further emphasises the similarities in the outcomes of increased

mental health literacy in both indigenous and non-indigenous literatures (Donovan, 2004; Donovan et al., 2007; Ypinazar et al., 2007).

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. The positive impact of this type of knowledge on health is highlighted in the literature (Garvey, 2007, 2008; Swan & Raphael, 1995; Ypinazar et al., 2007) and within the SEWB model (Gee et al., 2014). Conceptualisations of mental health encompassed knowing who you are and where you come from, and being a custodian of this knowledge were reported to positively impact upon mental health. So, while cross-cultural similarities in conceptualisations of mental health are evident (Donovan, 2004; Donovan et al., 2007; Ypinazar et al., 2007), it is important to consider culturally-specific factors.

SOCIAL SUPPORT

The theme of social support encompassed personal resources such as education and income, help-seeking behaviours such as engaging networks including family and the wider community for support. Respondents 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. (Daisy, Aboriginal woman)

> Um, well I think things that protect it is having good support. Um, whether it's from friends or family. But also being able to go to somebody in communities and feeling safe about that. (Aboriginal woman, Daisy)

> We've gotta lot of support network, eh, that gives us good mental health, eh, that you can turn to…Being able to do that, is what good mental health is. When you don't have that, people become isolated, you know, by themselves, and that turns to depression and that, yeah, get depressed…Because they can not have that support, to help them there. To give them a hand when they need, or no one to talk to, eh, about their problems. (Charles, Torres Strait Islander man)

Respondents identified that having good friends to talk over problems with allowed individuals to share, and thus reduce, the burden of difficult life situations. In addition to support of good friends, respondents in the current study differentiated between circumstances in which the roles of good friends, health care professionals and family members were appropriate.

> Knowledge. Tools, as I was explaining before [the interview], just going to psychologists and gaining tools, if not gaining it from a psychologist, getting it from other people in the community, maybe family, friends. (Darcy, Torres Strait Islander man)

Within the theme the importance of *social support* mechanisms such as personal resources and engaging in help seeking behaviours were highlighted. For

example, education, early intervention, support networks and communication were perceived as playing an important role in maintaining positive mental health. These factors are central to a cognitive behavioural framework (Beck, 1975; Beck, 1995) and also the SEWB model themes of connection to community and to family and kinship (Gee et al., 2014). Building social support networks and effective communication skills are central activities of cognitive behavioural therapies for enhancing health and wellbeing. As identified in the current study, communication with family and health care professionals, and identifying effective support networks played a central role in maintaining good mental health.

The similarities in understanding the importance of social support mechanisms appear to fit well within both Indigenous and non-Indigenous models of understanding health and wellbeing. Developing and maintaining social networks including family and friends, and members of the wider community was particularly important when improving mental health. The positive influence of extensive social networks upon mental health is evident in both Indigenous and non-indigenous literature (Donovan, 2004; Donovan et al., 2007; Ypinazar et al., 2007).

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 (Swan & Raphael, 1995). 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-culturally understood avenues, engaging social support through kinship networks was perceived to enhance these factors. These commonalities provide a basis for culturally safe practiced within the negotiated space of cross-cultural psychology.

Culturally-specific understandings of mental health – Connectedness

CONNECTEDNESS

A central theme of cultural, family and kinship networks and social connectedness emerged. Connection to country was reported as indicative of being mentally healthy. Such connection was reported to sustain a sense of cultural continuity that improved and protected mental health.

> 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. (Hope, Aboriginal woman)

> I think its 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. (Ida, Aboriginal woman)

> 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. (Charles, Torres Strait Islander man)

> So I think, for us, because we were raised urban, I mean, I'm proud to be an Urban Black, but I'm very proud to be an urban Aboriginal person who at least knows some of my history and has a lot of respect for my, our way and

> our spirituality….It's a funny thing. It's probably going to sound like a weird answer. It's not about knowing my culture, it's about living [emphasis] our culture. So, I couldn't answer what are the good things to know about my culture, I would say I am very proud of my knowledge of my culture because I can then live, sort of live my culture. (Caroline, Aboriginal woman)

In particular, the positive influence of having kinship networks and participating in cultural activities was highlighted. Additionally, mental health was said to be supported through the sharing of cultural knowledge across generations and in particular, family historical and political knowledge through stories. Of particular concern for the purpose of protecting mental health was the development of cultural and historical knowledge such as cultural practices, activities, myth and ritual. Cultural connectedness was suggested to protect mental health through better knowledge of culture, history, connection to country, spirituality and identity:

> Um, so when I say culturally, my children, um, we have a very strong cultural identity base. They know who we are. They know all their kinship, um, systems, who we're all connected, who are all our family networks…Um, so when I say culturally, my children, um, we have a very strong cultural identity base. They know who we are. They know all their kinship, um, systems, who we're all connected, who are all our family networks…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. (Charles, Torres Strait Islander man)

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 upon mental health. The centrality of the theme of connectedness was highlighted by reports that it facilitated an individual's ability to develop and use coping skills, knowledge and social support mechanisms.

Within this theme, the importance of *connectedness* was particularly related to factors that supported strong cultural identity and thus good mental health. Currently the factor that support health and wellbeing are most appropriately described in healing models and addressed in programs delivered by Indigenous practitioners (see Dudgeon, Milroy, et al., 2014; Dudgeon, Walker, et al., 2014) Maintaining strong social networks, including family and kinship networks was reported by respondents to be an essential element of good mental health. This type of connection was reported to facilitate and promote the transmission of a dynamic culture thus strengthening cultural identity. These findings fit well within the a holistic view of mental health and social-emotional wellbeing as a dynamic interconnectedness between factors such as psychological, physical, community, cultural and spiritual wellbeing (Garvey, 2008; Gee et al., 2014; Swan & Raphael, 1995; Ypinazar et al., 2007).

Importantly, for these respondents, family, culture and mental health were synonymous. 'Being mentally healthy' was reported to be not just about the *influence* of family and cultural connectedness, being mentally health *is* family and culture and one's connectedness to these. Maintaining a focus on the dynamic interconnectedness of these factors while addressing cross-culturally understood factors will provide non-Indigenous practitioners a solid framework for delivering culturally safe practice.

A Model of Indigenous Mental Health

Cross-cultural similarities in the ways in which mental health was conceptualised by the respondents 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 1.

[INSERT FIGURE 1.]

Within the model at the intersection of themes, perceptions of mental health include connectedness to cultural, social and family, knowing when and being able to access social support mechanisms, and developing coping skills and strategies. These points of intersection appear to be similar to the dynamic interrelatedness of factors influencing of mental health noted in previous research (Ypinazar et al., 2007). These themes also sit well within the SEWB framework (Gee et al., 2014). Elements of the SEWB framework are evident in the connectedness themes that include culturally-specific themes of connectedness to culture, social, and family and kinship. Cross-culturally understood themes of coping, social support, and knowledge can also be

seen in the SEWB model. 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. This framework for clinical practice emphasises developing and using coping skills in the cognitive, emotional and behavioural domains, increasing knowledge about facilitators of mental health and applying these to daily living, and engaging social support networks to enhance mental health and wellbeing. The similarities in understandings of 'mental health' across cultures were evident in this model. These similarities have implications for both clinical practice and mental health promotion (Hunter, 2004; Ypinazar et al., 2007).

Limitations

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, 2010). 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, 2010). 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.

Conclusions

Clinical Implications for Culturally Safe Practice

The current study highlights the central role that *connectedness* plays in positive mental health functioning. As others have noted, adaptations have been made to the CBT framework when working with Indigenous clients (Bennett-Levy et al., 2014; Bennett et al., 2008). However, these adaptations were not culturally specific. The results of the current study offer avenues for making both culturally appropriate and cross-culturally understood adaptations. In addition to simply adapting the language of CBT to Indigenous clients, results of this study highlight the crucial aspect of cultural factors when working within the CBT framework with Indigenous clients. While the core CBT components can be addressed, such as those encompassed in the themes of coping skills, social support, and knowledge, it is essential to acknowledge the central role that culture and connectedness plays in supporting mental health and wellbeing. Thus using a cognitive and behavioural

framework within the SEWB model provides culturally appropriate reference points for working at the cultural interface.

The cross-culturally understood themes of coping skills, social support and knowledge provide a rich framework for delivering a CBT in a culturally safe way. These themes form the negotiated space in which a non-Indigenous practitioner can work as they are understood in very similar ways by non-indigenous and indigenous people (Beck, 1975; Beck, 1995; Bennett-Levy et al., 2014; Bennett & Babbage, 2014). This negotiated space provides a cross-culturally understood framework in which to begin to work with Indigenous clients. However, non-indigenous practitioners need to be aware of the centrality of the culturally-specific theme of connectedness and thus embed their practice into the client's cultural context.

In this space, culturally safe practice delivered by non-indigenous practitioner should include awareness of the impact of these factors upon the mental health of Indigenous clients. Non-Indigenous practitioners can begin to develop cultural competency through developing awareness of the unique contribution that cultural identity plays in positive functioning. Cultural identity is supported through *connectedness* to culture, family and kinship, and social connectedness. Understanding the culturally specificity of this space allows the non-indigenous practitioner to engage in culturally safe practice within the cross-culturally understood themes of coping skills, social support, and knowledge. As the majority of psychologists are non-Indigenous, the delivery of culturally safe practice will be enhanced by developing and working within the cross-cultural understandings of mental health, together with developing an awareness of culturally specific connectedness will help the dyad work within the negotiated space of cross-cultural psychology.

While it may not be appropriate for non-Indigenous practitioners to intervene with culturally-specific factors, such as cultural identity and customs, culturally safe practice is more likely to be enhanced through understanding the importance and impact of such factors on mental health. Further, such safe practice will more likely be provided when practitioners' understandings of culturally-specific determinants of mental health is enhanced. In this way, non-Indigenous practitioners will be able to provide interventions at the cultural interface by intervening at the level of shared understandings of mental health in concert with appropriate referral to services to address culturally-specific factors impacting mental health.

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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

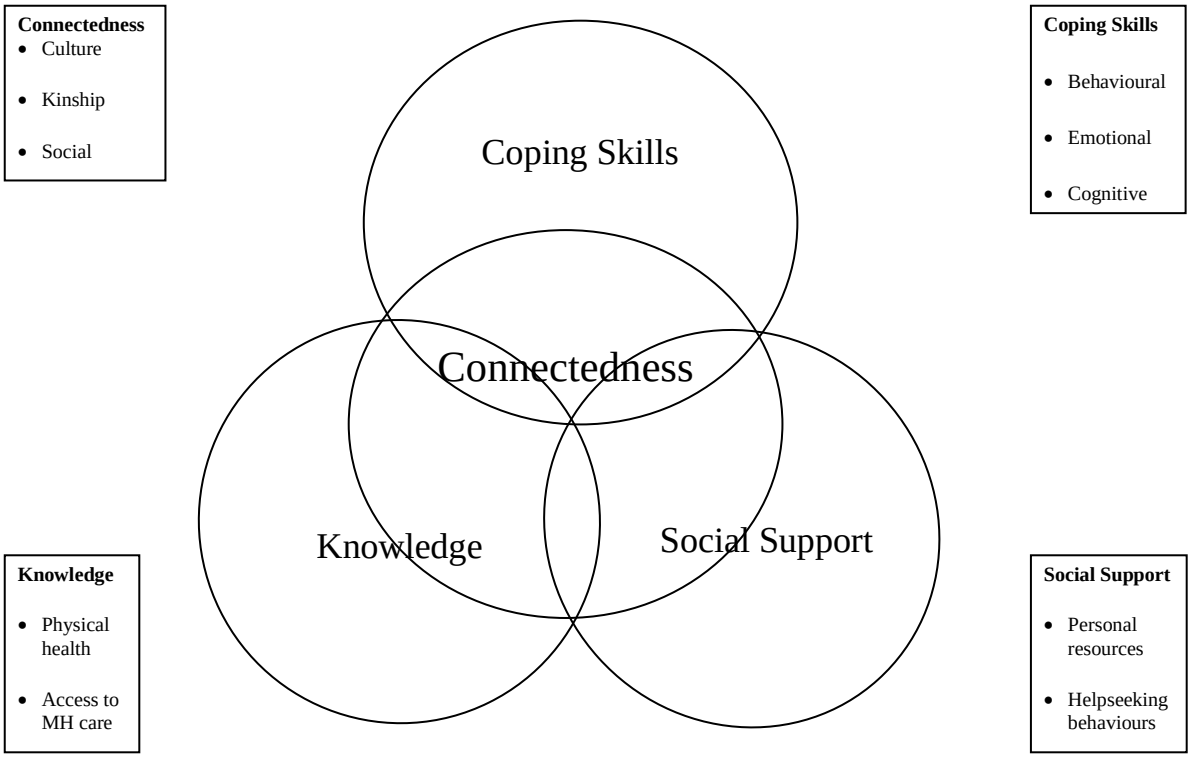

Figure 1. The model of Indigenous Mental Health which emerged from the data